Jeremiah W. (Jay) Nixon
Governor

Catherine F. Brown
Director

Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Facilities Management
Design and Construction
730 Truman Building, 301 West High Street
Post Office Box 809
Jefferson City, Missouri 65102
INTERNET: http://www.oa.mo.gov/fmdc
E-MAIL: FMDC Real Estate@oa.mo.gov

(573) 751-3339
FAX (573) 751-7277

NOTICE OF AWARD

CONTRACT NUMBER	**LEASE NUMBER**	**FACILITY ADDRESS**
JLCD0316	03201609 and 03202053	207 E. McElwain Drive, Cameron (DeKalb County), MO 64429
CONTRACT TITLE		**CONTRACT PERIOD**
Janitorial Services – Cameron, MO		June 1, 2016 through May 31, 2017
VENDOR NUMBER		**Site Information:** Number of Days per Week - 5 Number of Square Feet – 12,797 Price per Square Foot: $.09 Monthly Amount: $ 1,151.73
20106069990-1		
VENDOR NAME AND ADDRESS		**ON-SITE CONTACT INFORMATION**
Quality Care Property Management 520 West 103rd Street Suite 180 Kansas City, MO 64114-4503 Email: QCPropertyManagement@yahoo.com Phone: 816-935-0099		Name: Candice Talbot (DHSS) Phone Number: 816-632-6541 Email: Candice.Talbot@health.mo.gov Name: Ron Blakely (P&P) Phone Number: 816-632-3781 Email: Ron.Blakely@doc.mo.gov

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The bid submitted by Quality Care Property Management dated 3/24/2016 in response to RFQ# JLCD0316 is accepted in its entirety pursuant to the terms and conditions of the RFQ.

STATE OF M ISSOURI USE ONLY

The Contractor agrees that upon receipt of a Notice of Award signed and issued by an authorized representative of the State of Missouri, a binding contract shall exist between the Contractor and the State Agency.

OA/FMDC CONTACT NAME:	**OA/FMDC CONTACT TITLE:**	**OA/FMDC CONTACT INFORMATION:**
Amber Willis	**Contract Specialist II**	**Email: Amber.willis@oa.mo.gov** **Phone: (573)526-3421 Fax(573) 751-7277**

SIGNATURE OF OA/FMDC CONTACT:	**DATE:**	
Amber Willis	4/08/2016	
SIGNATURE OF OA/FMDC AUTHORIZED REPRESENTATIVE:	**TITLE:**	**DATE:**
Rebecca Brantley	Section Manager	4-8-16

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(573) 751-3339
FAX (573) 751-7277

BID EVALUATION MEMORANDUM

Date: April 8, 2016

Bid Number: JLCD0316

Bid Title: Janitorial Services - Cameron

Date Closed: 4/5/2016

Contract Specialist: Amber Willis

Contract's Unit Manager: Rebecca Brinkley

Pursuant to RFQ JLCD0316 for Janitorial Services in Cameron, an award shall be made to the lowest priced responsive bidder. Other factors that affect the determination of the lowest price responsive bidder include consideration of the Blind/Sheltered Workshop Preference and Missouri Service-Disabled Veteran Business Enterprise Preference.

Three bids were received in response to RFQ JLCD0316. The bidders were:

Quality Care Property Management
VB Enterprises
Bonus Building Care

One "No Bids" was received in response to RFQ JLCD0316 from Resource Service Solutions.

No Late Bids were received in response to RFQ JLCD0316.

All bids received in response to RFQ JLCD0316 were reviewed for compliance with the evaluation criteria and preferences in the RFQ. The results of that review are as follows:

None of the bidders received preference points for Missouri Service Disabled Veteran Business Preference, or for Organizations for the Blind and Sheltered Workshop Preference.

A cost evaluation was performed in accordance with Paragraph 3.2.1 of the RFQ for janitorial Services and Supplemental Services.

The bid from Quality Care Property Management has been determined to be responsive to the mandatory requirements of the RFQ, and is the lowest responsible and reliable bidder. Quality Care Property Management does have another contract with the State of Missouri and previous experience as a contractor. The results of the cost evaluation were forwarded to Amy Spray of Real Estate Services Unit for review to approve an award to Quality Care Property Management. Real Estate Services approved the award to Quality Care Property Management. Therefore, I am proceeding with the award as approved.

