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 JLEM170015	**LEASE NUMBER** 06600232	**FACILITY ADDRESS** Dogwood State School – 114 North Spruce Street, Eldon (Miller County), MO 65026
CONTRACT TITLE Janitorial Services – Eldon, Missouri		**CONTRACT PERIOD** November 1, 2016 through October 31, 2017
VENDOR NUMBER 4319317750-3 MB00097830		**SITE INFORMATION** Number of Days per Week: 5 Number of Square Feet: 3,850 Price per Square Foot: $.15 Monthly Amount: $577.50
VENDOR NAME AND ADDRESS Midstate Janitorial 1022 Northeast Drive, Suite E Jefferson City, MO 65109 Phone: 573-301-0443 Fax: 573-635-1216 Email: dthompsonmidstate@live.com		**ON-SITE CONTACT INFORMATION** Name: Paula Patterson Phone: 573-751-7142 (Dogwood State School) Phone: 573-392-5593 (Kirschner State School)

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:
The bid submitted by Midstate Janitorial dated 9/20/16 in response to RFQ# JLEM170015 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: Amber Willis	**OA/FMDC CONTACT TITLE:** Contract Specialist II	**OA/FMDC CONTACT INFORMATION:** **Email:** Amber.Willis@oa.mo.gov **Phone:** (573) 526-3421 **Fax:** (573) 751-7277
SIGNATURE OF OA/FMDC CONTACT: Amber Willis		**DATE:** 9/23/2016
SIGNATURE OF OA/FMDC AUTHORIZED REPRESENTATIVE: Rebecca Brinkley	**TITLE:** Section Manager	**DATE:** 9-26-16

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

BID EVALUATION MEMORANDUM

Date: September 23, 2016

Bid Number: JLEM170015

Bid Title: Janitorial Services - Eldon

Date Closed: 09/20/16

Contract Specialist: Amber Willis aaw

Contract's Unit Manager: Rebecca Brinkley RB

Pursuant to RFQ JLEM170015 for Janitorial Services in Eldon, 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.

One bid was received in response to RFQ JLEM170015. The bidder was:

Midstate Janitorial

No "No Bids" were received in response to RFQ JLEM170015.

No Late Bids were received in response to RFQ JLEM170015.

All bids received in response to RFQ JLEM170015 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 Midstate Janitorial has been determined to be responsive to the mandatory requirements of the RFQ, and is the lowest responsible and reliable bidder. Midstate Janitorial has several contracts with the State of Missouri. The results of the cost evaluation were forwarded to Amy Spray of Real Estate Services Unit for review to approve an award to Midstate Janitorial. Real Estate Services approved the award to Midstate Janitorial. Therefore, I am proceeding with the award as approved.

Division of Facilities Management,

Design and Construction

COST EVALUATION

Contract Specialist: Amber Willis

Bid Number: JLEM170015 Bid Name: Janitorial Services - Eldon Evaluation Date: 09/23/2016

Midstate Janitorial		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	3,850	$0.15	$6,930.00	$0.15	$6,930.00	$0.15	$6,930.00	$0.15	$6,930.00	
002	5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
003	5	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
004	50	$0.15	$7.50	$0.15	$7.50	$0.15	$7.50	$0.15	$7.50	
005	50	$0.15	$7.50	$0.15	$7.50	$0.15	$7.50	$0.15	$7.50	
006	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
007	1	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
008	250	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
009	250	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
010	250	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	
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	$25.00	$25.00	$25.00	
013	2	$10.00	$20.00	$10.00	$20.00	$10.00	$20.00	$10.00	$20.00	
										TOTAL CONTRACT COST
		TOTAL	$7,015.00	TOTAL	$7,015.00	TOTAL	$7,015.00	TOTAL	$7,015.00	

Grand Total Cost	**$ 28,060.00**
Blind & Sheltered Workshop	0
SDVE	0
Total Cost Points	**200**

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

RFQ #: JLEM170015
AMENDMENT NO.: 001
TITLE: Janitorial Services – Dogwood State School - Eldon
ISSUE DATE: 08/04/2016

