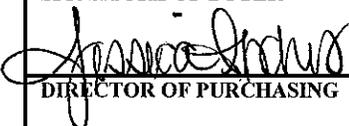




NOTICE OF CONTRACT AMENDMENT

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

| | |
|---|---|
| CONTRACT NUMBER C315166001 | CONTRACT TITLE Hotel/Motel Accommodations with Meals for DOC/CRCT |
| AMENDMENT NUMBER 003 <i>REVISED</i> | CONTRACT PERIOD July 1, 2016 through June 30, 2017 |
| REQUISITION/REQUEST NUMBER N/A | SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 2035042500 0/MB00100711 |
| CONTRACTOR NAME AND ADDRESS JEFFERSON CITY CAPITOL PLAZA 415 WEST MCCARTY STREET JEFFERSON CITY, MO 65101 | STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections Training Academy 1717 Industrial Blvd Jefferson City, MO 65101 |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract C314207005 is hereby amended pursuant to the attached amendment #003 <i>REVISED</i> , dated August 5, 2016. All new orders, payments, and correspondence shall utilize the new vendor number 2035042500 0. | |
| BUYER Jessica Andres | BUYER CONTACT INFORMATION Email: Jessica.Andres@oa.mo.gov Phone: (573) 751-1567 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  DIRECTOR OF PURCHASING | DATE 9/20/16 |
|  Karen S. Boeger | |



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT AMENDMENT

AMENDMENT NO.: 003 REVISED
CONTRACT NO.: C315166001
TITLE: Hotel/Motel Accommodations with Meals for DOC/CRCT
ISSUE DATE: August 4, 2016

REQ NO.: N/A
BUYER: Jessica Andres
PHONE NO.: (573) 751-1567
E-MAIL: Jessica.Andres@oa.mo.gov

TO: CAPITOL PLAZA HOTEL
& CONVENTION CENTER
415 W MCCARTY ST
JEFFERSON CITY, MO 65101-1537

RETURN AMENDMENT NO LATER THAN: August 11, 2016 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|--|
| SCAN AND E-MAIL TO: | Jessica.Andres@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | DIVISION OF PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | DIVISION OF PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Training Academy
1717 Industrial Blvd
Jefferson City, MO 65101

Jefferson City

DOING BUSINESS AS (DBA) NAME
Capitol Plaza

MAILING ADDRESS
415 W McCarty Street

CITY, STATE, ZIP CODE
Jefferson City Mo 65101

LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.

IRS FORM 1099 MAILING ADDRESS

CITY, STATE, ZIP CODE

| | | |
|---|--|--|
| CONTACT PERSON <i>Michele Burrows</i> | | EMAIL ADDRESS <i>michele.burrows@atriumhospital.com</i> |
| PHONE NUMBER <i>(573) 638-9309</i> | | FAX NUMBER <i>(573) 635-9485</i> |
| TAXPAYER ID NUMBER (TIN) <i>20-3504250</i> | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN | VENDOR NUMBER (IF KNOWN) |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | |
| AUTHORIZED SIGNATURE <i>Michele Burrows</i> | | DATE <i>8/5/2016</i> |
| PRINTED NAME <i>Michele Burrows</i> | | TITLE <i>Director of Sales</i> |

TAXATION DIVISION
P O BOX 3666
JEFFERSON CITY MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

VENDOR NO TAX DUE

ATRIUM TRS I LP
DBA: CAPITOL PLAZA HOTEL & CONFERENCE
2398 E CAMELBACK RD #1000
PHOENIX AZ 85016

DATE ISSUED: SEPTEMBER 9, 2016
VALID THROUGH: DECEMBER 9, 2016

MISSOURI TAX ID NUMBER: 23032626
FEDERAL IDENTIFICATION NUMBER: 203504250

The Missouri Department of Revenue certifies that based on the information provided the above listed vendor and its affiliates are properly registered to collect and pay sales and/or use tax in compliance with Section 34.040.7, RSMo. and has fully filed and paid all tax due, including penalties and interest, or does not owe any sales and/or use tax, according to the records of the Department as of September 8, 2016.

This statement of no sales and/or use tax due is valid for 90 days from the date of issuance. This statement does not limit the authority of the Director of Revenue to assess and/or collect liabilities under appeal or that become known to the Department as a result of audit or determination of successor liability.

DIRECTOR OF REVENUE OR DELEGATE
STATE OF MISSOURI

BY:

A handwritten signature in black ink that reads "Esta Zaring".

Esta Zaring
Administrator, Business Tax

JB:DU1301

CBN045
201625300301053

AGREEMENT AND CONSENT
TO ASSIGNMENT OF CONTRACT

Name: Capitol Plaza Hotel & Convention Center
Address: 415 W McCarty St
City/State/Zip: Jefferson City, MO 65101
Vendor # 3112127070 1
(Assignor)

Name: Jefferson City Capitol Plaza
Address: 415 West McCarty Street
City/State/Zip: Jefferson City, MO 65101
FEIN # 20 3504250
(Assignee)

RE: Contract C315166001

The Assignor, as named above, assigns the contract in its entirety to the Assignee, as named above.

The Assignee shall honor and comply with all terms and conditions, requirements and specifications of the contract, and hereby entitles the State of Missouri to performance by Assignee of all obligations under the contract.

This Agreement and Consent shall not be final until it is incorporated into the subject contract by Notice of Award by the State of Missouri, Division of Purchasing.

IN WITNESS THEREOF, the parties hereto have executed this Agreement and Consent on the date as stated below.

(ASSIGNOR)
SIGNATURE: Michele Burrows
PRINTED NAME: Michele Burrows
TITLE: DDS
DATE: 8/5/2016

(ASSIGNEE)
SIGNATURE: Michele Burrows
PRINTED NAME: Michele Burrows
TITLE: DDS
DATE: 8/5/2016
FEIN: _____

20-3504250

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION**

BUSINESS ENTITY CERTIFICATION:

The potential assignee must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is assigned the contract for the services requested herein under _____ (Contract Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the _____ (insert state agency name) with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION continued**

Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Capitol Plaza Hotel (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530.

Ricci Mata
Authorized Business Entity Representative's Name (Please Print)

[Signature]
Authorized Business Entity Representative's Signature

Capitol Plaza Hotel
Business Entity Name

8/5/2016
Date

rick.mata@atriumhospitality.com
E-Mail Address

As a business entity, the potential assignee must perform/provide the following. The potential assignee should check each to verify completion/submission:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein; AND
- Provide documentation affirming said assignee's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the assignee's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the assignee's name and the MOU signature page completed and signed, at minimum, by the assignee and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the assignee's name and company ID, then no additional pages of the MOU must be submitted; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION continued**

AFFIDAVIT OF WORK AUTHORIZATION:

The potential assignee who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Rick Mata (Name of Business Entity Authorized Representative) as General Manager (Position/Title) first being duly sworn on my oath, affirm Capitol Plaza Hotel (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Capitol Plaza Hotel (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

#863874

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

R. Mata Authorized Representative's Signature
Rick Mata Printed Name
General Manager Title
9/18/2016 Date
rick.mata@atriumhospitality.com E-Mail Address

Subscribed and sworn to before me this 18 (DAY) of September, 2016 (MONTH, YEAR) I am commissioned as a notary public within the County of Boone (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on May 11, 2018 (DATE)