Division of Facilities Management,

Design and Construction

COST EVALUATION

Contract Specialist: Amber Willis

Bid Number: JLCD0316 Bid Name: Janitorial Services - Cameron Evaluation Date: 04/08/2016

Bonus Building Care		Original Contract Period		1st Renewal Period		2nd Renewal Period		3rd Renewal Period		
Line Item	Qty	Price	Extended Cost	Price	Extended Cost	Price	Extended Cost	Price	Extended Cost	
001	12,797	$0.095	$14,588.58	$0.095	$14,588.58	$0.095	$14,588.58	$0.095	$14,588.58	
002	5	$0.20	$1.00	$0.20	$1.00	$0.20	$1.00	$0.20	$1.00	
003	5	$0.20	$1.00	$0.20	$1.00	$0.20	$1.00	$0.20	$1.00	
004	50	$0.38	$19.00	$0.38	$19.00	$0.38	$19.00	$0.38	$19.00	
005	50	$0.16	$8.00	$0.16	$8.00	$0.16	$8.00	$0.16	$8.00	
006	1	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	$3.00	
007	1	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	
008	250	$0.18	$45.00	$0.18	$45.00	$0.18	$45.00	$0.18	$45.00	
009	250	$0.15	$37.50	$0.15	$37.50	$0.15	$37.50	$0.15	$37.50	
010	250	$0.18	$45.00	$0.18	$45.00	$0.18	$45.00	$0.18	$45.00	
011	1	$20.00	$20.00	$20.00	$20.00	$20.00	$20.00	$20.00	$20.00	
012	1	$32.00	$32.00	$32.00	$32.00	$32.00	$19.00	$32.00	$32.00	
013	2	$18.00	$36.00	$18.00	$36.00	$18.00	$36.00	$18.00	$36.00	
										TOTAL CONTRACT COST
		TOTAL	$14,838.08	TOTAL	$14,838.08	TOTAL	$14,825.08	TOTAL	$14,838.08	
									Grand Total Cost	$ 59,339.32
									Blind & Sheltered Workshop	0
									SDVE	0
									Total Cost Points	191

Bid Number: JLCD0316 Bid Name: Janitorial Services - Cameron Evaluation Date: 04/08/2016

VB Enterprises		Original Contract Period		1st Renewal Period		2nd Renewal Period		3rd Renewal Period		
Line Item	Qty	Price	Extended Cost	Price	Extended Cost	Price	Extended Cost	Price	Extended Cost	
001	12,797	$0.092	$14,127.89	$0.092	$14,127.89	$0.095	$14,588.58	$0.098	$15,049.27	
002	5	$0.30	$1.50	$0.30	$1.50	$0.30	$1.50	$0.30	$1.50	
003	5	$0.30	$1.50	$0.30	$1.50	$0.30	$1.50	$0.30	$1.50	
004	50	$0.50	$25.00	$0.50	$25.00	$0.50	$25.00	$0.50	$25.00	
005	50	$0.14	$7.00	$0.14	$7.00	$0.14	$7.00	$0.14	$7.00	
006	1	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	$5.00	
007	1	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	$10.00	
008	250	$0.10	$25.00	$0.10	$25.00	$0.10	$25.00	$0.10	$25.00	
009	250	$0.10	$25.00	$0.10	$25.00	$0.10	$25.00	$0.10	$25.00	
010	250	$0.12	$30.00	$0.12	$30.00	$0.12	$30.00	$0.12	$30.00	
011	1	$25.00	$25.00	$25.00	$25.00	$25.00	$25.00	$25.00	$25.00	
012	1	$25.00	$25.00	$25.00	$25.00	$25.00	$19.00	$25.00	$25.00	
013	2	$15.00	$30.00	$15.00	$30.00	$15.00	$30.00	$15.00	$30.00	
										TOTAL CONTRACT COST
		TOTAL	$14,337.89	TOTAL	$14,337.89	TOTAL	$14,792.58	TOTAL	$15,259.27	
									Grand Total Cost	**$ 58,727.63**
									Blind & Sheltered Workshop	0
									SDVE	0
									Total Cost Points	**193**