CONTRACT SPECIALIST: Amber Willis
PHONE #: (573) 526-3421
FAX #: (573) 751-7277

E-MAIL: Amber.willis@oa.mo.gov

RETURN BID NO LATER THAN: SEPTEMBER 20, 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:
Dogwood State School - 114 North Spruce Street, Eldon (Miller County), MO 65026 (Lease #: 06600232)	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: MIDSTATE JANITORIAL	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.: THOMPSON MIDSTATE GROUP LLC
MAILING ADDRESS: 1022 NORTHEAST DR SUITE B	IRS FORM 1099 MAILING ADDRESS: 1022 NORTHEAST DR SUITE B
CITY, STATE, ZIP CODE: JEFFERSON CITY, MO 65109	CITY, STATE, ZIP CODE: JEFFERSON CITY, MO 65109
CONTACT PERSON: MIKE THOMPSON	EMAIL ADDRESS: d.thompsonmidstate@live.com
PHONE NUMBER: 573-301-0443	FAX NUMBER: 573 635 1216
TAXPAYER ID NUMBER (TIN): 43-1931775	TAXPAYER ID (TIN) TYPE (CHECK ONE): ✓ FEIN ___ SSN
VENDOR NUMBER (IF KNOWN): 43 1931775-3	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) (NOTE: LLC IS NOT A VALID TAX FILING TYPE.): ___ Corporation ___ Individual ___ State/Local Government ✓ Partnership ___ Sole Proprietor ___ Other	
AUTHORIZED SIGNATURE:	DATE: 9/20/16
PRINTED NAME: MICHAEL S. THOMPSON	TITLE: OWNER

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	$ .15 per square foot, per month	$ .15 per square foot, per month	$ .15 per square foot, per month	$ .15 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	$ 0 per linear foot	$ 0 per linear foot	$ 0 per linear foot	$ 0 per linear foot
003	Exterior Window Cleaning	$ 0 per linear foot	$ 0 per linear foot	$ 0 per linear foot	$ 0 per linear foot
004	Hard Floor Cleaning - Stripping and Refinishing of Hard Flooring	$ .15 per square foot	$ .15 per square foot	$ .15 per square foot	$ .15 per square foot
005	Deep Carpet Cleaning and Water Extraction Services	$ .15 per square foot	$ .15 per square foot	$ .15 per square foot	$ .15 per square foot
006	Brushing and Spot Cleaning of Fabric Furniture	$ 0 per piece	$ 0 per piece	$ 0 per piece	$ 0 per piece
007	Cleaning and Vacuuming of Cloth Cubicle Partitions	$ 0 per partition	$ 0 per partition	$ 0 per partition	$ 0 per partition
008	One time Construction Clean-up	$ 0 per square foot	$ 0 per square foot	$ 0 per square foot	$ 0 per square foot
009	Ongoing Construction Clean-up	$ 0 per square foot	$ 0 per square foot	$ 0 per square foot	$ 0 per square foot
010	Final Clean-Up	$ 0 per square foot	$ 0 per square foot	$ 0 per square foot	$ 0 per square foot
011	Additional Paper Towel Rolls	$ 25.00 per case (minimum of 6 rolls per case)	$ 25.00 per case (minimum of 6 rolls per case)	$ 25.00 per case (minimum of 6 rolls per case)	$ 25.00 per case (minimum of 6 rolls per case)
012	Additional Tri-Fold Paper Towels	$ 25.00 per case (minimum of 6 rolls per case)	$ 25.00 per case (minimum of 6 rolls per case)	$ 25.00 per case (minimum of 6 rolls per case)	$ 25.00 per case (minimum of 6 rolls per case)
013	Additional Personnel	$ 100.00 Per Hour, Per Person	$ 100.00 Per Hour, Per Person	$ 100.00 Per Hour, Per Person	$ 100.00 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.		
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: _____

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:	SEE ATTACHED LIST
Reference Information (Current/Prior Services Performed For:)	
Name and Address of Reference Company:	
Reference Contact Person:	Name: _____ Phone Number: _____ Email Address: _____
Dates of Service:	
Dollar Value of Services	
Square Footage of the Building	Total Square Feet: _____ Square Feet of Carpeted Area: _____ Square Feet of Hard Surface Floors:
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: _____ Yes _____ No. If yes, indicate the square footage of carpeted area: _____

