
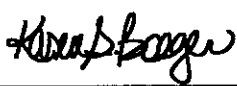




NOTICE OF CONTRACT RENEWAL

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

CONTRACT NUMBER CS170659001	CONTRACT TITLE Trash Collection Services – SCCC
AMENDMENT NUMBER Amendment #002	CONTRACT PERIOD September 1, 2019 through August 31, 2020
REQUISITION/REQUEST NUMBER NR 931 YYY19708387	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 7606577070 4/ MB00105966
CONTRACTOR NAME AND ADDRESS Waste Corporation Of Missouri Inc 2120 W Bennett St Springfield, MO 65807	STATE AGENCY'S NAME AND ADDRESS South Central Correctional Center Attention Business Office 255 West Hwy 32 Licking MO 65542
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract CS170659001 is hereby amended pursuant to the attached amendment # 002, dated 06/17/19.	
BUYER Larissa Bess	BUYER CONTACT INFORMATION Email: Larissa.bess@oa.mo.gov Phone: (573) 751-1689 Fax: (573) 526-9816
SIGNATURE OF BUYER  DIRECTOR OF PURCHASING	DATE 7/2/19
 Karen S. Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 002
CONTRACT NO.: CS170659001
TITLE: Trash Collection Services - SCCC
ISSUE DATE: 06/13/19

REQ NO.: NR 931 YYY19708387
BUYER: Larissa Bess
PHONE NO.: (573) 751-1689
E-MAIL: larissa.bess@oa.mo.gov

TO: WASTE CORPORATION OF MISSOURI INC
2211 W BENNETT ST
SPRINGFIELD MO 65807-1224

RETURN AMENDMENT BY NO LATER THAN: 06/27/19 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	larissa.bess@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

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

South Central Correctional Center
Attention Business Office of Administration 255 West Hwy 32
Licking MO 65542

SIGNATURE REQUIRED

VENDOR NAME	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)
Waste Corporation of Missouri LLC	MB00105966
MAILING ADDRESS	
2120 W Bennett	
CITY, STATE, ZIP CODE	
Springfield, MO 65807	

CONTACT PERSON	EMAIL ADDRESS
Max Murray	mmurray@wcamerica.com
PHONE NUMBER	FAX NUMBER
417/849-6988	417/832-0650
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)	
<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
<i>Max Murray</i>	06-17-2019
PRINTED NAME	TITLE
Max Murray	Municipal Marketing

AMENDMENT #002 TO CONTRACT CS170659001

CONTRACT TITLE: Trash Collection Services - SCCC

CONTRACT PERIOD: September 1, 2019 through August 31, 2020

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the attached pricing page(s) the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.

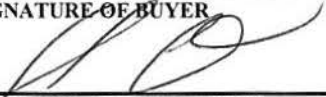
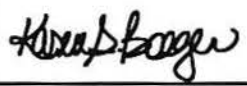
PRICING PAGE

LINE ITEM	DESCRIPTION	SECOND RENEWAL PERIOD <i>FIRM, FIXED PRICE</i>
1	Rental of One (1) Compactor with an Attached Wet Box 34-Yard Receiving Container	\$ 375.00_____ Per Month
2	Scheduled Trash Collection Services for a Compactor with an Attached Wet Box 34-Yard Receiving Container Every Six (6) Days	\$ 3966.10_____ Per Month
3	Unscheduled Collection of a Compactor with an Attached Wet Box 34-Yard Receiving Container	\$793.21_____ Per Collection



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 CS170659001	CONTRACT TITLE Trash Collection Services – SCCC
AMENDMENT NUMBER Amendment # 001	CONTRACT PERIOD September 1, 2018 through August 31, 2019
REQUISITION/REQUEST NUMBER NR 931 YYY18708482	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 7606577070 4/ MB00105966
CONTRACTOR NAME AND ADDRESS Waste Corporation Of Missouri Inc 2120 W Bennett St Springfield, MO 65807	STATE AGENCY'S NAME AND ADDRESS South Central Correctional Center Attention Business Office 255 West Hwy 32 Licking MO 65542
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract CS170659001 is hereby amended pursuant to the attached amendment # 001, dated 03/26/2018.	
BUYER Chris Downing	BUYER CONTACT INFORMATION Email: chris.downing@oa.mo.gov Phone: (573) 751- 3331 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 03/26/2018
DIRECTOR OF PURCHASING  Karen S. Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 001
CONTRACT NO.: CS170659001
TITLE: Trash Collection Services - SCCC
ISSUE DATE: 03/15/18

