

INVITATION FOR BID



Missouri Department of Corrections
Fiscal Management Unit
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102

Buyer of Record:
Cynthia Adkins
Procurement Officer I
Telephone: (573) 526-6402
cynthia.adkins@doc.mo.gov

IFB931Y20708171

Pest Control Services

FOR

Missouri Department of Corrections
Potosi Correctional Center

Contract Period:
Date of Award through One Year

Date of Issue:
October 2, 2019

Page 1 of 42

Bids Must Be Received No Later Than:

2:00 p.m., Thursday, October 24, 2019

Bids may be submitted electronically through MissouriBUYS only or a hard-copy bid may be submitted. Hard-copy bids must be **SEALED and be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102.** The vendor should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid is submitted to the Department. This number is essential for identification purposes.

The undersigned hereby declares understanding, agreement, and certification of compliance to provide the items and/or services at the prices stated, pursuant to the requirements and specifications contained herein. The undersigned further agrees that when an authorized official of the Missouri Department of Corrections countersigns this document, a binding contract, as defined herein, shall exist between the contractor and the Department of Corrections. The authorized signer of this document certifies the contractor (named below) and each of its principles are not suspended or debarred by the federal government.

Company Name: Rottler Pest Control Company *Rottler Pest and Lawn Solutions*
Address to send POs: 2690 Masterson Ave *(see attached email)*
City, State, Zip: St Louis, MO 63114
Telephone: (314) 426-6100 Fax: (877) 953-5655

MissouriBUYS SYSTEM ID: _____

Email: mdippel@rottler.com

Authorized Signer's Printed Name and Title: Marc Dippel District Sales Manager

Authorized Signature: *Marc Dippel* Date: 10/23/19

NOTICE OF AWARD: This bid is accepted by the Missouri Department of Corrections as follows:
Contract No.

Alana Boyles
Alana Boyles, Director, Division of Adult Institutions

11-15-19
Date

The original cover page, including amendments, should be signed and returned with the bid.

Adkins, Cynthia

From: Marc Dippel <mdippel@rottler.com>
Sent: Friday, November 1, 2019 7:04 AM
To: Adkins, Cynthia
Subject: RE: IFB931Y20708171 - Company Name

Cindy,
Yes, both are legal names for us, so we will answer to both.

Marc Dippel
District Sales Manager
(314) 484-0068
mdippel@rottler.com



From: Adkins, Cynthia [mailto:Cynthia.Adkins@doc.mo.gov]
Sent: Wednesday, October 30, 2019 3:55 PM
To: Marc Dippel
Subject: RE: IFB931Y20708171 - Company Name

Marc,

But is it alright if things are sent to the attention of Rottler Pest & Lawn Solutions instead of Rottler Pest Control Company, since you guys are registered as Rottler Pest & Lawn Solutions in MissouriBUYS?

Thank you,

Cindy Adkins

Procurement Officer I
Missouri Department of Corrections
Fiscal Management Unit, Purchasing
P.O. Box 236, Jefferson City, MO 65102
Phone: 573-526-6402 | Fax: 573-522-1562

From: Marc Dippel <mdippel@rottler.com>
Sent: Wednesday, October 30, 2019 3:10 PM
To: Adkins, Cynthia <Cynthia.Adkins@doc.mo.gov>
Subject: RE: IFB931Y20708171 - Company Name

Cindy,
Information can be sent to my email address, or Patty Brennan, pbrennan@rottler.com. She is the CSR that would be in charge of this service/billing.

Thank you,

Marc Dippel
District Sales Manager
(314) 484-0068
mdippel@rottler.com



From: Adkins, Cynthia [<mailto:Cynthia.Adkins@doc.mo.gov>]
Sent: Wednesday, October 30, 2019 7:50 AM
To: Marc Dippel
Subject: RE: IFB931Y20708171 - Company Name

Marc,

Are you okay with purchase orders and any other documentation being sent to the attention of Rottler Pest & Lawn Solutions if a contract is awarded to Rottler Pest Control Company?