Donny J. Koehner Signature of Notary
9/18/16 Date

JENNY L. KOECHNER
Notary Public - Notary Seal
State of Missouri
Commissioned for Boone County
My Commission Expires: May 11, 2018
Commission Number: 14614381

Company ID Number: 17340

Client Company ID Number: 863874

Approved by:

| | |
|--|----------------------|
| Employer Atrium Hospitality LP | |
| Name (Please Type or Print) | Title |
| <i>Daniel Abernethy</i> | Authorized Signature |
| Signature | Date |
| <i>[Handwritten Signature]</i> | 3/26/15 |
| E-Verify Employer Agent Aurico Reports | |
| Name (Please Type or Print) | Title |
| Marquitta Toran | |
| Signature | Date |
| Electronically Signed | 03/23/2015 |
| Department of Homeland Security – Verification Division | |
| Name (Please Type or Print) | Title |
| | |
| Signature | Date |
| | |



Company ID Number: 17340

Client Company ID Number: 863874

Approved by:

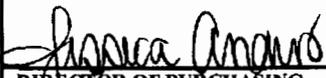
| | |
|--|--------------------|
| Employer Atrium Hospitality LP | |
| Name (Please Type or Print) | Title |
| Signature | Date |
| E-Verify Employer Agent Aurico Reports | |
| Name (Please Type or Print) | Title |
| Marquitta Toran | |
| Signature Electronically Signed | Date 03/23/2015 |
| Department of Homeland Security – Verification Division | |
| Name (Please Type or Print) | Title |
| USCIS Verification Division | |
| Signature Electronically Signed | Date 03/26/2015 |



NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

B3215166

| | |
|--|--|
| CONTRACT NUMBER C315166001 | CONTRACT TITLE Hotel/Motel Accommodations with Meals for DOC/CRCT |
| AMENDMENT NUMBER Amendment #002 | CONTRACT PERIOD July 1, 2016 through June 30, 2017 |
| REQUISITION NUMBER NR 931 YYY16708294 | VENDOR NUMBER 3112127070 1 |
| CONTRACTOR NAME AND ADDRESS CAPITOL PLAZA HOTEL & CONVENTION CENTER 415 W MCCARTY ST JEFFERSON CITY, MO 65101-1537 | STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections Training Academy 1717 Industrial Blvd Jefferson City, MO 65101 |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract C315166001 is hereby amended pursuant to the attached amendment #002, dated 03/16/16. | |
| BUYER Jessica Andres | BUYER CONTACT INFORMATION Email: Jessica.andres@oa.mo.gov Phone: (573) 751-1567 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  | DATE 3/22/16 |
| DIRECTOR OF PURCHASING  Karen S. Boeger | |

Mar. 16. 2016 11:00AM Sales Office



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

No. 1086 P. 1
TO: Jessica
Andres
Revised - I had
wrong
dinner
price
listed

AMENDMENT NO.: 002
CONTRACT NO.: C315166001
TITLE: Hotel/Motel Accommodations with Meals for DOC/CRCT
ISSUE DATE: 02/22/16

REQ NO.: NR 931 YYY16708294
BUYER: Jessica Andres
PHONE NO.: (573) 751-1567
E-MAIL: Jessica.andres@oa.mo.gov

TO: CAPITOL PLAZA HOTEL & CONVENTION CENTER
415 W MCCARTY ST
JEFFERSON CITY MO 65101-1537

RETURN AMENDMENT BY NO LATER THAN: 03/07/16 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|---|
| SCAN AND E-MAIL TO: | jessica.andres@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Training Academy
1717 Industrial Blvd
Jefferson City MO 65101

SIGNATURE REQUIRED

| |
|---|
| DOING BUSINESS AS (DBA) NAME Capitol Plaza Hotel |
| MAILING ADDRESS 415 West McCarty Street |
| CITY, STATE, ZIP CODE Jefferson City Mo 65101 |

| |
|--|
| LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. |
| IRS FORM 1099 MAILING ADDRESS |
| CITY, STATE, ZIP CODE |

| | | | |
|--|--|--|--|
| CONTACT PERSON Michele Burrows | | EMAIL ADDRESS michele.burrows@atriumhospitality.com | |
| PHONE NUMBER (573) 638-2309 | | FAX NUMBER (573) 635-9485 | |
| TAXPAYER ID NUMBER (TIN) 20-3504140 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 3112127070.1 20-3504140 | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt W9 | | | |
| AUTHORIZED SIGNATURE <i>Michele Burrows</i> | | DATE 3-16-16 | |
| PRINTED NAME Michele Burrows | | TITLE DDS attached | |

Contract C315166001

Page 2

AMENDMENT #002 TO CONTRACT C315166001

CONTRACT TITLE: Hotel/Motel Accommodations with Meals for DOC/CRCT

CONTRACT PERIOD: July 1, 2016 through June 30, 2017

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the attached pricing page(s) the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum percentage stated in the contract.

The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

PRICING PAGE

Hotel/Motel Accommodations:

| LINE ITEM | DESCRIPTION | First Renewal Period <i>Firm, Fixed Price</i> |
|-----------|-----------------------------|--|
| 001 | Single Occupancy Guest Room | \$ <u>67.41</u> Per Room, Per Night |
| 002 | Double Occupancy Guest Room | \$ <u>67.41</u> Per Room, Per Night |

Meals:

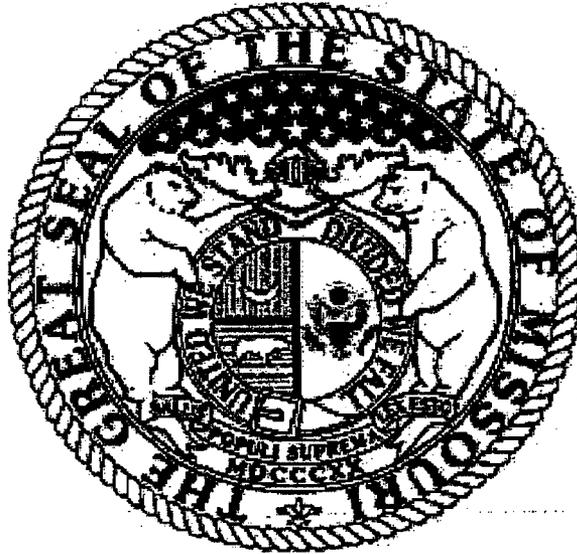
| LINE ITEM | DESCRIPTION | First Renewal period <i>Guaranteed Not-to-Exceed Price</i> |
|-----------|---------------------------|---|
| 003 | Lunch <i>was \$9.00</i> | \$ <u>9.45</u> Per Person, Per Meal |
| 004 | Dinner <i>was \$11.00</i> | \$ <u>11.55</u> Per Person, Per Meal |

2015 - 2016
Current Bid at

$\$60.00$ (guestroom rate) \times 5% (renewal increase) =
 $\$63.00$ w/ breakfast plus 7% lodging
\$67.41

$\$9.00$ (lunch, - price) \times 5% (renewal increase) =
\$9.45 inclusive

$\$11.00$ (dinner price) \times 5% (renewal increase)
\$11.55 inclusive



State of Missouri
OFFICE OF ADMINISTRATION

Division of Purchasing

Contract Amendment Documentation

The following documentation consists of additional contract amendment documentation. The additional contract amendment documentation is not a part of the official contract amendment, but provides supporting information for the official contract amendment.