Bid Number: JLCD0316		Bid Name: Janitorial Services - Cameron				Evaluation Date: 04/08/2016				
Quality Care Property Management		**Original Contract Period**		**1st Renewal Period**		**2nd Renewal Period**		**3rd Renewal Period**		
Line Item	Qty	Price	Extended Cost	Price	Extended Cost	Price	Extended Cost	Price	Extended Cost	
001	12,797	$0.09	$13,820.76	$0.09	$13,820.76	$0.09	$13,820.76	$0.09	$13,820.76	
002	5	$1.00	$5.00	$1.00	$5.00	$1.00	$5.00	$1.00	$5.00	
003	5	$1.00	$5.00	$1.00	$5.00	$1.00	$5.00	$1.00	$5.00	
004	50	$0.48	$24.00	$0.48	$24.00	$0.48	$24.00	$0.48	$24.00	
005	50	$0.13	$6.50	$0.13	$6.50	$0.13	$6.50	$0.13	$6.50	
006	1	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	$2.00	
007	1	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	$1.00	
008	250	$0.25	$62.50	$0.25	$62.50	$0.25	$62.50	$0.25	$62.50	
009	250	$0.20	$50.00	$0.20	$50.00	$0.20	$50.00	$0.20	$50.00	
010	250	$0.25	$62.50	$0.25	$62.50	$0.25	$62.50	$0.25	$62.50	
011	1	$32.00	$32.00	$32.00	$32.00	$32.00	$32.00	$32.00	$32.00	
012	1	$30.00	$30.00	$30.00	$30.00	$30.00	$19.00	$30.00	$30.00	
013	2	$18.00	$36.00	$18.00	$36.00	$18.00	$36.00	$18.00	$36.00	
										TOTAL CONTRACT COST
		TOTAL	$14,137.26	TOTAL	$14,137.26	TOTAL	$14,126.26	TOTAL	$14,137.26	
									Grand Total Cost	**$ 56,538.04**
									Blind & Sheltered Workshop	0
									SDVE	0
									Total Cost Points	**200**

CAMERON MO.

STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION (DFMDC)
REQUEST FOR QUOTATION (RFQ)

RFQ #: JLCD1316
TITLE: Janitorial Services - Cameron
ISSUE DATE: 03/21/2016

CONTRACT SPECIALIST: Amber Willis
PHONE #: (573) 526-3421
FAX #: (573) 751-7277
E-MAIL: Amber.willis@oa.mo.gov

RETURN BID NO LATER THAN: April 5, 2016 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFQ **Number** and **Return Due Date** on the lower left hand corner of the envelope or package.

RETURN BID TO: OFFICE OF ADMINISTRATION
DIVISION OF FACILITIES MANAGEMENT, DESIGN AND CONSTRUCTION
301 WEST HIGH STREET, ROOM 730
PO BOX 809, JEFFERSON CITY, MO 65102

OR FAX TO: Fax #: (573) 751-7277 - FMDC – JANITORIAL BID
(Mail or Fax, please do not do both)

CONTRACT PERIOD: Effective Date of Contract through One Year

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:	STATE AGENCY'S NAME AND ADDRESS:
207 E. McElwain Drive, Cameron (DeKalb County), MO 64429	Office of Administration Division of Facilities Management, Design & Construction 301 West High Street, Room 730 Jefferson City, MO 65102

