



## NOTICE OF AWARD

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

SOLICITATION NUMBER RFPS30034901600328	CONTRACT TITLE Polygraph Examination Services
CONTRACT NUMBER CS160328001 <i>JS 3/24/16</i>	CONTRACT PERIOD July 1, 2016 through June 30, 2017
REQUISITION NUMBER NR 931 YYY16708057	VENDOR NUMBER 5047480150 2
CONTRACTOR NAME AND ADDRESS KIP KIESO POLYGRAPH SERVICES 1419 E 120TH ST OLATHE, KS 66061	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Board of Probation and Parole Various Locations
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:  The proposal submitted by Kip Kieso Polygraph Services in response to RFPS30034901600328 is accepted for the Western Region.	
BUYER Jacqueline Satterlee	BUYER CONTACT INFORMATION Email: <a href="mailto:jacqueline.satterlee@oa.mo.gov">jacqueline.satterlee@oa.mo.gov</a> Phone: (573) 751-4925 Fax: (573) 526-9816
SIGNATURE OF BUYER <i>Jacqueline Satterlee</i>	DATE 3/22/16
DIRECTOR OF PURCHASING <i>Karen S. Boeger</i> Karen S. Boeger	



STATE OF MISSOURI  
OFFICE OF ADMINISTRATION  
DIVISION OF PURCHASING (PURCHASING)  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600328  
TITLE: Polygraph Examination Services  
ISSUE DATE: 12/18/15

REQ NO.: NR 931 YYY16708057  
BUYER: Jacqueline Satterlee  
PHONE NO.: (573) 751-4925  
E-MAIL: jacqueline.satterlee@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 01/12/16 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH ~~THE OFFICE OF PURCHASING~~ BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

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

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

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

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

Department of Corrections  
Board of Probation and Parole  
Various Locations

The vendor 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 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing 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 vendor and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME <i>Kip Kieso Polygraph Services</i>		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <i>Kip Kieso</i>	
MAILING ADDRESS <i>1419 E. 120th Street</i>		IRS FORM 1099 MAILING ADDRESS <i>1419 E. 120th Street</i>	
CITY, STATE, ZIP CODE <i>Platte, KS 66061</i>		CITY, STATE, ZIP CODE <i>Platte, KS 66061</i>	
CONTACT PERSON <i>Kip Kieso</i>		EMAIL ADDRESS <i>KipKiesoPolygraph@hotmail.com</i>	
PHONE NUMBER <i>913-302-5034</i>		FAX NUMBER <i>n/a</i>	
TAXPAYER ID NUMBER (TIN) <i>2000 20-0073627</i>	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input type="checkbox"/> FEIN <input checked="" type="checkbox"/> SSN		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 checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE <i>Kip Kieso</i>		DATE <i>03.14.16</i>	
PRINTED NAME <i>Kip Kieso</i>		TITLE <i>Polygraph Examiner</i>	

**Kip Kieso Polygraph Services**  
*Forensic and Clinical Polygraph Examiner*  
kipkiesopolygraph@hotmail.com - (913) 302-5034  
[www.kipkiesopolygraph.com](http://www.kipkiesopolygraph.com)

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**Solicitation RFPS30034901600328**

**TO:** Jacqueline Satterlee

December 19, 2015

**RE:** Polygraph Examination Services - Department of Corrections

Jacqueline:

I have included my bid(s) for the North Central Region, Southwest Region, and Western Region. Please let me know if I have omitted any needed documentation as this is my first time using the MissouriBUYS system.

Sincerely,



Kip Kieso  
Forensic & Clinical Polygraph Examiner

# Solicitation Items Report

## Solicitation RFPS30034901600328

**Title:** Polygraph Examination Services - Department of Corrections

**Estimated Total Value:**

**Description:**

**Contract Period:** July 1, 2016 through June 30, 2017

**Delivery Terms:** Free On Board Destination

**Payment Terms:** Net 45 Days

### Contact Information

State of Missouri

Jacqueline Satterlee

301 West High Street, Room 630 Jefferson City MO, 65101 United States

Tel: 573-751-4925

Fax:

Jacqueline.Satterlee@oa.mo.gov

**Start Date:** Dec 18, 2015 8:00 AM CST

**Open Date:** Jan 12, 2016 2:00 PM CST

**This report was created on Dec 18, 2015 4:30:12 PM**

Report created by the WebProcure Bidding System

### Documents:

RFPS30034901600328 - Polygraph Examination Services.docx

RFPS30034901600328 - Attachment 1.xlsb

RFPS30034901600328 - Attachment 2.doc

RFPS30034901600328 - Attachment 3.doc

RFPS30034901600328 - Attachment 4.doc

RFPS30034901600328 - Attachment 5.docx

**This bid does not have any categories.**

## Item Specifications:

## Eastern Region

No.	Item	Contract#	Quantity	Unit Size
1	Exam 1 - Initial Polygraph - Sexual History Examination		1.0	n/a each
Item Specification for Exam 1 - Initial Polygraph - Sexual History Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		
2	Exam 1 - Initial Polygraph Instant Offense Examination		1.0	n/a each
Item Specification for Exam 1 - Initial Polygraph Instant Offense Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		
3	Maintenance Examination		1.0	n/a each
Item Specification for Maintenance Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		
4	Sex Offense Monitoring Examination		1.0	n/a each
Item Specification for Sex Offense Monitoring Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		
5	Incomplete Polygraph Examination		1.0	n/a each
Item Specification for Incomplete Polygraph Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		
6	No Show		1.0	n/a each
Item Specification for No Show Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		