Andres, Jessica

From: Graham, Lisa
Sent: Wednesday, March 16, 2016 2:40 PM
To: Wiseman, Jim; Andres, Jessica
Subject: RE: C315166001

Im good with it as well. Proceed to renew.

Thank you,

Lisa Graham

Procurement Officer II
Missouri DOC, Human Services
2729 Plaza Drive, PO Box 236
Jefferson City, MO 65102
PH: 573-526-6611
Fax: 573-522-1562
Lisa.Graham@doc.mo.gov

From: Wiseman, Jim
Sent: Wednesday, March 16, 2016 2:18 PM
To: Andres, Jessica; Graham, Lisa
Subject: RE: C315166001

Looks ok to me...

From: Andres, Jessica
Sent: Wednesday, March 16, 2016 11:10 AM
To: Wiseman, Jim; Graham, Lisa
Subject: C315166001

Attached you will find the renewal and justification for the above-mentioned contract. Please let me know if your agency accepts this increase.

Thank you.

Jessica Andres

Buyer II
Office of Administration
Division of Purchasing
Harry S. Truman State Office Building
301 West High Street, Room 630
Jefferson City, MO 65102
Phone: 573-751-1567
Fax: 573-526-9816
Jessica.Andres@oa.mo.gov
www.oa.mo.gov/purch

Andres, Jessica

From: Michele Burrows [michele.burrows@atriumhospitality.com]
Sent: Wednesday, March 16, 2016 10:52 AM
To: Andres, Jessica
Cc: Schulte, Jennifer; Wiseman, Jim
Subject: RE: C315166001

Jessica,

5% increase justification for Contract C31516601 with Capitol Plaza Hotel

Mainly, the price increase is due to all resources of the hotel have increased which does increase the pricing of our services.

Electric, Water, Food and Beverage Cost, and Labor has all increased year of year. Also note the hotel rack rate is \$109.00 and \$89.00 for government per diem. Hotel offers group a discount on the room rate plus offers breakfast with rate. Hotel offers lunch and dinner pricing under the state food per diems.

Current Per Diems for State

The following table shows per diem rates for instate travel effective October 15, 2015

| Destination | Breakfast | Lunch | Dinner |
|--------------------|------------------|--------------|---------------|
| Jefferson City | 6 | 10 | 18 |

Jessica, let me know if you need any additional information from the hotel. Again, thank you for the opportunity!



Michele Braun Burrows | DIRECTOR OF SALES
CAPITOL PLAZA HOTEL & CONVENTION CENTER

415 West McCarty | Jefferson City, MO | 65101
Telephone 573.635.1234 | Direct 573.638.2309 | Fax 573.635.2330
The Best People, The Best Customer Service, Every Guest, Every Time
www.capitolplazajeffersoncity.com - michele.burrows@atriumhospitality.com

From: Andres, Jessica [mailto:Jessica.Andres@oa.mo.gov]
Sent: Wednesday, March 16, 2016 10:38 AM
To: Michele Burrows <michele.burrows@atriumhospitality.com>
Cc: Schulte, Jennifer <Jennifer.Schulte@doc.mo.gov>; Wiseman, Jim <Jim.Wiseman@doc.mo.gov>
Subject: RE: C315166001

We just need some sort of written explanation as to why this increase is being requested. Some reasons include insurance, wages, cost of resources (food, beverage), etc.

From: Michele Burrows [mailto:michele.burrows@atriumhospitality.com]
Sent: Wednesday, March 16, 2016 10:24 AM
To: Andres, Jessica
Cc: Schulte, Jennifer; Wiseman, Jim
Subject: RE: C315166001

Jessica,

Ok I'm not sure what the question is then. Sorry not trying to make this a problem. Any bid I do with OA regardless of agency, the Capitol Plaza Hotel does a 5% renewal option. As we know this is up to the agency whether they want to accept the renewal option when the bid have reached the final date of service which is June 30, 2016 for the contract we are referring to.

What are you looking for when you say justification? Are you looking for a written statement from the hotel? Just let me know. Again, not trying to make this difficult just trying to understanding what you need. Thanks!



Capitol Plaza Hotel
CONVENTION CENTER
JEFFERSON CITY

Michele Braun Burrows | DIRECTOR OF SALES
CAPITOL PLAZA HOTEL & CONVENTION CENTER
415 West McCarty | Jefferson City, MO | 65101

Telephone 573.635.1234 | Direct 573.638.2309 | Fax 573.635.2330
The Best People, The Best Customer Service, Every Guest, Every Time
www.capitolplazaJeffersoncity.com - michele.burrows@atriumhospitality.com

From: Andres, Jessica [<mailto:Jessica.Andres@oa.mo.gov>]
Sent: Wednesday, March 16, 2016 10:08 AM
To: Michele Burrows <michele.burrows@atriumhospitality.com>
Cc: Schulte, Jennifer <jennifer.schulte@doc.mo.gov>; Wiseman, Jim <Jim.Wiseman@doc.mo.gov>
Subject: RE: C315166001

I understand that we asked for renewal option pricing. There is no need to fax. Every renewal that has increase must have a justification from the contractor as to why the increase is being requested.

From: Michele Burrows [<mailto:michele.burrows@atriumhospitality.com>]
Sent: Wednesday, March 16, 2016 10:06 AM
To: Andres, Jessica
Cc: Schulte, Jennifer; Wiseman, Jim
Subject: RE: C315166001

Jessica,
The original contract, on the pricing page states a renewal option pricing. I will fax the one I have.

As far as the vendor number we have always been owned by Atrium Hotel; however they took over managing our hotel October 2015. We did make those changes with the OA office in October. So I don't know what the state system is showing.



Michele Braun Burrows | DIRECTOR OF SALES
CAPITOL PLAZA HOTEL & CONVENTION CENTER
415 West McCarty | Jefferson City, MO | 65101
Telephone 573.635.1234 | Direct 573.638.2309 | Fax 573.635.2330
The Best People, The Best Customer Service, Every Guest, Every Time
www.capitolplazaJeffersoncity.com - michele.burrows@atriumhospitality.com

From: Andres, Jessica [<mailto:Jessica.Andres@oa.mo.gov>]
Sent: Wednesday, March 16, 2016 10:00 AM
To: Michele Burrows <michele.burrows@atriumhospitality.com>
Cc: Schulte, Jennifer <jennifer.schulte@doc.mo.gov>; Wiseman, Jim <Jim.Wiseman@doc.mo.gov>
Subject: RE: C315166001

I'm not sure what that question means. I have the contract right here. Please advise.

From: Michele Burrows [<mailto:michele.burrows@atriumhospitality.com>]
Sent: Wednesday, March 16, 2016 10:00 AM
To: Andres, Jessica
Cc: Schulte, Jennifer; Wiseman, Jim
Subject: RE: C315166001

Jessica,
You don't have access to the contract?



