



NOTICE OF CONTRACT RENEWAL

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

CONTRACT NUMBER CS160818001	CONTRACT TITLE Sewer Treatment Operation Services
AMENDMENT NUMBER Amendment #001	CONTRACT PERIOD January 1, 2018 through December 31, 2018
REQUISITION/REQUEST NUMBER NR 931 YYY17708491	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 4314353230 0 / MB00090539
CONTRACTOR NAME AND ADDRESS WHITE CLOUD ENGINEERING & CONSTRUCTION COMPANY PO BOX 468 MARYVILLE MO 64468	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Maryville Treatment Center Maryville Missouri
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The State of Missouri hereby exercises its option to renew the contract. All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto. SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.	
BUYER Jason Kolks	BUYER CONTACT INFORMATION Email: jason.kolks@oa.mo.gov Phone: (573) 522-1620 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 10-25-17
DIRECTOR OF PURCHASING  Karen S. Boeger	



NOTICE OF AWARD

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

SOLICITATION NUMBER RFPS30034901600818	CONTRACT TITLE Sewer Treatment Operation Services
CONTRACT NUMBER CS160818001	CONTRACT PERIOD January 1, 2017 through December 31, 2017
REQUISITION NUMBER NR 931 YYY16708371	SAM # VENDOR NUMBER/MissouriBUYS SYSTEM ID 4314353230 0 / MB00090539
CONTRACTOR NAME AND ADDRESS WHITE CLOUD ENGINEERING & CONSTRUCTION COMPANY PO BOX 468 MARYVILLE MO 64468	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Maryville Treatment Center Maryville Missouri
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by White Cloud Engineering & Construction Company in response to SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600818 is accepted in its entirety.	
BUYER Jason Kolks	BUYER CONTACT INFORMATION Email: jason.kolks@oa.mo.gov Phone: (573) 522-1620 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 7-1-16
DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT Karen Boeger	

WHITE CLOUD ENGINEERING & CONSTRUCTION, INC.

26101 Hallmark Rd., P.O. Box 468; Maryville, MO 64468
PHONE: 660-582-4111; FAX: 660-582-4115
E-Mail: whitecloud@unitedsky.net

Brock Pfost, P.E.
Missouri Registration MO-E-22495
Iowa Registration No. 11782

American Society of Civil Engineers
National Society of Professional Engineers
Missouri Society of Professional Engineers
American Water Works Association

"Original"

State of Missouri
Office Of Administration
Jason Koiks
Division of Purchasing
301 West High Street
Jefferson City, MO 65101

6/10/16

Jason,

Enclosed please find our proposal for RFPS30034901600818; Sewer Treatment Operation Services at the Maryville, MO Department of Corrections.

Sincerely,

Brock Pfost
President
White Cloud Engineering & Construction



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

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600818
TITLE: Sewer Treatment Operation Services - Maryville
ISSUE DATE: 5/26/16

REQ NO.: NR 931 YYY16708371
BUYER: Jason Kolks
PHONE NO.: (573) 522-1620
E-MAIL: jason.kolks@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 6/21/16 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://MISSOURIBUYS.MO.GOV) BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

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

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

CONTRACT PERIOD: Effective Date of Contract through One Year

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

Department of Corrections
Maryville Treatment Center
30227 US Highway 136
Maryville Missouri

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
White Cloud Engineering & Construction Company	4314353230-0
MAILING ADDRESS	
PO Box 468	
CITY, STATE, ZIP CODE	
Maryville, MO 64468	
CONTACT PERSON	EMAIL ADDRESS
Brock Pfost	whitecl@unitedsky.net
PHONE NUMBER	FAX NUMBER
660-582-4111	660-582-4115
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
X <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE
	6/10/16
PRINTED NAME	TITLE
Brock Pfost	President

WHITE CLOUD ENGINEERING & CONSTRUCTION, INC.

26101 Hallmark Rd., P.O. Box 468; Maryville, MO 64468
PHONE: 660-582-4111; FAX: 660-582-4115
E-Mail: whitecloud@unitedsky.net

Brock Pfost, P.E.
Missouri Registration MO-E-22495
Iowa Registration No. 11782

American Society of Civil Engineers
National Society of Professional Engineers
Missouri Society of Professional Engineers
American Water Works Association

State of Missouri
Office Of Administration
Jason Kolks
Division of Purchasing
301 West High Street
Jefferson City, MO 65101

6/10/16

Enclosed for your review are current copies of:

White Cloud Engineering & Construction Company's State of Missouri Professional Engineering Corporation license.

Donald Brock Pfost's State of Missouri Professional Engineering license.

Sean Orendorff's Missouri Level C Wastewater Treatment Certificate. His address is 505 E. 6th Street, Grant City, MO 64456.

Certificates of Liability and Workers Compensation insurance.