## North Central Region

No.	Item	Contract#	Quantity	Unit Size
7	Exam 1 - Initial Polygraph Sexual History Examination		1.0	\$225.00 each
Item Specification for Exam 1 - Initial Polygraph Sexual History Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$225.00 \$225.00
8	Exam 1 - Initial Polygraph Instant Offense Examination		1.0	\$210.00 each
Item Specification for Exam 1 - Initial Polygraph Instant Offense Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$210.00 \$210.00
9	Maintenance Examination		1.0	\$225.00 each
Item Specification for Maintenance Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$225.00 \$225.00
10	Sex Offense Monitoring Examination		1.0	\$210.00 each
Item Specification for Sex Offense Monitoring Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$210.00 \$210.00
11	Incomplete Polygraph Examination		1.0	\$100.00 each
Item Specification for Incomplete Polygraph Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$100.00 \$100.00
12	No Show		1.0	\$100.00 each
Item Specification for No Show Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$100.00 \$100.00

## Western Region

No.	Item	Contract#	Quantity	Unit Size
25	Exam 1 - Initial Polygraph Sexual History Examination		1.0	\$225.00 each
Item Specification for Exam 1 - Initial Polygraph Sexual History Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$220.00 \$220.00
26	Exam 1 - Initial Polygraph Instant Offense Examination		1.0	\$210.00 each
Item Specification for Exam 1 - Initial Polygraph Instant Offense Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$210.00 \$210.00
27	Maintenance Examination		1.0	\$225.00 each
Item Specification for Maintenance Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$220.00 \$220.00
28	Sex Offense Monitoring Examination		1.0	\$210.00 each
Item Specification for Sex Offense Monitoring Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$210.00 \$210.00
29	Incomplete Polygraph Examination		1.0	\$100.00 each
Item Specification for Incomplete Polygraph Examination Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$100.00 \$100.00
30	No Show		1.0	\$100.00 each
Item Specification for No Show Description:		Additional Item Fields 1. First Renewal Period: Maximum Price 2. Second Renewal Period: Maximum Price		\$100.00 \$100.00



Company ID Number: 860906

Approved by:

<b>Employer</b> Kip Kieso Polygraph Services	
<b>Name (Please Type or Print)</b> Kip Kieso	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 03/12/2015
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 03/12/2015

**AFFIDAVIT OF WORK AUTHORIZATION:**

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

Comes now Kip Kieso (Name of Business Entity Authorized Representative) as Poligraph Examiner (Position/Title) first being duly sworn on my oath, affirm Kip Kieso Poligraph Services (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 Kip Kieso Poligraph Services (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.)*

Kip Kieso Authorized Representative's Signature      Kip Kieso Printed Name  
Poligraph Examiner Title      03-14-16 Date  
KipKiesoPoligraph@hotmail.com E-Mail Address      E-Verify Company ID Number

Subscribed and sworn to before me this 14 (DAY) of MARCH, 2016 (MONTH, YEAR) I am commissioned as a notary public within the County of JOHNSON (NAME OF COUNTY), State of KANSAS (NAME OF STATE), and my commission expires on 09/08/2018 (DATE).

**KELSIE HODES**  
Notary Public-State of Kansas  
My Appt. Expires 09/08/2018

Kelsie Hodes Signature of Notary      03/14/2016 Date

**EXHIBIT H****Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

<u>Kip Kieso Polygraph Services</u>	
Company Name	DUNS # (if known)
<u>Kip Kieso</u>	<u>Polygraph Examiner</u>
Authorized Representative's Printed Name	Authorized Representative's Title
<u>Kip Kieso</u>	<u>MARCH 14, 2016</u>
Authorized Representative's Signature	Date

**Instructions for Certification**

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

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

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## VENDOR NO TAX DUE

KIP KIESO  
DBA KIP KIESO POLYGRAPH SERVICES  
1419 EAST 120TH ST  
OLATHE KS 66061

DATE ISSUED: MARCH 15, 2016

SOCIAL SECURITY NUMBER: XXX-XX-8015

The Missouri Department of Revenue certifies that based on the information provided the above listed taxpayer/vendor and its disclosed affiliates do not sell taxable tangible personal property or provide taxable services in the State of Missouri. As a result, the above vendor and its disclosed affiliates are in compliance with Section 34.040.7, RSMo.

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.

This certificate will remain valid until such time as the business activity changes. Please note that any change in or deviation from the operation of this business as originally described will render this letter inapplicable.

DIRECTOR OF REVENUE OR DELEGATE  
STATE OF MISSOURI

BY:

A handwritten signature in black ink that reads "Dwayne Maples".

Dwayne Maples  
Administrator, Business Tax

AC:DU0990

CEN045  
201607500300349