The bidder 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 Quotation. The bidder further agrees that the language of this RFQ shall govern in the event of a conflict with his/her bid. The bidder further agrees that upon receipt of a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the bidder and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME: Quality Care Property Management	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.: Quality Care Property Management LLC
MAILING ADDRESS: 520 West 103rd St. #180	IRS FORM 1099 MAILING ADDRESS: 520 West 103rd St. #180
CITY, STATE, ZIP CODE: KC MO 64114	CITY, STATE, ZIP CODE: KC MO 64114
CONTACT PERSON: Kayshonda Johnson	EMAIL ADDRESS: QCPropertyManagement@yahoo.com
PHONE NUMBER: 816.935.6099	FAX NUMBER: 816.942.0979
TAXPAYER ID NUMBER (TIN): 26-1606999	TAXPAYER ID (TIN) TYPE (CHECK ONE): X FEIN ___ SSN
VENDOR NUMBER (IF KNOWN):	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE): ___ Corporation ___ Individual ___ State/Local Government ___ Partnership ___ Sole Proprietor ___ Other ___	(NOTE: LLC IS NOT A VALID TAX FILING TYPE.)
AUTHORIZED SIGNATURE: [signature]	DATE: 3.24.16
PRINTED NAME: Kayshonda Johnson	TITLE: Chief of Operations

4. PRICING PAGE

4.1 Janitorial Services – The bidder shall provide a firm, fixed per square foot, per month price for the original contract period and a maximum per square foot, per month price for each potential renewal period for providing janitorial services, in accordance with the provisions and requirements specified herein. **All costs associated with providing the Janitorial Services, excluding Supplemental Services, shall be included in the stated prices.**

Line Item Number	Description c/s code: 91039	Original Contract Period Firm, Fixed Price	First Renewal Period Maximum Price	Second Renewal Period Maximum Price	Third Renewal Period Maximum Price
001	Janitorial Services	$ .09 per square foot, per month	$ .09 per square foot, per month	$ .09 per square foot, per month	$ .09 per square foot, per month

4.2 **Supplemental Service:** The bidder shall state a firm, fixed price for the original contract period and a maximum price for each potential renewal period for each of the following Supplemental Services provided in accordance with the provisions and requirements specified herein. In the event the bidder does not provide pricing on one or more of the line items below for supplemental services, it shall be interpreted and enforced as no charge ($0) to the State of Missouri. **All costs associated with providing the Supplemental Services shall be included in the stated prices.**

Line Item	Description C/S Code: 91039	**Original Contract Period Firm, Fixed Price**	**First Renewal Period Maximum Price**	**Second Renewal Period Maximum Price**	**Third Renewal Period Maximum Price**
002	Interior Window Cleaning and Other Interior Glass Surfaces	$ 1.00 per linear foot	$ 1.00 per linear foot	$ 1.00 per linear foot	$ 1.00 per linear foot
003	Exterior Window Cleaning	$ 1.00 per linear foot	$ 1.00 per linear foot	$ 1.00 per linear foot	$ 1.00 per linear foot
004	Hard Floor Cleaning - Stripping and Refinishing of Hard Flooring	$ .48 per square foot	$ .48 per square foot	$ .48 per square foot	$ .48 per square foot
005	Deep Carpet Cleaning and Water Extraction Services	$ .13 per square foot	$ .13 per square foot	$ .13 per square foot	$ .13 per square foot
006	Brushing and Spot Cleaning of Fabric Furniture	$ 2.00 per piece	$ 2.00 per piece	$ 2.00 per piece	$ 2.00 per piece
007	Cleaning and Vacuuming of Cloth Cubicle Partitions	$ 1.00 per partition	$ 1.00 per partition	$ 1.00 per partition	$ 1.00 per partition
008	One time Construction Clean-up	$ .25 per square foot	$ .25 per square foot	$ .25 per square foot	$ .25 per square foot
009	Ongoing Construction Clean-up	$ .20 per square foot	$ .20 per square foot	$ .20 per square foot	$ .20 per square foot
010	Final Clean-Up	$ .25 per square foot	$ .25 per square foot	$ .25 per square foot	$ .25 per square foot
011	Additional Paper Towel Rolls	$ 32.00 per case (minimum of 6 rolls per case)	$ 32.00 per case (minimum of 6 rolls per case)	$ 32.00 per case (minimum of 6 rolls per case)	$ 32.00 per case (minimum of 6 rolls per case)
012	Additional Tri-Fold Paper Towels	$ 30.00 per case (minimum of 6 rolls per case)	$ 30.00 per case (minimum of 6 rolls per case)	$ 30.00 per case (minimum of 6 rolls per case)	$ 30.00 per case (minimum of 6 rolls per case)
013	Additional Personnel	$ 18.00 Per Hour, Per Person	$ 18.00 Per Hour, Per Person	$ 18.00 Per Hour, Per Person	$ 18.00 Per Hour, Per Person

EXHIBIT A

PARTICIPATION COMMITMENT

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

Organization for the Blind/Sheltered Workshop Commitment Table		
Name of Organization for the Blind or Sheltered Workshop Proposed	**Committed Participation** ($ amount or % of total value of contract)	**Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop**
1. Not Applicable		
2.		
3.		