Michele Braun Burrows | DIRECTOR OF SALES
CAPITOL PLAZA HOTEL & CONVENTION CENTER
415 West McCarty | Jefferson City, MO | 65101
Telephone 573.635.1234 | Direct 573.638.2309 | Fax 573.635.2330
The Best People, The Best Customer Service, Every Guest, Every Time
www.capitolplazajeffersoncity.com - michele.burrows@atriumhospitality.com

From: Andres, Jessica [<mailto:Jessica.Andres@oa.mo.gov>]
Sent: Wednesday, March 16, 2016 9:58 AM
To: Michele Burrows <michele.burrows@atriumhospitality.com>
Cc: Schulte, Jennifer <Jennifer.Schulte@doc.mo.gov>; Wiseman, Jim <Jim.Wiseman@doc.mo.gov>
Subject: RE: C315166001

I still need a justification for the increase. I understand that you proposed a 5% increase, but in order for me to get this approved, I need you to provide me with a reason as to why there is an increase for this renewal.

I'm assuming that your FEIN changed when the hotel was purchased by Atrium. Is that correct? If so, the vendor number we have for Capitol Plaza is incorrect and your registration will need to be changed to Atrium's FEIN and subsequent vendor number. The current vendor number 311217070 1 is not under Atrium.

From: Michele Burrows [<mailto:michele.burrows@atriumhospitality.com>]
Sent: Wednesday, March 16, 2016 9:54 AM
To: Andres, Jessica
Cc: Schulte, Jennifer; Wiseman, Jim
Subject: RE: C315166001

Jessica,
I apologize, you are right I didn't sign. I will do so now and refax. Our price increase for renewal was 5% on the original contract which is in the prices I

provided on the renewal notice. I do understand if DOC doesn't want to accept doing a renewal of contract it will be issued out for rebid.

Guestrooms are \$60.00 plus 7% lodging tax to \$63.00 (\$67.41 with 7% lodging tax) with breakfast.

Lunch is at \$9.00 will go to \$9.45.

Dinner is at \$11.00 will go to \$11.55.

The Vendor Number – 3112170701 I believe is under Atrium too ??? So okay to use. Since now being owned and operated by Atrium Hospitality that have given us a new W9 to use as of October 2015. For me it doesn't make a difference since both the same company – right?

Just let me know what the Capitol Plaza Hotel needs to do at this point. We certainly enjoy having DOC stay with us!



Michele Braun Burrows | DIRECTOR OF SALES
CAPITOL PLAZA HOTEL & CONVENTION CENTER
415 West McCarty | Jefferson City, MO | 65101
Telephone 573.635.1234 | Direct 573.638.2309 | Fax 573.635.2330
The Best People, The Best Customer Service, Every Guest, Every Time
www.capitolplazajeffersoncity.com - michele.burrows@atriumhospitality.com

From: Andres, Jessica [<mailto:Jessica.Andres@oa.mo.gov>]
Sent: Wednesday, March 16, 2016 9:06 AM
To: Michele Burrows <michele.burrows@atriumhospitality.com>
Subject: C315166001

Michele,

I received your two faxes in regard to the above-mentioned contract. Unfortunately, you didn't sign either one of them. Also, you indicated a new vendor number on both. This vendor number is for Atrium Finance II LP. If you want this contract in the name of Capitol Plaza Hotel & Convention Center, we need to proceed with the 3112170701 vendor number. Please advise if you would like to change vendor numbers and the name on the contract.

It was noticed that you proposed the full increase amount for the renewal period. The contractor shall understand and agree that any renewal period pricing increase request may result in the state conducting a new procurement for the services. Therefore, before determining the appropriate action, we are requesting that you review your prices and give consideration to a reduction in the prices submitted for the renewal of Contract C315166001. **If a reduction is not provided, please submit documentation supporting the increase requested.**

Please respond to this email by no later than Friday, March 18, 2016.

Thank you for your consideration and feel free to contact me with any questions.

Jessica Andres

Buyer II

Office of Administration

Division of Purchasing

Harry S. Truman State Office Building

301 West High Street, Room 630

Jefferson City, MO 65102

Phone: 573-751-1567

Fax: 573-526-9816

Jessica.Andres@oa.mo.gov

www.oa.mo.gov/purch

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To: Jessica
Andres



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 002
CONTRACT NO.: C315166001
TITLE: Hotel/Motel Accommodations with Meals for DOC/CRCT
ISSUE DATE: 02/22/16

REQ NO.: NR 931 YYY16708294
BUYER: Jessica Andres
PHONE NO.: (573) 751-1567
E-MAIL: Jessica.andres@oa.mo.gov

TO: CAPITOL PLAZA HOTEL & CONVENTION CENTER
415 W MCCARTY ST
JEFFERSON CITY MO 65101-1537

RETURN AMENDMENT BY NO LATER THAN: 03/07/16 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|---|
| SCAN AND E-MAIL TO: | <u>Jessica.andres@oa.mo.gov</u> |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Training Academy
1717 Industrial Blvd
Jefferson City MO 65101

SIGNATURE REQUIRED

| |
|--|
| DOING BUSINESS AS (DBA) NAME <u>Capitol Plaza Hotel</u> |
| MAILING ADDRESS <u>415 West McCarty Street</u> |
| CITY, STATE, ZIP CODE <u>Jefferson City Mo 65101</u> |

| |
|--|
| LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. |
| IRS FORM 1099 MAILING ADDRESS |
| CITY, STATE, ZIP CODE |

| | | |
|---|--|---|
| CONTACT PERSON <u>Michele Burrows</u> | | EMAIL ADDRESS <u>michele.burrows@atriumhospitality.com</u> |
| PHONE NUMBER <u>(573) 698-2309</u> | | FAX NUMBER <u>(573) 635-9485</u> |
| TAXPAYER ID NUMBER (TIN) <u>20-3504140</u> | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) <u>3112127070-1 20-3504140</u> |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt <u>WA</u> | | |
| AUTHORIZED SIGNATURE | | DATE <u>attached</u> |
| PRINTED NAME | | TITLE |

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Atrium Finance I, LP

2 Business name/disregarded entity name, if different from above
dba Jefferson City Capitol Plaza

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Apply to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2398 E. Camelback Road, Suite 1000

6 City, state, and ZIP code
Scottsdale, Az 85016

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note: If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| | | | | | | | | |
|------------------------|--|--|---|--|--|--|--|--|
| Social security number | | | | | | | | |
| | | | - | | | | | |

OR

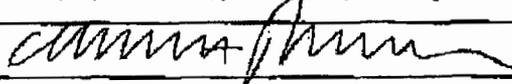
| | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| Employer identification number | | | | | | | | | |
| 2 | 0 | - | 3 | 5 | 0 | 4 | 1 | 4 | 0 |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here  Date ▶ **6/18/2015**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
 Future developments: Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/1049.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-D (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing this filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

PRICING PAGE

Hotel/Motel Accommodations:

| LINE ITEM | DESCRIPTION | First Renewal Period <i>Firm, Fixed Price</i> |
|-----------|-----------------------------|--|
| 001 | Single Occupancy Guest Room | \$ <u>67.41</u> Per Room, Per Night |
| 002 | Double Occupancy Guest Room | \$ <u>67.41</u> Per Room, Per Night |

Meals:

| LINE ITEM | DESCRIPTION | First Renewal period <i>Guaranteed Not-to-Exceed Price</i> |
|-----------|-------------|---|
| 003 | Lunch | \$ <u>9.45</u> Per Person, Per Meal |
| 004 | Dinner | \$ <u>9.45</u> Per Person, Per Meal |

2015 - 2016
Current Bid at

\$60.00 (guestroom rate) x 5% (renewal increase) =
\$63.00 w/ breakfast plus 7% lodging
\$67.41

