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 JLPP1016	**LEASE NUMBER** 08302054, 08300375	**FACILITY ADDRESS** 1120 Branch Street and 233 Marshall Road, Platte City (Platte County), MO 64079
CONTRACT TITLE Janitorial Services – Platte City, MO		**CONTRACT PERIOD** December 1, 2015 through November 30, 2016
VENDOR NUMBER 2702060540-1		**Site Information: 08302054** Number of Days per Week - 5 Number of Square Feet – 7,783 Price per Square Foot: .09 Monthly Amount: $ 700.47
VENDOR NAME AND ADDRESS **MAGIC DISTRIBUTORS** **PO BOX 24084** **SHAWNEE MISSION, KS 66283** **Phone: 816-721-9704** **Email: mkmcafee@gmail.com**		**Site Information: 08300375** Number of Days per Week - 3 Number of Square Feet – 1,134 Price per Square Foot: .09 Monthly Amount: $ 102.06
		ON-SITE CONTACT INFORMATION Name: Deborah Reynolds (DSS/DHSS) Phone Number: 816-387-2014 Email: Deborah.Reynolds@dss.mo.gov Name: Michelle Tippie Phone: 816-387-2014 Email: Michelle.Tippie@doc.mo.gov

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:
The bid submitted by Magic Distributors dated 10/ in response to RFQ# JLPP1016 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: [signature]	**DATE:** 11/4/2015	
SIGNATURE OF OA/FMDC AUTHORIZED REPRESENTATIVE: Rebecca Brinkley	**TITLE:** Section Manager	**DATE:** 11-5-15

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

RFQ #: JLPP1016
TITLE: Janitorial Services: Platte City
ISSUE DATE: 10/02/15

CONTRACT SPECIALIST: Amber Willis
PHONE #: (573) 526-3309
FAX #: (573) 751-7277
E-MAIL: Amber.Willis@oa.mo.gov

RETURN BID NO LATER THAN: October 22, 2015 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:
1120 Branch Street & 233 Marshall Road, Platte City, (Platte County), MO	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: Magic Distributors	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.: McAfee Enterprises LLC.
MAILING ADDRESS: PO Box 24084	IRS FORM 1099 MAILING ADDRESS: PO Box 24084
CITY, STATE, ZIP CODE: Shawnee, Mission KS 66283	CITY, STATE, ZIP CODE: Shawnee Mission KS 66283
CONTACT PERSON: Mark McAfee	EMAIL ADDRESS: mkmcafee@gmail.com.
PHONE NUMBER: 816-721-9704	FAX NUMBER:
TAXPAYER ID NUMBER (TIN): 270206540	TAXPAYER ID (TIN) TYPE (CHECK ONE): ___ FEIN ___ SSN
VENDOR NUMBER (IF KNOWN): 270206540-0	

VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) (NOTE: LLC IS NOT A VALID TAX FILING TYPE.)

X Corporation ___ Individual ___ State/Local Government ___ Partnership ___ Sole Proprietor ___ Other _____

AUTHORIZED SIGNATURE:	DATE: 10-21-15
PRINTED NAME: Shanita McAfee	TITLE: President

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	$ .10 per square foot, per month	$ .10 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**
002	Interior Window Cleaning and Other Interior Glass Surfaces	$ .75 per linear foot	$ .75 per linear foot	$ .75 per linear foot
003	Exterior Window Cleaning	$ .75 per linear foot	$ .75 per linear foot	$ .75 per linear foot
004	Hard Floor Cleaning - Stripping and Refinishing of Hard Flooring	$ .35 per square foot	$ .35 per square foot	$ .35 per square foot
005	Deep Carpet Cleaning and Water Extraction Services	$ .20 per square foot	$ .20 per square foot	$ .20 per square foot
006	Brushing and Spot Cleaning of Fabric Furniture	$ 15.00 per piece	$ 15.00 per piece	$ 15.00 per piece
007	Cleaning and Vacuuming of Cloth Cubicle Partitions	$ 1.50 per partition	$ 1.50 per partition	$ 1.50 per partition
008	One time Construction Clean-up	$ .35 per square foot	$ .35 per square foot	$ .35 per square foot
009	Ongoing Construction Clean-up	$ .40 per square foot	$ .40 per square foot	$ .40 per square foot
010	Final Clean-Up	$ .40 per square foot	$ .40 per square foot	$ .40 per square foot
011	Additional Paper Towel Rolls	$ 35.00 per case (minimum of 6 rolls per case)	$ 35.00 per case (minimum of 6 rolls per case)	$ 35.00 per case (minimum of 6 rolls per case)
012	Additional Tri-Fold Paper Towels	$ 40.00 per case (minimum of 6 rolls per case)	$ 40.00 per case (minimum of 6 rolls per case)	$ 40.00 per case (minimum of 6 rolls per case)
013	Additional Personnel	$ 15.00 Per Hour, Per Person	$ 15.00 Per Hour, Per Person	$ 15.00 Per Hour, Per Person

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: N/A

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:

_____ % of Total Value of Contract

or

_____ Total Dollar Amount

Authorized Signature:

_____ _____

Authorized Signature of Participating Organization *Date*

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. N/A		
2.		
3.		

RFQ #JLPP1016

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:	Magic Distributors.
Reference Information (Current/Prior Services Performed For:)	
Name and Address of Reference Company:	Jackson County Water. 13015 15th Street Grandview MO. 64030
Reference Contact Person:	Name: Joyce Miller. Phone Number: 816-761-5421 Email Address:
Dates of Service:	20 plus years.
Dollar Value of Services	800 plus or minus.
Square Footage of the Building	Total Square Feet: 10,000. Square Feet of Carpeted Area: 8,000 Square Feet of Hard Surface Floors: 2,000.
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*

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?	
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
	N/A
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
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The bidder/contractor 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/xprevprot/programs/gc_1185221678150.shtm.
BOX C:	To be completed by a business entity who has already submitted documentation with a notarized date on or after **September 1, 2009,** to 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 _____ (Bid/SFS/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 _____ Office of Administration, Division of Facilities Management, Design and Construction 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 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 _____ (Name of Business Entity Authorized Representative) as _____ (Position/Title) first being duly sworn on my oath, affirm _____ (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 _____ (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.)

_____ _____
Authorized Representative's Signature Printed Name

_____ _____
Title Date

_____
E-Mail Address

Subscribed and sworn to before me this _____ (DAY) of _____ (MONTH, YEAR). I am commissioned as a notary public within the County of _____ (NAME OF COUNTY), State of _____ (NAME OF STATE), and my commission expires on _____ (DATE).

_____ _____
Signature of Notary Date