EXHIBIT B

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop in the provision of the products/services required in the RFQ, the bidder must either provide a recently dated letter of intent from each organization documenting the following information, or complete and provide this Exhibit with the bidder's bid.

~ Copy This Form for Each Organization Proposed ~

Bidder Name: Not Applicable

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 bidder identified above.

Indicate appropriate business classification(s):

_____ Organization for the Blind _____ Sheltered Workshop

Name of Organization _____

Contact Name: _____ Email: _____

Address: _____ Phone #: _____

City: _____ Fax #: _____

State/Zip: _____ Certification # _____

(or attach copy of certification)

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

_____

_____

_____

_____

Document the amount of participation the bidder has committed to you (*as the participating organization*) for the products/services you are providing:

_____ or % of Total Value of Contract

_____ Total Dollar Amount

Authorized Signature:

_____ _____

Authorized Signature of Participating Organization *Date*

EXHIBIT C

PRIOR EXPERIENCE OF BIDDER

The bidder should copy and complete this form for each reference being submitted as demonstration of the bidder's prior experience. The bidder is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Bidder Name:	Quality Care Property Management LLC
Reference Information (Current/Prior Services Performed For:)	
Name and Address of Reference Company:	The DECO Group LLC PO Box 140164 Kansas City, mo 64114
Reference Contact Person:	Name: Derrick Collins Phone Number: 816·918·5898 Email Address: deco@decogroupkc.com
Dates of Service:	2015
Dollar Value of Services	$1,100.00
Square Footage of the Building	Total Square Feet: 6,150 Square Feet of Carpeted Area: 2,000 Square Feet of Hard Surface Floors: 4,156
Description of Prior Services Performed, Including an Indication as to Whether Carpet Cleaning was Performed and the Square Footage of the Carpeted Area	Carpet Cleaning Provided: X Yes ____ No. If yes, indicate the square footage of carpeted area: 2,000

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by the State of Missouri for additional discussions regarding my/my company's association with the bidder referenced above:

Derrick Collins

Signature of Reference Contact Person

2·16·16

Date of Signature

EXHIBIT D
MISCELLANEOUS INFORMATION

Outside United States

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

Are products and/or services being manufactured or performed at sites outside the United States?	Yes ____	No ____
Describe and provide details:		

Employee Bidding/Conflict of Interest

Bidders who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with Sections 105.450 to 105.458 RSMo regarding conflict of interest. If the bidder and/or any of the owners of the bidder's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information.

Name of State Employee, General Assembly Member, or Statewide Elected Official:	Not Applicable
In what office/agency are they employed?	
Employment Title:	
Percentage of ownership interest in bidder's organization:	_____ %

EXHIBIT E

MISSOURI SERVICE-DISABLED VETERAN BUSINESS PREFERENCE

Pursuant to 34.074 RSMo, the Division of Facilities Management, Design and Construction has a goal of awarding three (3) percent of all contracts for the performance of any job or service to service-disabled veteran businesses (see below for definitions included in 34.074 RSMo) either doing business as Missouri firms, corporations, or individuals; or which maintain Missouri offices or places of business, when the quality of performance promised is equal or better and the price quoted is the same or less or whenever competing bids, in their entirety, are comparable.

Definitions:

Service-Disabled Veteran is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.

Service-Disabled Veteran Business is defined as a business concern:

a. Not less than fifty-one (51) percent of which is owned by one or more service-disabled veterans or, in the case of any publicly owned business, not less than fifty-one (51) percent of the stock of which is owned by one or more service-disabled veterans; and
b. The management and daily business operations of which are controlled by one or more service-disabled veterans.