\$9.00 (lunch/dinner price) x 5% (renewal increase) =

\$9.45 inclusive

NR 931 VV 16708294

Revised 08/17/15

| | | | |
|--|--------------------------|--|--|
| RENEWAL: <input checked="" type="checkbox"/> Renewal - % Increase | PERIOD OF <u>2</u> TOTAL | <input checked="" type="checkbox"/> Cost Savings <u>5%</u> | Performance Security Deposit: \$ _____ |
| <input type="checkbox"/> Renewal - \$ Increase | | <input type="checkbox"/> Cost Savings | Surety Bond: \$ _____ |
| <input type="checkbox"/> Renewal - W/O Increase | | | Annual Wage Order Number: _____ |
| <input type="checkbox"/> SFS Renewal - Prices In Original Contract | | | Annual Wage Order Date: _____ |
| <input type="checkbox"/> SFS Renewal - Prices Not in Original Contract | | | County(ies): _____ |
| EXTENSION PERIOD: | | | Other Instructions: _____ |
| <input type="checkbox"/> Extension - 30-Day | | | |
| <input type="checkbox"/> Termination | | | |
| <input type="checkbox"/> Extension - \$ Increase | | <input type="checkbox"/> Cost Savings | |
| <input type="checkbox"/> Extension - W/O Increase | | | |
| <input type="checkbox"/> Assignment | | | |
| <input type="checkbox"/> Cancellation/Termination | | | |
| <input type="checkbox"/> Other Amendment | | | |

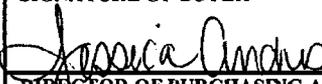
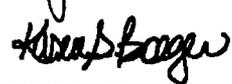
| | | | |
|--|---|----|---------|
| A. Section 34.040.6, RSMo | Buyer/Section Support | OT | 2/19/16 |
| B. Purchasing Suspension List | Buyer/Section Support | OT | 2/19/16 |
| C. Federal Suspension - SAM.GOV | Buyer/Section Support | OT | 2/19/16 |
| D. Labor Stds - OA/FMDC Contractor Debarment Lists | Buyer/Section Support | | |
| E. Review of Participation Commitment Attainment - If app, Verify Receipt of 1 st Renewal - Blind/Shel Wkshp Affdvt | Buyer | | |
| F. SFS Review/Justification - Insert Advertising Date, if applicable | Buyer | | |
| [Redacted] | Buyer/Section Support | OT | 2/19/16 |
| [Redacted] | Buyer | SM | 2/22/16 |
| [Redacted] | Buyer/Section Support | OT | 2/23/16 |
| Contractor E-Mail Address/Fax Number | <u>michelle.burrows@jah.com</u> | | |
| State Agency Contact E-Mail Address | <u>Jim Wiseman Lisa Graham</u> | | |
| Section 34.040.6, RSMo, Letter | Follow-Up Notes: <u>michelle.burrows@atriumphospitality.com</u> | | |

| | | | |
|--|-------------------------------|----|---------|
| A. Renewal/Extension Pricing | Buyer/Section Support | SM | 3/16/16 |
| B. Section 34.040.6, RSMo | Buyer/Section Support | SM | 3/16/16 |
| C. Performance Security Deposit/Surety Bond | Buyer/Section Support | | |
| D. Renewal/Extension with Cost Savings Language | Buyer | SM | 3/16/16 |
| E. Statewide Notice | Buyer | | |
| F. SFS Authorized Limit \$ | Buyer | | |
| G. 1. E-Verify Exhibit/Affidavit/Documentation | Buyer/Section Support | | |
| 2. Assignment and Consent Form | Buyer/Section Support | | |
| 3. Purchasing Suspension List | Buyer/Section Support | | |
| 4. Federal Suspension - SAM.GOV | Buyer/Section Support | | |
| 5. Labor Stds - OA/FMDC Contractor Debarment Lists | Buyer/Section Support | | |
| [Redacted] | Buyer/Section Support | DT | 3-21-16 |
| [Redacted] | Buyer | DT | 3/22/16 |
| [Redacted] | Buyer/Section Support | | |
| AM 300 PMM <u>CO071246 M</u> | Buyer/Section Support | DT | 3/24/16 |
| Distribute E-Verify & SDV Documents | Buyer/Section Support | OT | 3/24/16 |
| E-Mail/Fax NOA to Contractor/Assignee & Agency Contact | Buyer/Section Support | DT | 3/24/16 |
| Copy/Save As Statewide Notice to Internet Folder | Buyer/Section Support | | |
| [Redacted] | Central Support-Participation | | |
| [Redacted] | Central Support-Imaging | DT | 3/31 |



NOTICE OF CONTRACT AMENDMENT

State Of Missouri
Office Of Administration
Division Of Purchasing And Materials Management
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing-materials-management>

| | |
|--|--|
| CONTRACT NUMBER C315166001 | CONTRACT TITLE Hotel/Motel Accommodations with Meals for DOC/CRCT |
| AMENDMENT NUMBER Amendment #001 | CONTRACT PERIOD July 1, 2015 through June 30, 2016 |
| REQUISITION NUMBER NR 931 YYY157098461 | VENDOR NUMBER 3112127070 1 |
| CONTRACTOR NAME AND ADDRESS CAPITOL PLAZA HOTEL & CONVENTION CENTER 415 W MCCARTY ST JEFFERSON CITY, MO 65101-1537 | STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections Training Academy 1717 Industrial Blvd Jefferson City, MO 65101 |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract C315166001 is hereby amended pursuant to the attached amendment #001, dated 07/13/15. | |
| BUYER Jessica Andres | BUYER CONTACT INFORMATION Email: Jessica.andres@oa.mo.gov Phone: (573) 751-1567 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  | DATE 7/16/15 |
| DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT  Karen S. Boeger | |



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
CONTRACT AMENDMENT**

AMENDMENT NO.: 001
CONTRACT NO.: C315166001
TITLE: Hotel/Motel Accommodations with Meals for DOC/CRCT
ISSUE DATE: June 30, 2015

REQ NO.: NR 931 YYY157098461
BUYER: Jessica Andres
PHONE NO.: (573) 751-1567
E-MAIL: Jessica.Andres@oa.mo.gov

TO: CAPITOL PLAZA HOTEL
& CONVENTION CENTER
& CONVENTION CENTER
JEFFERSON CITY MO 65101-1537

RETURN AMENDMENT BY NO LATER THAN: July 8, 2015 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
BY E-MAIL, FAX, OR MAIL/COURIER:

| | |
|---------------------|--|
| SCAN AND E-MAIL TO: | Jessica.Andres@oa.mo.gov |
| FAX TO: | (573) 526-9816 |
| MAIL TO: | DPMM, P.O. Box 809, Jefferson City, Mo 65102-0809 |
| COURIER/DELIVER TO: | DPMM, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517 |

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Training Academy
1717 Industrial Blvd
Jefferson City MO 65101