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:

_____ _____

Signature of Reference Contact Person *Date of Signature*

THOMPSON MANANGEMENT GROUP LLC
DBA MIDSTATE JANITORIAL
1022 NORTHEAST DRIVE
JEFERSON CITY, MO 65109
573-634-3495
573-301-0443
dthompsonmidstate@live.com

CURRENT BLDGS MAY 2016

STATE:

JEFFERSON STATE OFFICE BUILDLING-JEFFERSON CITY
DEPT OF CORRECTIONS MAIN FACILITY-JEFFERSON CITY
MISSOURI STATE HIGHWAY PATROL DDCC-JEFFERSON CITY
LANDERS STATE OFFICE BUILDING-SPRINGFIELD
PENNEY'S STATE OFFICE BUILDING-SPINGFIELD
DEPT OF SOCIAL SERVICES-OZARK
DEPT OF PROBATION AND PAROLE-NIXA
DEPT OF SOCIAL SERVICES-WARRENSBURG
DEPT OF SOCIAL SERVICES-WAYNESVILLE
DEPT OF SOCIAL SERVICES-ROLLA
DEPT OF SOCIAL SERVICES-CAMDENTON
PROBATION AND PAROLE-CAMDENTON
DEPT OF SOCIAL SERVICES-VERSAILLES
DEPT OF PROBATION AND PAROLE-VERSAILLES
DEPT OF PROBATION AND PAROLE-LAKE OZARK
DEPT OF SOCIAL SERVICES-ELDON
DOGWOOD STATE SCHOOL-ELDON
OZARK HILLS STATE SCHOOL-SALEM
CONCORD CHRISTIAN SCHOOL-JEFFERSON CITY
JEFFERSON CITY DAY CARE-JEFFERSON CITY
CAPITAL WEST CHRISTIAN CHURCH AND EVENT CENTER-JEFFERSON CITY
RUSSELLVILLE BAPTIST CHURCH-RUSSELLVILLE, MO
CORTICELLI BAPTIST CHURCH-RUSSELVILLE, MO
NINTH STREET CHRISTIAN CHURCH- ELDON, MO
AMERICAN LEGION-JEFFERSON CITY, MO
DEPT OF SOCIAL SERVICES –CLINTON, MO
PROBATION AND PAROLE-CLINTON, MO
PROBATION AND PAROLE-HANNIBAL, MO
DEPT OF SOCIAL SERVICES-WARRENTON, MO
PROBATION AND PAROLE, WARRENTON, MO

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:	
In what office/agency are they employed?	N/A
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
_____	_____
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 C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

(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.)

I certify that _____ (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 bidder's/contractor's name and the MOU signature page completed and signed by the bidder/contractor and the Department of Homeland Security – Verification Division.
- ✓ A completed, 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: OA FMC

(*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: 3/10/16

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted:
JLWW2016
(if known)

MICHAEL S. THOMPSON
Authorized Business Entity Representative's Name (Please Print)

[signature]
Authorized Business Entity Representative's Signature

183267
E-Verify MOU Company ID Number

dthompsonmidstate@live.com
E-Mail Address

THOMPSON MIDSTATE GROUP
Business Entity Name

9/20/16
Date

FOR STATE USE ONLY:
Documentation Verification Completed By:

Buyer [signature] Date 9/21/2016

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 MICHAEL S. THOMPSON (Name of Business Entity Authorized Representative) as OWNER (Position/Title) first being duly sworn on my oath, affirm THOMPSON MGMT GROUP LLC DBA THOMPSON MGMT (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 THOMPSON MGMT GROUP / THOMPSON MGMT (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.)

_____	MICHAEL S. THOMPSON
Authorized Representative's Signature	Printed Name
OWNER	3/10/16
Title	Date

MThompson mgtstate@live.com
E-Mail Address

Subscribed and sworn to before me this 10th (DAY) of March 2016 (MONTH, YEAR). I am Commissioned as a notary public within the County of Cole (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on 9/15/2019 (DATE).

_____ 3/10/16
Signature of Notary Date

JOSHUA R. HANLIN
Notary Public - Notary Seal
STATE OF MISSOURI
County of Cole
My Commission Expires 9/15/2019
Commission # 15638231