If a bidder meets the definitions of a service-disabled veteran and a service-disabled veteran business as defined in 34.074 RSMo and is either doing business as a Missouri firm, corporation, or individual; or maintains a Missouri office or place of business, the bidder **must** provide the following with the bid in order to receive the Missouri service-disabled veteran business preference over a non-Missouri service-disabled veteran business when the quality of performance promised is equal or better and the price quoted is the same or less or whenever competing bids, in their entirety, are comparable:

a. A copy of a letter from the Department of Veterans Affairs (VA), or a copy of the bidder's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty) from the branch of service the bidder was in, stating that the bidder has a service-connected disability rating ranging from 0 to 100% disability; and

b. A completed copy of this exhibit

(NOTE: For ease of evaluation, please attach copy of the above-referenced letter from the VA or a copy of the bidder's discharge paper to this Exhibit.)
By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business as defined in 34.074 RSMo and that I am either doing business as a Missouri firm, corporation, or individual; or maintain Missouri offices or places of business at the location(s) listed below.

Veteran Information	Business Information
Not Applicable	
Service-Disabled Veteran's Name, (Please Print)	Service-Disabled Veteran Business Name
Service-Disabled Veteran's Signature	Missouri Address of Service-Disabled Veteran Business

EXHIBIT F, continued

BOX B – CURRENT BUSINESS ENTITY STATUS

(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.)

I certify that Quality Care Property Management LLC (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Rayshonda Johnson — Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Quality Care Property Management LLC — Business Entity Name

3.24.16 — Date

QC Property Management@yahoo.com — E-Mail Address

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

- ☐ Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xprevprot/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 OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, at minimum, by the bidder/contractor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's/contractor'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.

EXHIBIT F, continued

AFFIDAVIT OF WORK AUTHORIZATION:

The bidder/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 Jeffery Atkins (Name of Business Entity Authorized Representative) as Owner (Position/Title) first being duly sworn on my oath, affirm Quality Care Property Mgmt LLC (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 Quality Care Property Mgmt LLC (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.)

Jeffery Atkins
Authorized Representative's Signature

Jeffery Atkins
Printed Name

Owner
Title

2-18-16
Date

qcpropertymanagement@yahoo.com
E-Mail Address

Subscribed and sworn to before me this 18TH (DAY) of February 2016 (MONTH, YEAR) I am commissioned as a notary public within the County of JACKSON (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on 06/04/2018 (DATE).

Stephanie Shade
Signature of Notary

02/18/2016
Date

STEPHANIE SHADE
Notary Public - Notary Seal
STATE OF MISSOURI
Platte County
My Commission Expires June 4, 2018
Commission # 14623810

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 06/05/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Kimberly Holsted	
Jason Ayers(1408309) 5752 N Broadway St Kansas City MO 64118-3998	PHONE (A/C, No, Ext): 816-929-8484	FAX (A/C, No):
	E-MAIL ADDRESS: jayers@farmersagent.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: Farmers Insurance exchange	21652
INSURED Quality Care 520 w 103rd st #180 Kansas city, mo 64114	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	Y		606243060	02/18/2016	02/18/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 5,000 $ 1,000,000 $ 1,000,000 $
A	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $	Y					EACH OCCURRENCE AGGREGATE	$ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N [Y] If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		A0278837	02/18/2016	02/18/2017	[ ] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	1,000,000 $ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jason Ayers

Digitally signed by Jason Ayers
DN: cn=Jason Ayers, o=Jason Ayers Insurance Group, ou=President, email=jayers@farmersagent.com, c=US
Date: 2015.06.02 12:53:44 -05'00'

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Department of the Treasury
Internal Revenue Service
Ogden, UT 84201

In reply refer to: 0444190337
Feb 19, 2016 LTR 147C
20-1606999

QUALITY CARE PROPERTY MANAGEMENT
% ATKINS GROUP
12905 S 71 HWY STE 323
GRANDVIEW MO 64030-0000 000

Taxpayer Identification Number: 20-1606999

Form(s):

Dear Taxpayer:

Thank you for your telephone inquiry of February 19th, 2016.