SIGNATURE REQUIRED

| | | | |
|---|--|--|--|
| DOING BUSINESS AS (DBA) NAME Capitol Plaza Hotel | | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. | |
| MAILING ADDRESS 415 W McCarty Street | | IRS FORM 1099 MAILING ADDRESS | |
| CITY, STATE, ZIP CODE Jefferson City Mo 65101 | | CITY, STATE, ZIP CODE | |
| CONTACT PERSON Michele Burrows | | EMAIL ADDRESS michele.burrows@jgh.com | |
| PHONE NUMBER 573-638-2309 | | FAX NUMBER 573-638-9485 | |
| TAXPAYER ID NUMBER (TIN) | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 3112127070 1 | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE Michele Burrows | | DATE 7-13-15 | |
| PRINTED NAME Michele Burrows | | TITLE DOA | |

AMENDMENT #001 TO CONTRACT C315166001**CONTRACT TITLE:** Hotel/Motel Accommodations with Meals for DOC-CRCT**CONTRACT PERIOD:** July 1, 2015 through June 30, 2016

The State of Missouri hereby desires to amend the above-referenced contract in accordance with the following for the period of July 1, 2015 through June 30, 2016:

1. Due to the addition of Probation and Parole to the contract, the following background information has been added as paragraph 1.2.1 a:
 - 1.2.1 a. The Missouri Department of Corrections, Division of Probation and Parole, provides training for newly hired employees. Newly hired employees' training varies between one (1) and three (3) days in length. Hotel/motel accommodations and one (1) meal per day are solely provided for all Department of Corrections, Division of Probation and Parole, employees attending such trainings. When possible, the employees are to lodge two (2) to a room for the duration of the training. There are four (4) quarterly newly hired employees' training sessions per year. On average, 25-30 individuals attend the newly hired employees' training.
2. The contractor shall provide hotel/motel accommodations with meals for the Division of Probation and Parole in addition to the Central Region Training Center. Therefore, paragraph 2.1.1 shall be revised as follows:
 - 2.1.1 The contractor shall provide hotel/motel accommodations for two divisions within the Department of Corrections, the Central Region Training Center and the Division of Probation and Parole (hereinafter collectively referred to as "state agency", unless otherwise indicated) in accordance with the provisions and requirements stated herein and to the sole satisfaction of the state agency.
3. The contractor shall provide lunch meals for the Central Region Training Center and dinner meals for the Central Region Training Center and the Division of Probation and Parole. Therefore, paragraph 2.3.2 shall be revised as follows:
 - 3.3.2. Lunch and Dinner – The contractor shall provide lunch meals for the Central Region Training Center and dinner meals for the Central Region Training Center and the Division of Probation and Parole. The contractor must provide lunch and dinner meals as specified in the contractor's awarded proposal. The contractor must provide lunch and dinner meals that include an entrée, side dish, beverage, and gratuity. In addition, the meals must vary each day and provide diabetic and vegetarian meal options, if necessary. However, the contractor and the state agency shall mutually agree upon the final food services schedule, menus, and prices for the meals, subject to the guaranteed not-to-exceed prices stated on the Pricing Page.
4. The contractor shall submit separate invoices to each state agency division. Therefore, paragraph 2.6.2 and subparagraph a. shall be revised as follows:
 - 2.6.2 The contractor shall submit a separate invoice to each state agency division at the applicable address listed below within one (1) calendar week following the check-out dates specified by the state agency. The state agency will provide an email address to the contractor for invoicing purposes.
 - a. With the invoice, the contractor must provide an individual folio that has been maintained for each state agency training attendee. The folio submitted to the state agency shall only show the amount charged to the state agency for each state agency training attendee including an itemized listing of each lunch and dinner meal provided, the dates of each meal, the restaurant

itemized listing of each lunch and dinner meal provided, the dates of each meal, the restaurant providing each meal, identification of the food and drink provided, the cost of each food and drink item, and the taxes and gratuity for each meal.

Missouri Department of Corrections
Central Region Training Center
Business Manager
1717 Industrial Blvd
Jefferson City MO 65109

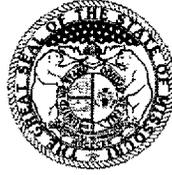
Missouri Department of Corrections
Accounts Payable/Fiscal Management Unit
PO Box 236
Jefferson City MO 65102

5. Each state agency division shall be solely responsible for payment for only those services requested by that state agency division. Therefore, paragraph 2.6.3 d. shall be added in accordance with the following:

- 2.6.3 d. The contractor shall understand that each state agency division shall be solely responsible for payment for only those services requested by that state agency division.

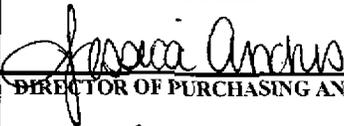
All other terms, conditions and provisions of the contract, including all prices, shall remain the same and apply hereto.

The contractor shall sign and return this document, on or before the date indicated, signifying acceptance of the amendment.



NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing And Materials Management
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing-materials-management>

| | |
|--|--|
| SOLICITATION NUMBER B3Z15166 | CONTRACT TITLE Hotel/Motel Accommodations with Meals for DOC-CRCT |
| CONTRACT NUMBER C315166001 | CONTRACT PERIOD July 1, 2015 through June 30, 2016 |
| REQUISITION NUMBER NR 931 YYY15708186 | VENDOR NUMBER 3112127070 1 |
| CONTRACTOR NAME AND ADDRESS CAPITOL PLAZA HOTEL & CONVENTION CENTER 415 W MCCARTY ST JEFFERSON CITY, MO 65101-1537 | STATE AGENCY'S NAME AND ADDRESS Missouri Department of Corrections Training Academy 1717 Industrial Blvd Jefferson City, MO 65101 |
| ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by Capitol Plaza Hotel & Convention Center in response to B3Z15166 is accepted in its entirety as the primary contractor. | |
| BUYER Jessica Andres | BUYER CONTACT INFORMATION Email: Jessica.Andres@oa.mo.gov Phone: (573) 751-1567 Fax: (573) 526-9816 |
| SIGNATURE OF BUYER  | DATE 5/14/15 |
| DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT  Karen S. Boeger | |



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

AMENDMENT NO.: 001

RFP NO.: B3Z15166

TITLE: Hotel/Motel Accommodations with Meals for DOC-CRCT

ISSUE DATE: April 9, 2015

REQ NO.: NR 931 YYY15708186

BUYER: Jessica Andres

PHONE NO.: (573) 751-1567

E-MAIL: Jessica.Andres@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: April 17, 2015 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND AMENDMENT(S) TO:

(U.S. Mail)

DPMM

PO BOX 809

JEFFERSON CITY MO 65102-0809

or

(Courier Service)

DPMM

301 WEST HIGH STREET, ROOM 630

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: July 1, 2015 through June 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Training Academy
1717 Industrial Blvd
Jefferson City, MO 65109

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP amendments. The offeror should, as a matter of clarity and assurance, also sign and return all previously issued RFP amendment(s) and the original RFP document. The offeror agrees that the language of the original RFP as modified by this and any previously issued RFP amendments shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

| | | | |
|---|---|--|--|
| DOING BUSINESS AS (DBA) NAME Capitol Plaza Hotel | | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. | |
| MAILING ADDRESS 415 west McCarty Street | | IRS FORM 1099 MAILING ADDRESS | |
| CITY, STATE, ZIP CODE Jefferson City Mo 65101 | | CITY, STATE, ZIP CODE | |
| CONTACT PERSON Michele Burrows | | EMAIL ADDRESS michele.burrows@jgh.com | |
| PHONE NUMBER (573) 638-2309 | | FAX NUMBER (573) 635-9485 | |
| TAXPAYER ID NUMBER (TIN) 311-212-7070-01 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 311-212-7070-01 | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE Michele Burrows | | DATE 4-16-15 | |
| PRINTED NAME Michele Burrows | | TITLE Director of Sales | |

AMENDMENT #001 to RFP B3Z15166

TITLE: Hotel/Motel Accommodations with Meals for DOC-CRCT

CONTRACT PERIOD: July 1, 2015 through June 30, 2016

PROSPECTIVE OFFERORS ARE HEREBY NOTIFIED OF THE FOLLOWING CHANGES

1. Closing Date:

As Stated: Return proposal no later than: April 14, 2015 at 2:00 PM.