Thank you,

Cindy Adkins

Procurement Officer I
Missouri Department of Corrections
Fiscal Management Unit, Purchasing
P.O. Box 236, Jefferson City, MO 65102
Phone: 573-526-6402 | Fax: 573-522-1562

From: Marc Dippel <mdippel@rotter.com>
Sent: Wednesday, October 30, 2019 7:35 AM
To: Adkins, Cynthia <Cynthia.Adkins@doc.mo.gov>
Subject: Re: IFB931Y20708171 - Company Name

Both are names registered with the Secretary of State. Rottler Pest Control Company is the legal name. Rottler Pest & Lawn Solutions is the name we go by day by day and is registered with the state.

Marc Dippel

On Oct 30, 2019, at 7:26 AM, Adkins, Cynthia <Cynthia.Adkins@doc.mo.gov> wrote:

Marc,

The company name you submitted on the cover page of your bid response for IFB931Y20708171 is Rottler Pest Control Company, but the company name listed in MissouriBUYS is Rottler Pest & Lawn Solutions. Would you please clarify your company name?

Thank you,

Cindy Adkins

Procurement Officer I
Missouri Department of Corrections
Fiscal Management Unit, Purchasing
P.O. Box 236, Jefferson City, MO 65102
Phone: 573-526-6402 | Fax: 573-522-1562

**EXHIBIT A,
Pricing Page**

Pest Control Services - The vendor shall provide a firm, fixed price below for the original contract period and a maximum price for each renewal period for providing services in accordance with the provisions and requirements specified herein. All costs associated with providing Pest Control Services shall be included in the stated prices.

LINE ITEM	DESCRIPTION	ESTIMATED ANNUAL QUANTITY	ORIGINAL CONTRACT PERIOD FIRM FIXED PRICE
001	<p>UNSPSC Code: 72102100</p> <p>Monthly (1 time each month) – Pest Control Services (includes glue boards as specified in 2.3.6 a. 1)</p> <p>All services shall be completed after normal business hours as specified in paragraph 2.1.3.</p>	12	\$ <u>425.00</u> Per Treatment
002	<p>UNSPSC Code: 72102100</p> <p>Emergency (as needed) – Pest Control Services</p> <p>All services shall be completed after normal business hours as specified in paragraph 2.1.3.</p>	12	\$ <u>425.00</u> Per Treatment

Renewal Option Pricing - The vendor must indicate below the maximum allowable percentage of price increase or guaranteed minimum percentage of price decrease applicable to the above pricing for the renewal option years. If a percentage is not stated (e.g. left blank, page not returned, etc.), the Department shall have the right to execute the option at the same price(s) stated for the original contract period. Statements such as "a percentage of the then-current price" or "consumer price index" are NOT ACCEPTABLE.

All increases or decreases shall be calculated against the *original* contract price, **not** against the previous year's price. A cumulative calculation shall not be utilized.

LINE ITEM	Potential Renewal Period	Maximum Increase		Minimum Decrease
003	First Renewal Period	Original Price + <u>0</u> %	OR	Original Price - _____%
004	Second Renewal Period	Original Price + <u>0</u> %	OR	Original Price - _____%

~ Do not complete both a maximum increase and a minimum decrease for the same renewal period. ~

EXHIBIT A, continued on next page

EXHIBIT A, continued

Terms:

The vendor should state below its discount terms offered for the prompt payment of invoices.

0 % if paid within 15 days of receipt of invoice.

Website:

The vendor should state website address if online invoicing is available: _____

Vendor's Acceptance of the State Purchasing Card (Visa):

The vendor should indicate agreement/disagreement to allow the Department to make purchases using the state purchasing card (Visa). If the vendor agrees, the vendor shall be responsible for all service fees, merchant fees and/or handling fees. Furthermore, the vendor shall agree to provide the items/services at the prices stated herein.