REQ NO.: NR 931 YYY18708482
BUYER: Chris Downing
PHONE NO.: (573) 751-3331
E-MAIL: chris.downing@oa.mo.gov

TO: WASTE CORPORATION OF MISSOURI INC
2211 W BENNETT ST
SPRINGFIELD MO 65807-1224

RETURN AMENDMENT BY NO LATER THAN: 03/29/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

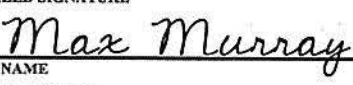
SCAN AND E-MAIL TO:	chris.downing@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

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

South Central Correctional Center
Attention Business Office of Administration 255 West Hwy 32
Licking MO 65542

SIGNATURE REQUIRED

VENDOR NAME Waste Corporation of Missouri LLC	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) MB00105966
MAILING ADDRESS 2120 W Bennett	
CITY, STATE, ZIP CODE Springfield, Missouri 65807	

CONTACT PERSON Max Murray	EMAIL ADDRESS mmurray@wcamerica.com
PHONE NUMBER 417/851-1925	FAX NUMBER 417/832-0650
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <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 March 26, 2018
PRINTED NAME Max Murray	TITLE Municipal Marketing

AMENDMENT #001 TO CONTRACT CS170659001

CONTRACT TITLE: Trash Collection Services - SCCC

CONTRACT PERIOD: September 1, 2018 through August 31, 2019

The State of Missouri hereby exercises its option to renew the above-referenced contract.

The contractor shall indicate on the attached pricing page(s) the firm fixed prices for the above contract period. Any price increases quoted must not exceed the maximum price stated in the contract.

The contractor shall understand and agree if the contractor responds with any renewal period pricing increase, such increase may result in a justification request or in the state conducting a new procurement process rather than accepting the contractor's proposed renewal option pricing.

All other terms, conditions and provisions of the contract shall remain and apply hereto.

The contractor shall sign and return this document, along with completed pricing, on or before the date indicated.

NOTE: The contractor's failure to complete and return this document shall not stop the action specified herein. If the contractor fails to complete and return this document prior to the return date specified or the effective date of the contract period stated above, whichever is later, the state may renew the contract at the same price(s) as the previous contract period or at the price(s) allowed by the contract, whichever is lower.



PRICING PAGE

LINE ITEM	DESCRIPTION	FIRST RENEWAL PERIOD <i>FIRM, FIXED PRICE</i>
1	Rental of One (1) Compactor with an Attached Wet Box 34-Yard Receiving Container	\$ <u>375.00</u> Per Month
2	Scheduled Trash Collection Services for a Compactor with an Attached Wet Box 34-Yard Receiving Container Every Six (6) Days	\$ <u>3,869.37</u> Per Month
3	Unscheduled Collection of a Compactor with an Attached Wet Box 34-Yard Receiving Container	\$ <u>773.87</u> Per Collection



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 RFPS30034901700659	CONTRACT TITLE Trash Collection Services -- SCCC
CONTRACT NUMBER CS170659001	CONTRACT PERIOD September 1, 2017 through August 31, 2018
REQUISITION NUMBER NR 931 YYY17708220	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 7606577070 4/ MB00105966
CONTRACTOR NAME AND ADDRESS WASTE CORPORATION OF MISSOURI INC 2120 W Bennett St Springfield, MO 65807	STATE AGENCY'S NAME AND ADDRESS South Central Correctional Center Attention Business Office 255 West Hwy 32 Licking MO 65542
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by Waste Corporation of Missouri in response to RFPS30034901700659 is accepted in its entirety.	
BUYER Casey Rost	BUYER CONTACT INFORMATION Email: casey.rost@oa.mo.gov Phone: (573) 526-3862 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 3-13-17
DIRECTOR OF PURCHASING  Karen S. Boeger	



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

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901700659
TITLE: Trash Collection Services - SCCC
ISSUE DATE: 2/3/2017

REQ NO.: NR 931 YYY17708220
BUYER: Casey Rost
PHONE NO.: (573) 526-3862
E-MAIL: casey.rost@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 3/3/2017 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.