Change To: Return proposal no later than: April 17, 2015 at 2:00 PM.

2. Paragraph 2.2.11 contains changes as a result of Amendment #001.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

RFP NO.: B3Z15166
TITLE: Hotel/Motel Accommodations with Meals for DOC-CRCT
ISSUE DATE: March 23, 2015

REQ NO.: NR 931 YYY15708186
BUYER: Jessica Andres
PHONE NO.: (573) 751-1567
E-MAIL: Jessica.Andres@oa.mo.gov

~~RETURN PROPOSAL DATE CHANGED TO APRIL 17, 2015 IN LIEU OF APRIL 14, 2015 VIA AMENDMENT #001~~

RETURN PROPOSAL NO LATER THAN: April 17, 2015 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

| | | | |
|---------------------|------------------------------|----|------------------------------|
| | (U.S. Mail) | or | (Courier Service) |
| RETURN PROPOSAL TO: | DPMM | | DPMM |
| | PO BOX 809 | | 301 WEST HIGH STREET, RM 630 |
| | JEFFERSON CITY MO 65102-0809 | | JEFFERSON CITY MO 65101-1517 |

CONTRACT PERIOD: July 1, 2015 through June 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Training Academy
1717 Industrial Blvd
Jefferson City MO 65109

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 12/27/12). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

| | | | |
|---|---|--|--|
| DOING BUSINESS AS (DBA) NAME Capitol Plaza Hotel | | LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. | |
| MAILING ADDRESS 415 West McCarty Street | | IRS FORM 1099 MAILING ADDRESS | |
| CITY, STATE, ZIP CODE Jefferson City Mo 65101 | | CITY, STATE, ZIP CODE | |
| CONTACT PERSON Michele Burrows | | EMAIL ADDRESS michele.burrows@jgh.com | |
| PHONE NUMBER (573) 638-2309 | | FAX NUMBER (573) 635-9485 | |
| TAXPAYER ID NUMBER (TIN) 311-212-7070-01 | TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN | VENDOR NUMBER (IF KNOWN) 311-212-7070-01 | |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt | | | |
| AUTHORIZED SIGNATURE Michele Burrows | | DATE 4-14-15 | |
| PRINTED NAME Michele Burrows | | TITLE Director of Sales | |

4. PRICING PAGE

4.1 **Hotel/Motel Accommodations** - The offeror shall provide a firm, fixed price for each of the following line items. The offeror shall include all costs associated with providing the required service including lodging and local taxes and the complimentary hot breakfast. Do not include State taxes in the prices quoted. (c/s code 91525) ** Rate includes breakfast (1-2 coupons)*

| LINE ITEM | DESCRIPTION | ORIGINAL CONTRACT PERIOD <i>Firm, Fixed Price</i> |
|-----------|-------------------------------------|--|
| 001 | Single Occupancy Guest Room (60x70) | * \$ 64.20 Per Room, Per Night |
| 002 | Double Occupancy Guest Room (60x70) | * \$ 64.20 Per Room, Per Night |

4.2 **Meals** - The offeror shall provide a guaranteed not-to-exceed price for the following meals. The offeror shall include all costs associated with providing the required service including the cost associated with providing the voucher for lunch and dinner meals, gratuity, and local taxes. Do not include State taxes in the prices quoted. The cost of lunch shall not exceed \$9.00 per person, per meal with drink and gratuity. The cost of dinner shall not exceed \$16.00 per person, per meal with drink and gratuity.

| LINE ITEM | DESCRIPTION | ORIGINAL CONTRACT PERIOD <i>Guaranteed Not-to-Exceed Price</i> |
|-----------|---------------------------------|---|
| 003 | Lunch - Menus will be provided | \$ 9.00 Per Person, Per Meal |
| 004 | Dinner - Menus will be provided | \$ 11.00 Per Person, Per Meal |

4.3 **Renewal Option Pricing** - The offeror must indicate below the maximum allowable percentage of price increase or guaranteed minimum percentage of price decrease applicable to the above pricing for the renewal option years. If a percentage is not proposed (e.g. left blank, page not returned, etc.), the state shall have the right to execute the option at the same price(s) proposed for the original contract period. Statements such as "a percentage of the then-current price" or "consumer price index" are NOT ACCEPTABLE.

All increases or decreases shall be calculated against the *original* contract price, not against the previous year's price. A cumulative calculation shall not be utilized.

| Potential Renewal Period | Maximum Increase | | Minimum Decrease |
|--------------------------|----------------------|----|-------------------------|
| First Renewal Period | Original Price + 5 % | or | Original Price - ____ % |
| Second Renewal Period | Original Price + 5 % | or | Original Price - ____ % |

~ Do not complete both a maximum increase and a minimum decrease for the same renewal period. ~

*** On lunch + dinner meals, restaurant will have Doc attendee sign meal checks. A copy of those checks receipts will be provided with billing.*

EXHIBIT ACURRENT/PRIOR EXPERIENCE VERIFICATION

The offeror should copy and complete this form documenting the offeror and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the offeror is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

| | |
|--|--|
| Offeror Name or Subcontractor Name: <u>Capitol Plaza Hotel</u> | |
| Experience/Service Information Verification (Current/Prior Services Performed For:) | |
| Name of Company/Client: | AMEC (Association of Mo Electric Coops) |
| Address of Company/Client ✓ Street Address ✓ City, State, Zip | 2732 East McClarty Jefferson City MO 65101 Paulette Allison (573) 659-3412 |
| Company/Client Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address | Paulette Allison (573) 659-3412 pallison@amec.org |
| Dates of Services: | 9/15-18/2014 (Every 2 years) plus monthly schools |
| If service/contract has terminated, specify reason: | Booked for 2016 |
| Dollar Value of Services | \$25,000 approx plus monthly schools |
| Description of Services Performed including: ✓ Number of guest rooms provided ✓ Number and types of meals provided | Guestrooms 200-250 mtg space for 100 ppl meals for 100 ppl (B, L, D) |

Hospitality Rooms
AV needs

NOTE : Please see C 314 207005
for additional information
on experience verification

EXHIBIT B

MISCELLANEOUS INFORMATION

Meals

The offeror should specify whether the lunch and dinner meals are proposed to be provided at the offeror's facility, by an in-house restaurant or through outside catering, local restaurant(s), or a combination of the offeror's facility and local restaurant(s).