Agreement Mark Dippel

Disagreement _____

**EXHIBIT B,
MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE**

Pursuant to section 34.074, RSMo, and 1 CSR 40-1.050, the Missouri Department of Corrections has a goal of awarding three (3) percent of all contracts for the performance of any job or service to qualified service-disabled veteran business enterprises (SDVEs).

STANDARDS:

The following standards shall be used by the Missouri Department of Corrections in determining whether an individual, business, or organization qualifies as an SDVE:

- Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;
- Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs. (An SDV is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.);
- Having the management and daily business operations controlled by one (1) or more SDVs;
- Having a copy of the SDV's confidential documents (Certificate of Release or Discharge from Active Duty [DD Form 214], and a copy of the SDV's disability rating letter issued by the Department of Veterans Affairs establishing a service connected disability rating, or a Department of Defense determination of service connected disability); and
- Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If a vendor meets the standards of a qualified SDVE as stated above, and unless previously submitted within the past three (3) years to the Missouri Department of Corrections or to the Office of Administration, Division of Purchasing (OA/Purchasing), the vendor **must** provide the following SDV documents to receive the Missouri SDVE three (3) bonus point preference.

- A copy of the SDV's Certificate of Release or Discharge from Active Duty [DD Form 214], and a copy of the SDV's disability rating letter issued by the Department of Veterans Affairs establishing a service connected disability rating, or a Department of Defense determination of service connected disability, and
- A completed copy of this exhibit.

(NOTE: The SDV's Certificate of Release or Discharge from Active Duty (DD Form 214), and the SDV's disability rating letter issued by the Department of Veterans Affairs establishing a service connected disability rating, or Department of Defense determination of service connected disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

EXHIBIT B, continued on next page

EXHIBIT B, continued
MISSOURI 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.

NA

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 state agency or to the Office of Administration, Division of Purchasing and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified herein within the past three (3) years to the state agency.
- Yes, I previously submitted the SDV documents specified above within the past three (3) years to the Office of Administration, Division of Purchasing.

Date SDV Documents were Submitted: _____

Previous Bid/Contract Number for Which the SDV Documents were Submitted: _____
(if known)

(NOTE: If the SDVE and SDV are listed on the Office of Administration, Division of Purchasing (OA/Purchasing) SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf> , then the SDV documents have been submitted to the OA/Purchasing within the past three [3] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the OA/Purchasing will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:

Procurement Officer

Date

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

BUSINESS ENTITY CERTIFICATION:

The bidder must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | | |
|---------------|---|
| BOX A: | To be completed by a non-business entity as defined below. |
| BOX B: | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm . |
| BOX C: | To be completed by a business entity who has current work authorization documentation on file with a Missouri Department including Department. |

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 _____ **DOES NOT CURRENTLY MEET** the definition of
(Company/Individual Name)
 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 _____ and if the business
(IFB Number)
 status changes during the life of the contract to become a business entity as defined in section 285.585 RSMo, then,
 prior to the performance of any services as a business entity _____ agrees to complete
(Company/Individual Name)
 Box B, comply with the requirements stated in Box B and provide the Department 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	
<p>I certify that <u>Rottler Pest Control</u> (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.</p>	
<p><u>Sarah Meinkoth</u> Authorized Business Entity Representative's Name (Please Print)</p>	<p><u>Sarah Meinkoth</u> Authorized Business Entity Representative's Signature</p>
<p><u>Rottler Pest Control</u> Business Entity Name</p>	<p><u>09/04/19</u> Date</p>
<p><u>smeinkoth@rotter.com</u> E-Mail Address</p>	
<p>As a business entity, the bidder must perform/provide each of the following. The bidder should check each to verify completion/submission of all of the following:</p>	
<p><input checked="" type="checkbox"/> - Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shm; 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;</p>	
AND	
<p><input checked="" type="checkbox"/> - 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 bidder's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's name and the MOU signature page completed and signed, at minimum, by the bidder and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's name and company ID, then no additional pages of the MOU must be submitted;</p>	
AND	
<p><input checked="" type="checkbox"/> - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.</p>	

EXHIBIT C, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Come now Sarah Meinkoth as HR Director
(Name of Business Entity Authorized Representative) (Position/Title)
first being duly sworn on my oath, affirm Rottler Pest Control is enrolled and will continue to
(Business Entity Name)
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 Rottler Pest Control does not and will not knowingly employ a
(Business Entity Name)
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.)