RETURN PROPOSAL TO: (U.S. Mail) or (Courier Service)
PURCHASING 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:

South Central Correctional Center
Attention Business Office
255 West Hwy 32
Licking MO 65542

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	Waste Corporation of Missouri	MISSOURIBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	94672
MAILING ADDRESS	2120 W. Bennett St.		
CITY, STATE, ZIP CODE	Springfield, MO 65807		

CONTACT PERSON	Ansie McCowan	EMAIL ADDRESS	amccowan@wcamerica.com
PHONE NUMBER	417-851-1917	FAX NUMBER	417-831-5582
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <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	Ansie McCowan	DATE	3-1-17
PRINTED NAME	Ansie McCowan	TITLE	Account. Rep.

4. PRICING PAGE

- 4.1 **Trash Collection Services** – The vendor shall provide a firm, fixed price for each of the following for the original contract period and a maximum price for each potential renewal period for providing the services in accordance with the provisions and requirements of this RFP. All costs associated with providing the required services shall be included in the stated prices. (UNSPSC Code 76121501)

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	Rental of One (1) Compactor with an Attached Wet Box 34-Yard Receiving Container	\$ <u>375.00</u> Per Month	\$ <u>375.00</u> Per Month	\$ <u>375.00</u> Per Month
2	Scheduled Trash Collection Services for a Compactor with an Attached Wet Box 34-Yard Receiving Container Every Six (6) Days	\$ <u>3775.00</u> Per Month	\$ <u>3869.37</u> Per Month	\$ <u>3966.10</u> Per Month
3	Unscheduled Collection of a Compactor with an Attached Wet Box 34-Yard Receiving Container	\$ <u>755.00</u> Per Collection	\$ <u>773.87</u> Per Collection	\$ <u>793.21</u> Per Collection

EXHIBIT ACURRENT/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>Waste Corporation of Missouri</u>	
Experience/Service Information Verification (Current/Prior Services Performed For:)	
Name of Company/Client:	<u>Springfield Public Schools</u>
Address of Company/Client ✓ Street Address ✓ City, State, Zip	<u>1359 E. St Louis St Springfield, MO 65802</u>
Company/Client Contact Person Information: ✓ Name ✓ Phone number ✓ E-mail Address	<u>Rhonda Bowman 417-523-0410 rbowman@spsmail.org</u>
Dates of Services:	<u>8/1/13 to Current</u>
If service/contract has terminated, specify reason:	<u>N/A</u>
Dollar Value of Services	<u>11,500.00 - 120,000.00 MO.</u>
Description of Services Performed	<u>Trash removal for Public School System</u>

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. Black Oak Landfill, Hartsville, MO	122905
2.	
3.	

Deodorizing/Disinfecting: Check the method that will be used to deodorize and disinfect the receptacle.

X

On Site Deodorizing/Disinfecting, or

Actual Replacement of Receptacle

Personnel: Provide a list of personnel who will be providing trash collection services at the state agency:

Name of Employee
1. Dennis Lane Brandon Fillinger
2. Rob Sherman
3. Daniel Allen
4. Ron Chastain

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 products and/or services being manufactured or performed at sites outside the United States?	Yes _____	No <u>X</u>
Describe and provide details:		

Employee/Conflict of Interest:

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:	
Name and title of elected or appointed official or employee of the State of Missouri or any political	

subdivision thereof:	
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	WLA
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:	_____ %

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.

<i>Charter Number (if applicable)</i>	<i>Company Name</i>
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:	

Proposed Subcontractors - The vendor should identify any subcontractor(s) proposed to provide any of the services required herein.

Proposed Subcontractor Name and Address	Service Proposed to be Provided by the Proposed Subcontractor

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 W/A (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

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that Wise Corporation (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Angela McCowan
Authorized Business Entity Representative's
Name (Please Print)

Angela McCowan
Authorized Business Entity
Representative's Signature

Wise Corporation of Missouri
Business Entity Name

3/1/17
Date

Amccowan@wcamerica.com
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.



Company ID Number: 40635
Client Company ID Number: 297548

Information Required For the E-Verify Designated Agent Program

Information relating to your Company:

Company Name: WCA Management Company, L.P.

Company Facility Address: One Riverway, Suite 1400

Houston, TX 77056

County or Parish: HARRIS

Employer Identification

Number: 780700073

North American Industry
Classification System

Code: 562

Parent Company: WCA Waste Corporation

Number of Employees: 1,000 to 2,499

E-Verify



Company ID Number: 40835
Client Company ID Number: 77548

Approved by:

Employer: NCA Massoene Company, L.P.