Offeror's facility using an in-house restaurant

Offeror's facility using outside catering

Local restaurant(s). Identify Restaurant(s) Proposed:

Outside United States

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the offeror MUST disclose such fact and provide details in the space below or on an attached page.

| | | |
|---|-----------|--|
| Are any of the offeror's proposed products and/or services being manufactured or performed at sites outside the United States? | Yes _____ | No <input checked="" type="checkbox"/> |
| If YES, do the proposed products/services satisfy the conditions described in 4a, b, c, or d of Executive Order 04-09? (see the following _____ web _____ link: http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp) | Yes _____ | No _____ |
| If YES, mark the appropriate exemption below, and provide the requested details: <p>a. _____ Unique good or service.</p> <ul style="list-style-type: none"> EXPLAIN: _____ <p>b. _____ Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> Identify foreign country: _____ <p>c. _____ Economic cost factor exists</p> <ul style="list-style-type: none"> EXPLAIN: _____ <p>d. _____ Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: _____% Specify what contract work would be performed outside the United States: _____ | | |

EXHIBIT B (continued)

N/A

Employee/Conflict of Interest:

| | |
|---|---------|
| Offerors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the offeror or any owner of the offeror's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information: | |
| Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof: | |
| If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed: | |
| Percentage of ownership interest in offeror's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof: | _____ % |

SEE C 314207005

EXHIBIT C

BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The offeror must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

BOX A: To be completed by a non-business entity as defined below.

* **BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm

* **BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "business entity" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "business entity" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "business entity" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A - CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT C (continued)

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B - CURRENT BUSINESS ENTITY STATUS

I certify that Capitol Plaza Hotel (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Rick Mata

Authorized Business Entity Representative's Name (Please Print)

[Signature]

Authorized Business Entity Representative's Signature

Capitol Plaza Hotel

Business Entity Name

4-16-15

Date

rick.mata@jgh.com

E-Mail Address

As a business entity, the offeror must perform/provide each of the following. The offeror should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the offeror's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the offeror's name and the MOU signature page completed and signed, at minimum, by the offeror and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the offeror's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

SEE C314207005

EXHIBIT C (continued)

AFFIDAVIT OF WORK AUTHORIZATION:

The offeror who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

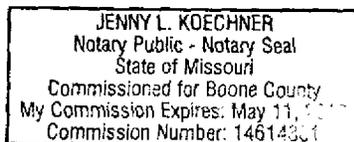
Comes now Rick Mata (Name of Business Entity Authorized Representative) as General Manager (Position/Title) first being duly sworn on my oath, affirm Capitol Plaza Hotel (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Capitol Plaza Hotel (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

| | |
|--|---|
| <u><i>[Signature]</i></u> Authorized Representative's Signature | <u>Rick Mata</u> Printed Name |
| <u>General Manager</u> Title | <u>4-16-15</u> Date |
| <u>rick.mata@jgh.com</u> E-Mail Address | <u># 208895</u> E-Verify Company ID Number |

Subscribed and sworn to before me this 16 (DAY) of April, 2015 (MONTH, YEAR). I am commissioned as a notary public within the County of Boone (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on May 11, 2018 (DATE).

[Signature] 4/16/15
Signature of Notary Date



SEE C314207005

EXHIBIT C (continued)

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Capitol Plaza Hotel (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the offeror's name and the MOU signature page completed and signed by the offeror and the Department of Homeland Security - Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University* to Which Previous E-Verify Documentation Submitted: _____

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University - St. Louis; Missouri Southern State University - Joplin; Missouri Western State University - St. Joseph; Northwest Missouri State University - Maryville; Southeast Missouri State University - Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: _____

Previous Proposal/Contract Number for Which Previous E-Verify Documentation Submitted: _____ (if known)

Rick Mata

Authorized Business Entity Representative's Name (Please Print)

Capitol Plaza Hotel

Business Entity Name

rick.mata@jgh.com

E-Mail Address

P. Mata

Authorized Business Entity Representative's Signature

4-16-15

Date

208895

E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Jessica Arnes
Buyer

4/29/15
Date

SEE C 314 20 7005

N/A

EXHIBIT D

PARTICIPATION COMMITMENT

Organization for the Blind/Sheltered Workshop Participation Commitment – If the offeror is committing to participation by or if the offeror is a qualified organization for the blind/sheltered workshop, the offeror must provide the required information in the table below for the organization proposed and must submit the completed exhibit with the offeror’s proposal.

| Organization for the Blind/Sheltered Workshop Commitment Table | |
|---|--|
| By completing this table, the offeror commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract. | |
| (The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.) | |
| Name of Organization for the Blind or Sheltered Workshop Proposed | Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i> |
| 1. | Product/Service(s) proposed: ----- RFP Paragraph References: |
| 2. | Product/Service(s) proposed: ----- RFP Paragraph References: |

SEE C314207005

EXHIBIT E

N/A

DOCUMENTATION OF INTENT TO PARTICIPATE

If the offeror is proposing to include the participation of an Organization for the Blind/Sheltered Workshop in the provision of the products/services required in the RFP, the offeror must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the offeror's proposal.

~ Copy This Form For Each Organization Proposed ~

Offeror Name: _____

This Section To Be Completed by Participating Organization:

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the offeror identified above.

Indicate appropriate business classification(s):

Organization for the Blind _____ Sheltered Workshop _____

Name of Organization: _____

(Name of Organization for the Blind or Sheltered Workshop)

Contact Name: _____

Email: _____

Address: _____

Phone #: _____

City: _____

Fax #: _____

State/Zip: _____

Certification # _____

(or attach copy of certification)

Certification Expiration Date: _____

Describe the products/services you (as the participating organization) have agreed to provide:

Authorized Signature:

*Authorized Signature of Participating Organization
(Organization for the Blind or Sheltered Workshop)*

Date (Dated no earlier than the RFP issuance date)

SEE C314207005

EXHIBIT F

N/A

MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

Pursuant to section 34.074, RSMo, and 1 CSR 40-1.050, the Division of Purchasing and Materials Management (DPMM) has a goal of awarding three (3) percent of all contracts for the performance of any job or service to qualified service-disabled veteran business enterprises (SDVEs).

STANDARDS:

The following standards shall be used by the DPMM in determining whether an individual, business, or organization qualifies as an SDVE:

- Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;
- Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs. (An SDV is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.);
- Having the management and daily business operations controlled by one (1) or more SDVs;
- Having a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty) and a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs; and
- Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If an offeror meets the standards of a qualified SDVE as stated above and unless previously submitted within the past five (5) years to the DPMM, the offeror **must** provide the following SDV documents to receive the Missouri SDVE three (3) bonus point preference:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty),
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs, and
- a completed copy of this exhibit.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

SEE C314207005

N/A

EXHIBIT F (continued)

MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed herein pursuant to 1 CSR 40-1.050.

Service-Disabled Veteran's Name
(Please Print)

Service-Disabled Veteran Business Enterprise Name

Service-Disabled Veteran's Signature

Missouri Address of Service-Disabled Veteran
Business Enterprise

Phone Number

Website Address

Date

E-Mail Address

The SDVE offeror should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified herein to the DPMM and therefore have enclosed the SDV's documents.
- Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the DPMM.

Date SDV Documents were Submitted: _____

Previous Proposal/Contract Number for Which the SDV Documents were Submitted:

(if applicable and known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

| FOR STATE USE ONLY | |
|--|---------------|
| SDV's Documents - Verification Completed By: | |
| _____ Buyer | _____ Date |

SEE C314207005



Jefferson City, MO 65101 ♦ 573-635-1234

DPMM 17 APR 15 AM 9:30

DPMM
301 West High Street - Room 630
Jefferson City MO 65101

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