E-Verify participation page.

Sincerely,

Eric Carmichael
Office Manager
White Cloud Engineering & Construction

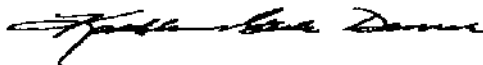
State of Missouri

**Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Board for Architects, Engineers, Land Surveyors & Landscape Architects
Professional Engineering Corporation**

VALID THROUGH DECEMBER 31, 2017
ORIGINAL CERTIFICATE/LICENSE NO. 2007011084

WHITE CLOUD ENGINEERING &
CONSTRUCTION COMPANY
P.O. BOX 468
MARYVILLE MO 64468
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

State of Missouri

**Department of Insurance, Financial Institutions and Professional Registration
Division of Professional Registration
Board for Architects, Engineers, Land Surveyors & Landscape Architects
Professional Engineer**

VALID THROUGH DECEMBER 31, 2017
ORIGINAL CERTIFICATE/LICENSE NO. 022495

DONALD BROCK PFOST
26239 HALLMARK ROAD
MARYVILLE MO 64468
USA


EXECUTIVE DIRECTOR


DIVISION DIRECTOR

Missouri Department of Natural Resources
Clean Water Commission



Certificate of Competency

WASTEWATER

This is to Certify that _____
having submitted satisfactory evidence
has been awarded this certificate of competency
as provided for in Missouri Clean Water
Rule 10 CSR 20-9-030, effective March

Secretary
Missouri Department of Natural Resources
Division of Water
1992

CERTIFICATE NUMBER 4217

ISSUANCE DATE June 3, 1998

EXPIRES DATE June 30



[Signature]
Director of State Court Training Administration

Carolyn S. Roberts
Secretary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/13/2016

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 TRUSS 4551 W. 107th St, Third Floor Overland Park KS 68207	CONTACT NAME: Certificate Department
	PHONE (A/C No. Ext): 913.341.8998 FAX (A/C No.): 913.491.8379 E-MAIL ADDRESS: Certificates@TrussAdvantage.com
INSURED White Cloud Engineering & Construction, Inc. P.O. Box 468 Maryville MO 64468	INSURER(S) AFFORDING COVERAGE NAC #
	INSURER A: United Fire & Casualty Company 13021
	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:

COVERAGES CERTIFICATE NUMBER: 1085744639 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		60322725	5/15/2016	5/15/2017	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMPOP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		60322725	5/15/2016	5/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		60322725	5/15/2016	5/15/2017	EACH OCCURRENCE \$4,000,000 AGGREGATE \$4,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER Missouri Department of Corrections Maryville Treatment Center 30227 Hwy 136 E. Maryville MO 64468	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
---	--

ACORD - CERTIFICATE OF LIABILITY INSURANCE

DATE ISSUED (MM/YY)

5/3/2016

PRODUCER

SHACKLEFORD INSURANCE AGENCY, INC
 PO Box 157
 Iberia, MO 65486
 (573)793-2412

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

WHITE CLOUD ENGINEERING AND CONSTRUCTION CO. INC.
 PO BOX 468
 MARYVILLE, MO 64468

INSURERS AFFORDING COVERAGE

NAIC#

INSURER A: Missouri Employees Mutual Insurance Co
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

EN ADDL TO ENRS	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ex. auto/boat) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ex. auto/boat) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PERSON OR PARTNER/EXECUTIVE OFFICER/OWNER EXCLUDED ILLNESS - GENERAL UNDER SPECIAL PROVISIONS BELOW OTHER	1013556	5-15-16	5-15-17	WC STAT OF MOY LIMITS <input checked="" type="checkbox"/> GEN ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY - MAT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

Mo. Dept. of Corrections
 Maryville Treatment Ctr
 30227 Hwy 136 East
 Maryville, Mo. 64468

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

4. PRICING PAGE

4.1 **Sewer Treatment Operation Services-** The vendor shall provide a price for each of the following for providing the services required herein in accordance with the provisions and requirements of this RFP. The vendor shall provide firm, fixed prices for the original contract period and maximum prices for each renewal period. All costs associated with providing the required services shall be included in the stated prices. (UNSPSC Code: 76121701)

Line Item	Description	Original Contract Period <i>Firm, Fixed Price</i>	First Renewal Period <i>Maximum Price</i>	Second Renewal Period <i>Maximum Price</i>
1	Sewer Treatment Plant Operations	\$ <u>3,200</u> <i>Per Month</i>	\$ <u>3,200</u> <i>Per Month</i>	\$ <u>3,200</u> <i>Per Month</i>
2	Sludge Removal/Disposal	\$ <u>300</u> <i>Per Ton</i>	\$ <u>300</u> <i>Per Ton</i>	\$ <u>300</u> <i>Per Ton</i>