Michael A. R.

Name (Please Type or Print)

[Signature]

Signature

Vice President

Title

1-17-10

Date

Designated Agent: Lawlor Group, Inc.

Form No.

Name (Please Type or Print)

Electronically Signed

Signature

01/19/2010

Date

Department of Homeland Security - Verification Division

Rebecca K. Green

Name (Please Type or Print)

[Signature]

Signature

Deputy Branch Chief/E-Verify

Title

1/19/10

Date

EXHIBIT C, continuedAFFIDAVIT 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 Angela McLean (Name of Business Entity Authorized Representative) as Account Rep. (Position/Title) first being duly sworn on my oath, affirm Waste Corporation (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 Waste Corporation (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.)

Angela McLean

Authorized Representative's Signature

Angela McLean

Printed Name

Acc. Rep.

Title

3/2/17

Date

amcclean@wcamerica.com

E-Mail Address

400635

E-Verify Company ID Number

Subscribed and sworn to before me this 2nd of March 2017. I am

(DAY)

(MONTH, YEAR)

commissioned as a notary public within the County of Greene, State of

(NAME OF COUNTY)

Missouri, and my commission expires on May 18 2020

(NAME OF STATE)

(DATE)

Vicki Lea Oetker

Signature of Notary

3/2/17

Date

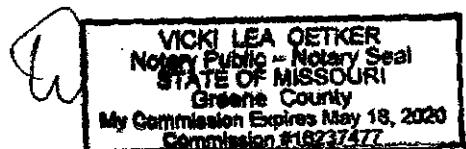


EXHIBIT C, continued

(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.)

BOX C - AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that Waste Corporation (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: State of Missouri (MOU)

(*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: 12/19/16

Previous Proposal/Contract Number for Which Previous E-Verify Documentation Submitted: _____ (if known)

Angela McCowan

Authorized Business Entity Representative's
Name (Please Print)

Waste Corporation of Missouri

Business Entity Name

amccowan@wccamerica.com

E-Mail Address

Angela McCowan

Authorized Business Entity
Representative's Signature

3/1/17

Date

40635

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 at the greater of \$5,000 or 2% 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. N/A	Product/Service(s) proposed: ----- 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: _____

W/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 vendor identified above.

Indicate appropriate business classification(s):

Organization
for the Blind

Sheltered
Workshop

Name of Organization: _____

(Name of Organization for the Blind or Sheltered Workshop)

Contact Name: _____

Email: _____

Address: _____

Phone #: _____

City: _____

Fax #: _____

State/Zip: _____

Certification # _____

(or attach copy of certification)

Certification Expiration Date: _____

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

Authorized Signature:

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

*Date (Dated no
earlier than the RFP
issuance date)*

EXHIBIT F, continuedMISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed herein pursuant to 1 CSR 40-1.050.

N/A

_____ Service-Disabled Veteran's Name (Please Print)	_____ Service-Disabled Veteran Business Enterprise Name _____ _____
_____ Service-Disabled Veteran's Signature	_____ Missouri Address of Service-Disabled Veteran Business Enterprise _____
_____ Phone Number	_____ Website Address
_____ Date	_____ E-Mail Address

The SDVE vendor should check the appropriate statement below and, if applicable, provide the requested information.

- ☐ No, I have not previously submitted the SDV documents specified herein to the Purchasing and therefore have enclosed the SDV's documents.
- ☐ Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the Purchasing.

Date SDV Documents were Submitted: _____

Previous Proposal/Contract Number for Which the SDV Documents were Submitted:

(if applicable and known)

(NOTE: If the SDVE and SDV are listed on the Purchasing SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the Purchasing within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the Purchasing will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:	
_____ Buyer	_____ Date