Your Employer Identification Number (EIN) is 20-1606999. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms.Berry
1001866271
Customer Service Representative

E-Verify

Company ID Number: 947586

Approved by:

Employer Quality Care Property Management	
Name (Please Type or Print) Jeffery Atkins	Title Owner
Signature Electronically Signed	Date 02/17/2016
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Signature	Date

E-Verify

Company ID Number: 947586

Information Required for the E-Verify Program	
Information relating to your Company:	
Company Name	Quality Care Property Management
Company Facility Address	520 West 103rd Street Kansas city, MO 64114
Company Alternate Address	
County or Parish	JACKSON
Employer Identification Number	201606999
North American Industry Classification Systems Code	811
Parent Company	
Number of Employees	5 to 9
Number of Sites Verified for	1

Company ID Number: 947586

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

MISSOURI	1 site(s)

E-Verify

Company ID Number: 947586

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name	Jeffery Atkins
Phone Number	(913) 562 - 4712
Fax Number	
Email Address	qcpropertymanagement@yahoo.com

Willis, Amber

From: FMDC GENERAL
Sent: Tuesday, April 05, 2016 2:14 PM
To: Willis, Amber
Subject: FW: Received Fax From: 88164183015
Attachments: MOSRVFAXVM02_1604051849357810.TIF

-----Original Message-----
From: mosrvfaxvm@oa.mo.gov [mailto:mosrvfaxvm@oa.m.gov]
Sent: Tuesday, April 05, 2016 1:50 PM
To: FMDC GENERAL
Subject: Received Fax From: 88164183015

This message was received via FAXCOM, a product from Biscom Inc. http://www.biscom.com/

-------Fax Reception Report-------

Received Time:	04/05/2016 13:38
Result:	OK
Description:	All pages received OK
Result Code:	0000
Pages Received:	17
Remote TSI:	816-418-0000
Connect Time:	11 minutes, 17 seconds
Routing ID:	5737517277
Caller ID:	88164183015
Unique ID:	MOSRVFAXVM02_1604051849357810
Fax Line:	45
Fax Server:	MOSRVFAXVM02

The fax is included as a TIF image attachment

FAX

For: Amber Willis - FMDC - JANITORIAL BID

Fax number: 1-573-751-7277

From: Quality Care Property Management LLC.