EXHIBIT A

CURRENT/PRIOR EXPERIENCE VERIFICATION

The vendor should copy and complete this form documenting the vendor and any subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>WHITE CLOUD ENG & CONST. CO.</u>	
Experience/Service Information Verification (Current/Prior Services Performed Form)	
Name of Company/Client:	<u>STATE OF MO, DA DIVISION OF FACILITIES MGT</u>
Address of Company/Client <input checked="" type="checkbox"/> Street Address <input checked="" type="checkbox"/> City, State, Zip	<u>301 WEST HIGH, RM 630 JEFFERSON CITY, MO 65101</u>
Company/Client Contact Person Information: <input checked="" type="checkbox"/> Name <input checked="" type="checkbox"/> Phone # <input checked="" type="checkbox"/> E-mail Address	<u>FACILITY CONTACT: MR TRAY ABGAN, MTC Cell 660-544-5213</u>
Dates of Services:	<u>DATE FACILITY OPENED UNTIL PRESENT</u>
If service/contract has terminated, specify reason:	<u>N/A</u>
Dollar Value of Services	<u>\$3606/MONTH</u>
Description of Services Performed	<u>OPERATION OF WASTEWATER TREATMENT FACILITY IN ACCORDANCE W MOOR-EPA REGS. ALSO INCLUDED IS REQUIRED ENGINEERING SERVICES + DNIR COMMUNICATION.</u>

OTHER REFERENCES - WASTEWATER MGT.

UNITED SERVICES - 10 FACILITIES 1-800-748-1488

CITY OF MARYVILLE - 2 FACILITIES 660-562-8012

CITY OF PICKERING

CITY OF PARNELL

MIDDLE FORK WATER CO.

EXHIBIT B

MISCELLANEOUS INFORMATION

Department of Natural Resources, Landfill Operating Permit Number – State Permit number for each proposed Solid Waste Processing Facility.

Facility, Name & Location	Permit Number
1. ST JOSEPH SANITARY LANDFILL	MO-0119369
2.	
3.	

Outside United States:

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

Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in 4a, b, c, or d of Executive Order 04-09? (see the following web link: http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo_04_009.pdf)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p>1. <input type="checkbox"/> Unique good or service. <ul style="list-style-type: none"> • EXPLAIN: _____ </p> <p>2. <input type="checkbox"/> Foreign firm hired to market Missouri services/products to a foreign country. <ul style="list-style-type: none"> • Identify foreign country: _____ </p> <p>3. <input type="checkbox"/> Economic cost factor exists <ul style="list-style-type: none"> • EXPLAIN: _____ </p> <p>4. <input type="checkbox"/> Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US. <ul style="list-style-type: none"> • Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ___ % • Specify what contract work would be performed outside the United States: _____ </p>		

E-Verify



Company ID Number: 179688

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer White Cloud Engineering & Construction Company

Eric K Carmichael

Name (Please Print)

Title

Electronically Signed

Signature

01/13/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Print)

Title

Electronically Signed

Signature

01/13/2009

Date

EXHIBIT B, continued

Employee/Conflict of Interest:

<p>Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:</p>	
<p>Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:</p>	
<p>If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:</p>	
<p>Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:</p>	<p>_____ %</p>

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

<p>00296975</p>	<p>WHITE CLOUD ENGINEERING + CONSTRUCTION COMPANY</p>
<p><i>Charter Number (if applicable)</i></p>	<p><i>Company Name</i></p>
<p>If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:</p>	

STATE OF MISSOURI



Jason Kander
Secretary of State

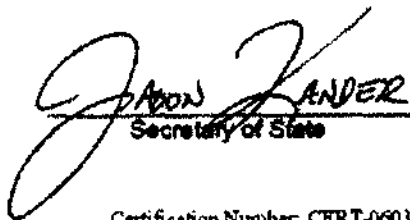
CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, JASON KANDER, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

WHITE CLOUD ENGINEERING & CONSTRUCTION COMPANY
00296975

was created under the laws of this State on the 24th day of December, 1986, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 3rd day of June, 2016.


Secretary of State



Certification Number: CERT-06032016-0029

EXHIBIT C

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION**

BUSINESS ENTITY CERTIFICATION:

The vendor 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.uscis.gov/e-verify>
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.

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 _____ (RFP 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 Division of Purchasing 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 C, continued



BOX B - CURRENT BUSINESS ENTITY STATUS

I certify that WHITE CLOUD ENG & CONST (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

BROOK PFOST, PRESIDENT

Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

WHITE CLOUD ENG & CONST CO.

Business Entity Name

6/10/16

Date

whitecloudunitedsky.net

E-Mail Address

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

- Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; 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 listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security - Verification Division. If the signature page of the MOU lists the vendor'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 C, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now BROCK PFAST (Name of Business Entity Authorized Representative) as PRESIDENT (Position/Title) first being duly sworn on my oath, affirm WHITE CLOUD ENG & CONJT (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 WHITE CLOUD ENG & CONJT (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.)