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
07/15/2015

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

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

PRODUCER Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	CONTACT NAME: PHONE (A/C. No. Ext.): (856) 283-7122 FAX (A/C. No.): (800) 363-0105 E-MAIL ADDRESS:																					
INSURED WCA Waste Corporation 1330 Post Oak Blvd. 30th Floor Houston TX 77056 USA	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>New Hampshire Ins Co</td><td>23841</td></tr><tr><td>INSURER B:</td><td>Lexington Insurance Company</td><td>19437</td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	New Hampshire Ins Co	23841	INSURER B:	Lexington Insurance Company	19437	INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																						
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES **CERTIFICATE NUMBER:** 570058712212 **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. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVO	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS														
B	<input checked="" 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 checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:		014180816 SIR applies per policy terms & conditions	08/01/2015	08/01/2016	<table border="1"><tr><td>EACH OCCURRENCE</td><td>\$1,000,000</td></tr><tr><td>DAMAGE TO RENTED PREMISES (Ea occurrence)</td><td>\$300,000</td></tr><tr><td>MED EXP (Any one person)</td><td></td></tr><tr><td>PERSONAL & ADV INJURY</td><td>\$1,000,000</td></tr><tr><td>GENERAL AGGREGATE</td><td>\$2,000,000</td></tr><tr><td>PRODUCTS - COMP/OP AGG</td><td>\$2,000,000</td></tr></table>	EACH OCCURRENCE	\$1,000,000	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000	MED EXP (Any one person)		PERSONAL & ADV INJURY	\$1,000,000	GENERAL AGGREGATE	\$2,000,000	PRODUCTS - COMP/OP AGG	\$2,000,000		
EACH OCCURRENCE	\$1,000,000																			
DAMAGE TO RENTED PREMISES (Ea occurrence)	\$300,000																			
MED EXP (Any one person)																				
PERSONAL & ADV INJURY	\$1,000,000																			
GENERAL AGGREGATE	\$2,000,000																			
PRODUCTS - COMP/OP AGG	\$2,000,000																			
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION		CA 4584381	08/01/2015	08/01/2016	<table border="1"><tr><td>COMBINED SINGLE LIMIT (Ea accident)</td><td>\$5,000,000</td></tr><tr><td>BODILY INJURY (Per person)</td><td></td></tr><tr><td>BODILY INJURY (Per accident)</td><td></td></tr><tr><td>PROPERTY DAMAGE (Per accident)</td><td></td></tr><tr><td>Medical Payments Lta</td><td>\$5,000</td></tr><tr><td>EACH OCCURRENCE</td><td></td></tr><tr><td>AGGREGATE</td><td></td></tr></table>	COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000	BODILY INJURY (Per person)		BODILY INJURY (Per accident)		PROPERTY DAMAGE (Per accident)		Medical Payments Lta	\$5,000	EACH OCCURRENCE		AGGREGATE	
COMBINED SINGLE LIMIT (Ea accident)	\$5,000,000																			
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PROPERTY DAMAGE (Per accident)																				
Medical Payments Lta	\$5,000																			
EACH OCCURRENCE																				
AGGREGATE																				
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WC053409049 AOS WC053409048 FL	08/01/2015	08/01/2016	<table border="1"><tr><td><input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER</td><td></td></tr><tr><td>E.L. EACH ACCIDENT</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-EA EMPLOYEE</td><td>\$1,000,000</td></tr><tr><td>E.L. DISEASE-POLICY LIMIT</td><td>\$1,000,000</td></tr></table>	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER		E.L. EACH ACCIDENT	\$1,000,000	E.L. DISEASE-EA EMPLOYEE	\$1,000,000	E.L. DISEASE-POLICY LIMIT	\$1,000,000						
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E.L. DISEASE-EA EMPLOYEE	\$1,000,000																			
E.L. DISEASE-POLICY LIMIT	\$1,000,000																			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Additional Insured is provided for the Auto Liability and General Liability on a blanket basis when required by written contract. Requests for other extensions of coverage by endorsement must be requested from the insurance companies if the bid is awarded.

CERTIFICATE HOLDER WCA Waste Corporation 1330 Post Oak Blvd. 30th Floor Houston TX 77056 USA	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 <i>Aon Risk Services Southwest, Inc.</i>
---	--

Holder Identifier :

Certificate No : 570058712212

**Request for Taxpayer
Identification Number and Certification**

Give Form to the
requester. Do not
send to the IRS.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Waste Corporation of Missouri Inc

2 Business name/disregarded entity name, if different from above
dba: WCA

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
2120 W Bennett Street

6 City, state, and ZIP code
Springfield Mo 65807

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number

			-			-			
--	--	--	---	--	--	---	--	--	--

or

Employer identification number

7	6	-	0	6	5	7	7	0	7
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *[Signature]* Date ▶ *1/3/17*

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.