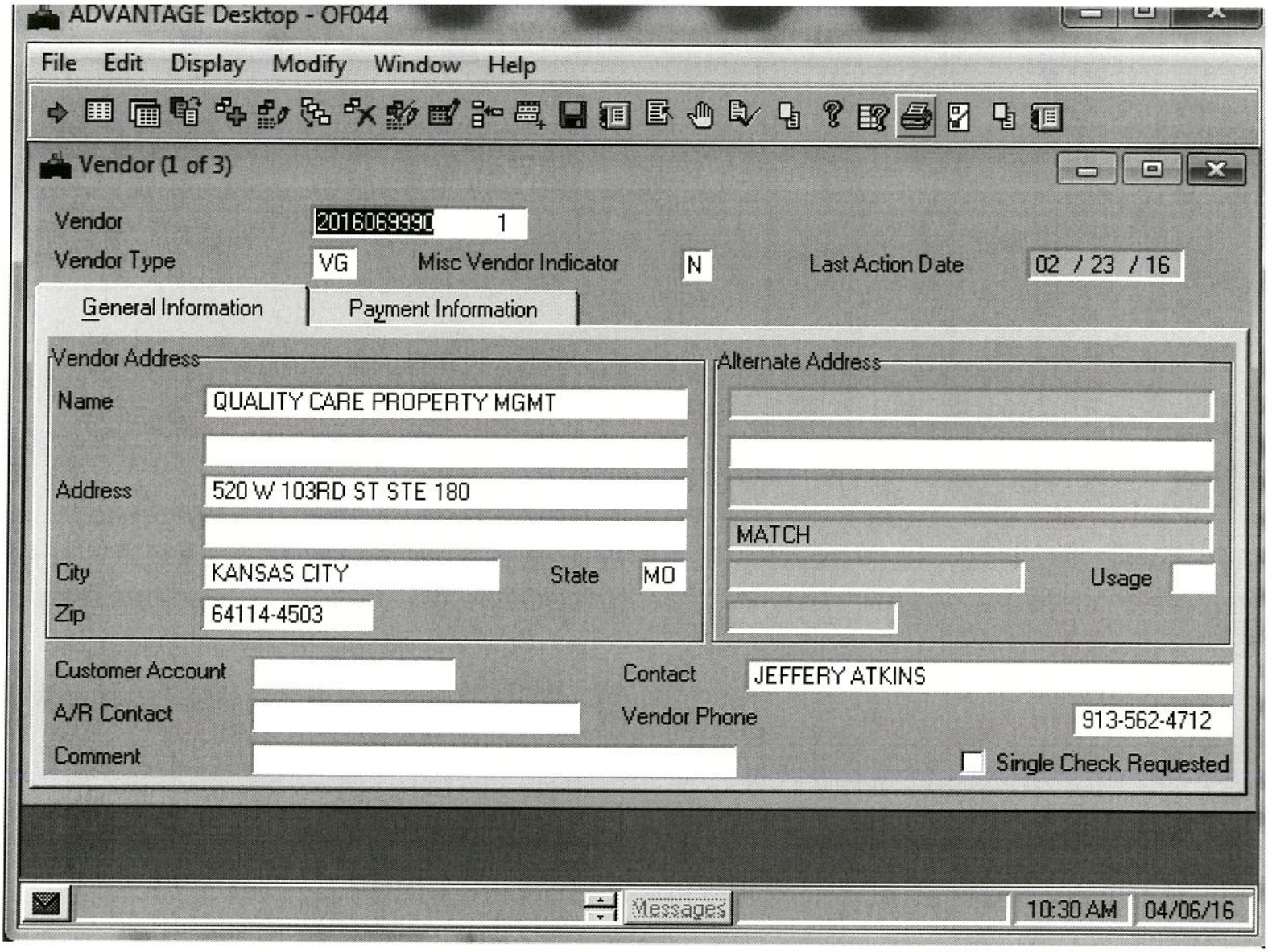
Fax number: ____

Date: April 5th, 2016

Regarding: RFQ #JLCD 13116 - CAMELOT MO

Number of pages: 17

Comments:


ADVANTAGE Desktop - OF044
File Edit Display Modify Window Help
Vendor (1 of 3)
Vendor 2016069990 1
Vendor Type VG
Misc Vendor Indicator N
Last Action Date 02 / 23 / 16
General Information
Payment Information
Vendor Address
Name QUALITY CARE PROPERTY MGMT
Address 520 W 103RD ST STE 180
City KANSAS CITY
State MO
Zip 64114-4503
Alternate Address
MATCH
Usage
Customer Account
Contact JEFFERY ATKINS
A/R Contact
Vendor Phone 913-562-4712
Comment
Single Check Requested
Messages
10:30 AM
04/06/16

JASON KANDER
MISSOURI SECRETARY OF STATE

MISSOURI ONLINE BUSINESS FILING

Online Help

Limited Liability Company Details as of 4/8/2016

- Business Entity Fees & Forms
- Business Entity FAQ
- Business Entity Home Page
- Business Entity Online Filing
- Business Outreach Office
- Business Entity Contact Us
- UCC Online Filing
- Secretary of State Home Page

*Required Field

File Documents - select the filing from the "Filing Type" drop-down list, then click FILE ONLINE.

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click FILE COPIES/CERTIFICATES.

RETURN TO
SEARCH RESULTS

Select filing from the list.
Filing Type Amendment to Articles of Organization

FILE
ONLINE

ORDER COPIES/
CERTIFICATES

General Information Filings Address Contact(s)

Name(s) Quality Care Property Management, LLC

Type Limited Liability Company

Domesticity Domestic

Registered Agent Maxwell, Donald
1156 W. 103rd. Street, Suite #347
Kansas City, MO 64114

Address

Charter No. LC0587116

Status Active

Date Formed 5/14/2004

Duration Perpetual

Managed by

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