

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.RealEstate@oa.mo.gov](mailto:FMDC.RealEstate@oa.mo.gov)

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

## NOTICE OF AWARD

<b>CONTRACT NUMBER</b> JLSG0416B	<b>LEASE NUMBER</b> 03900103	<b>FACILITY ADDRESS</b> 2040 W. Woodland St., Springfield (Greene County), MO	
<b>CONTRACT TITLE</b> Janitorial Services – Springfield, MO		<b>CONTRACT PERIOD</b> August 1, 2016 through July 30, 2017	
<b>VENDOR NUMBER</b> 4319317750 3/MB00097830		<b>SITE INFORMATION</b> Number of Days per Week: 5 Number of Square Feet: 13,904 Price per Square Foot: \$.073 Monthly Amount: \$1,014.99	
<b>VENDOR NAME AND ADDRESS</b> MIDSTATE JANITORIAL 1022 NORTHEAST DRIVE, SUITE E JEFFERSON CITY, MO 65074-2513 Phone: (573) 701-0443 Fax: (573) 635-1216 Email: <a href="mailto:dthompsonmidstate@live.com">dthompsonmidstate@live.com</a>		<b>ON-SITE CONTACT INFORMATION</b> Name: Mark Rader Phone: (417) 891-4326 Email: <a href="mailto:mark.rader@dnr.mo.gov">mark.rader@dnr.mo.gov</a>	
<b>ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:</b> The bid submitted by Midstate Janitorial dated April 28, 2016 in response to RFQ# JLSG0416B is accepted in its entirety pursuant to the terms and conditions of the RFQ.			
<b>STATE OF MISSOURI USE ONLY</b>			
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.			
<b>OA/FMDC CONTACT NAME:</b> Rebecca Brinkley	<b>OA/FMDC CONTACT TITLE:</b> Contracts Unit Manager	<b>OA/FMDC CONTACT INFORMATION:</b> Email: <a href="mailto:Rebecca.Brinkley@oa.mo.gov">Rebecca.Brinkley@oa.mo.gov</a> Phone: (573) 526-4135 Fax: (573) 751-7277	
<b>SIGNATURE OF OA/FMDC CONTACT:</b> 		<b>DATE:</b> 5-16-16	
<b>SIGNATURE OF OA/FMDC AUTHORIZED REPRESENTATIVE:</b> 		<b>TITLE:</b> Deputy Director	<b>DATE:</b> 5/16/16



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

RFQ #: JLSG0416B  
TITLE: Janitorial Services - Springfield  
ISSUE DATE: 04/06/2016

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

RETURN BID NO LATER THAN: APRIL 28, 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:
2040 W. Woodland St., Springfield (Greene 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 <i>MISSOURI STATE JANITORIAL</i>		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. <i>THOMPSON MANAGEMENT GROUP LLC</i>	
MAILING ADDRESS <i>1822 WURTHBURST DR SUITE B</i>		IRS FORM 1099 MAILING ADDRESS <i>1822 WURTHBURST DR SUITE B</i>	
CITY, STATE, ZIP CODE <i>JEFFERSON CITY, MO 65109</i>		CITY, STATE, ZIP CODE <i>JEFFERSON CITY MO 65109</i>	
CONTACT PERSON <i>MIKE THOMPSON</i>		EMAIL ADDRESS <i>athompson@missouristatedivers.com</i>	
PHONE NUMBER <i>573-701-0443</i>		FAX NUMBER <i>573-635-1216</i>	
TAXPAYER ID NUMBER (TIN) <i>43-1931775</i>	TAXPAYER ID (FIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) <i>43-1931775</i>	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Other <small>(NOTE: LLC IS NOT A VALID TAX FILING TYPE.)</small>			
AUTHORIZED SIGNATURE <i>[Signature]</i>		DATE <i>4/28/16</i>	
PRINTED NAME <i>MICHAEL S. THOMPSON</i>		TITLE <i>OWNER</i>	