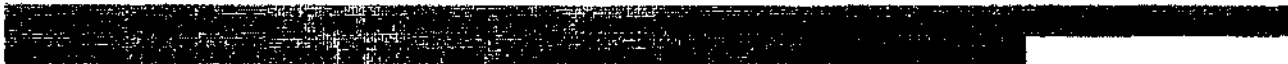
<u><i>BPF</i></u> Authorized Representative's Signature	<u>BROCK PFAST</u> Printed Name
<u>PRESIDENT</u> Title	<u>6-6-16</u> Date
<u>whitecloudunitedsky.net</u> E-Mail Address	<u>179688</u> E-Verify Company ID Number

Subscribed and sworn to before me this 6th (DAY) of June 2016 (MONTH, YEAR). I am commissioned as a notary public within the County of Nudaway (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on 6-18-2019 (DATE).



Kelly Stelter (Signature of Notary) June 6, 2016 (Date)

EXHIBIT C, continued



BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

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 vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, 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 Proposal/Contract Number for Which Previous E-Verify Documentation Submitted: _____ (if known)

Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

Business Entity Name

Date

E-Mail Address

E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer

Date

EXHIBIT D

PARTICIPATION COMMITMENT

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

Organization for the Blind/Sheltered Workshop Commitment Table By completing this table, the vendor commits to the use of the organization in the proposed RFP amount of the actual total dollar value of contract. (The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
Name of Organization for the Blind or Sheltered Workshop Proposed	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. NOCOMO SHELTERED WORKSHOP	Product/Service(s) proposed: PALLETS FOR SLUDGE ----- RFP Paragraph References:
2.	Product/Service(s) proposed: ----- RFP Paragraph References:

EXHIBIT E

DOCUMENTATION OF INTENT TO PARTICIPATE

If the vendor is proposing to include the participation of an Organization for the Blind/Sheltered Workshop in the provision of the products/services required in the RFP, the vendor must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the vendor's proposal.

~ Copy This Form For Each Organization Proposed ~

Vendor Name: WHITE CLOUD ENG & CONST. CO.

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 vendor identified above.

Indicate appropriate business classification(s):

Organization for the Blind X Sheltered Workshop

Name of Organization: NOCUMO SHELTERED WORKSHOP

(Name of Organization for the Blind or Sheltered Workshop)

Contact Name: NICKI SANSER Email: mckinosemo@yahoo.com

Address: 319 S. NEWTON ST. Phone #: (660) 582-2928

City: MARYVILLE Fax #: (660) 982-7144

State/Zip: MO 64468 Certification # 05-0194-023
(or attach copy of certification)

Certification Expiration Date: 10-31-16

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

PALLETS FOR BIOSOLIPS

Authorized Signature:

Nicki Sanser
Authorized Signature of Participating Organization
(Organization for the Blind or Sheltered Workshop)

6-7-16
Date (Dated no earlier than the RFP issuance date)

THE MISSOURI DEPARTMENT OF ELEMENTARY
AND SECONDARY EDUCATION'S

Certificate of Authority

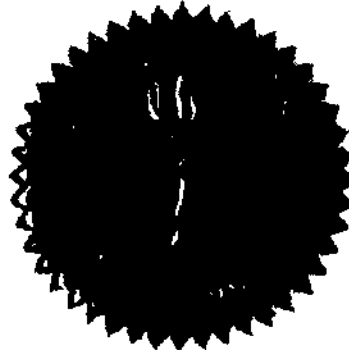
to establish and operate an
Extended Employment Sheltered Workshop



This certifies that
NOCOMO
has satisfied all requirements set forth in Missouri statutes and
is hereby entitled to receive this certificate of authority.

This certificate becomes effective *November 1, 2015*, and expires *October 31, 2016*
unless revoked for cause prior to that date.

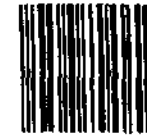

Director, Extended Employment Sheltered Workshops




Commissioner of Education



1000



05102

U.S. POSTAGE
PAID
MARYVILLE, MO
64468
JUN 28 18
AMOUNT
\$2.41
R2304W120855-0

DPMM 13 JUN '16 AM9:30

WHITE CLOUD ENGINEERING
& CONSTRUCTION
P.O. BOX 468
MARYVILLE, MO 64468

UNMARKED BID NO. RFPS300349016
CLOSING DATE: 6-21-16 ⁰⁰⁸¹⁸
RECEIVED BY: KW
APPROVED BY: GD

To: *State of Missouri*
Purchasing
PO BOX 809
Jefferson City, MO

65102-0809