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
001	Janitorial Services	\$ <u>.073</u> per square foot, per month	\$ <u>.073</u> per square foot, per month	\$ <u>.073</u> 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	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot
003	Exterior Window Cleaning	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot	\$ <u>00</u> per linear foot
004	Hard Floor Cleaning - Stripping and Refinishing of Hard Flooring	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
005	Deep Carpet Cleaning and Water Extraction Services	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
006	Brushing and Spot Cleaning of Fabric Furniture	\$ <u>00</u> per piece	\$ <u>00</u> per piece	\$ <u>00</u> per piece
007	Cleaning and Vacuuming of Cloth Cubicle Partitions	\$ <u>00</u> per partition	\$ <u>00</u> per partition	\$ <u>00</u> per partition
008	One time Construction Clean-up	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
009	Ongoing Construction Clean-up	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
010	Final Clean-Up	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot	\$ <u>00</u> per square foot
011	Additional Paper Towel Rolls	\$ <u>25.00</u> per case (minimum of 6 rolls per case)	\$ <u>25.00</u> per case (minimum of 6 rolls per case)	\$ <u>25.00</u> per case (minimum of 6 rolls per case)
012	Additional Tri-Fold Paper Towels	\$ <u>25.00</u> per case (minimum of 6 rolls per case)	\$ <u>25.00</u> per case (minimum of 6 rolls per case)	\$ <u>25.00</u> per case (minimum of 6 rolls per case)
013	Additional Personnel	\$ <u>10.00</u> Per Hour, Per Person	\$ <u>10.00</u> Per Hour, Per Person	\$ <u>10.00</u> 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.

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b>		
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Committed Participation (\$ amount or % of total value of contract)</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b>
1.		<i>N/A</i>
2.		
3.		



**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.

<b>Bidder Name:</b>	SEE ATTACHED SPREADSHEET
<b>Reference Information (Current/Prior Services Performed For:)</b>	
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 MANAGEMENT GROUP LLC  
DBA MIDSTATE JANITORIAL  
1022 NORTHEAST DRIVE  
JEFFERSON CITY, MO 65109  
573-634-3495  
573-301-0443  
dthompsonmidstate@live.com**

CURRENT BLDGS MARCH 2016

STATE:

JEFFERSON STATE OFFICE BUILDING-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-SPRINGFIELD  
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-RUSSELLVILLE, MO  
NINTH STREET CHRISTIAN CHURCH- ELDON, MO  
AMERICAN LEGION-JEFFERSON CITY, 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 <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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:	NA
	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

\_\_\_\_\_  
Service-Disabled Veteran's Name, (Please Print)

\_\_\_\_\_  
*Service-Disabled Veteran's Signature*

Business Information

\_\_\_\_\_  
Service-Disabled Veteran Business Name

\_\_\_\_\_  
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.)*

*THOMPSON MGMT GROUP LLC DAA MISSOURI STATE*

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: \_\_\_\_\_

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

Date of Previous E-Verify Documentation Submission: \_\_\_\_\_

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted:

*CLINTON, WARRIEN*  
*MICHAEL S. THOMPSON*  
*THOMPSON MGMT GROUP*  
(if known)

Authorized Business Entity Representative's Name  
(Please Print)

183767  
E-Verify MOU Company ID Number

THOMPSON MGMT GROUP  
Business Entity Name

Authorized Business Entity Representative's Signature

*Michael S. Thompson*  
clthompsonmidstate@live.com  
E-Mail Address

4/28/16  
Date

**FOR STATE USE ONLY:**

Documentation Verification Completed By:

Buyer \_\_\_\_\_

Date \_\_\_\_\_

MIDSTATE JANITORIAL  
1022 NORTHEAST DRIVE, SUITE E  
JEFFERSON CITY, MO 65109

2016 APR 28 AM 9:31

RFQ JLSG0416B  
4/28/16 - 2:00

QA-EMDR  
301 - W HALL ROOM 730  
JEFFERSON CITY, MO  
65702