Sarah Meinkoth Sarah Meinkoth
Authorized Representative's Signature Printed Name

HR Director 09/04/19
Title Date

smeinkoth@rottler.com 223356
E-Mail Address E-Verify Company ID Number

Subscribed and sworn to before me this 4th of September. I am commissioned as a
(DAY) (MONTH, YEAR)

notary public within the County of St. Louis, State of Missouri
(NAME OF COUNTY) (NAME OF STATE)

and my commission expires on 1/15/22.
(DATE)

Patricia Maura Brennan 9/4/19
Signature of Notary Date

EXHIBIT C, continued on next page

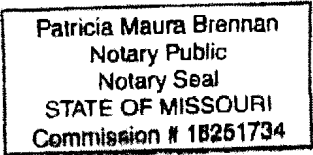


EXHIBIT C, continued

(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 _____ **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 Department 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 name and the MOU signature page completed and signed by the bidder 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 Department 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: _____ (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

E-Verify



Company ID Number: 223356

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 Rottler Pest & Lawn Solutions

Sarah Meinkoth

Name (Printed, First and Last)

Title

Electronically Signed

Signature

Digitally Signed

Signature

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Printed, First and Last)

Title

Electronically Signed

Signature

Digitally Signed

Signature

**EXHIBIT D,
MISSOURI SECRETARY OF STATE/AUTHORIZATION TO TRANSACT BUSINESS**

<p>In accordance with section 351.572.1, RSMo, the Department is precluded from contracting with a vendor or its affiliate who is not authorized to transact business in the State of Missouri. Vendors must be either registered with the Missouri Secretary of State, or exempt per a specific exemption stated in section 351.572.2, RSMo.</p> <p align="center">http://revisor.mo.gov/main/OneSection.aspx?section=351.572</p>	
<p>If the vendor is registered with the Missouri Secretary of State, the vendor shall state legal name or charter number assigned to business entity</p>	<p>Legal Name: <u>Rottler Pest Control Company</u></p> <p>Missouri State Charter # <u>00258906</u></p>
<p>If the vendor is not required to be registered with the Missouri Secretary of State, the vendor shall state the specific exemption stated per section 351.572.2, RSMo.</p>	<p>State specific exemption _____ (List section and paragraph number)</p> <p>Stated in section 351.572.2 RSMo,</p> <p align="center">_____ (State Legal Business Name)</p>

**EXHIBIT E,
MISCELLANEOUS INFORMATION**

Employee Bidding/Conflict of Interest

Vendors 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 vendor and/or any of the owners of the vendor'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 vendor's organization:		%

Missouri Department of Agriculture Certified Applicator license – State license number and expiration date:

License Number _____ Expiration Date _____

Personnel – Provide a list of employees who will be providing pest control services. *(Use additional sheets if necessary)*

1. _____
2. _____
3. _____

Familiarity of Building

The vendor must document a thorough knowledge of the service areas based on either (1) the vendor's attendance of a site tour, or (2) through other knowledge of the service areas gained from some other means.

_____ **I attended a site inspection of the service areas.** (The attendance record shall verify the vendor's attendance.)

_____ **I did not attend a site inspection of the service areas.** (The vendor must provide relevant information regarding their familiarity with the physical layout, condition, etc. of the service areas. The vendor is advised that neither the review of building floor plans nor an independent public viewing give an accurate account of knowledge of the service area for pest control purposes.)

Explanation: _____

**EXHIBIT F,
CURRENT/PRIOR EXPERIENCE**

Current/Prior Contracts: The vendor should provide a list of references for which the vendor is currently or has provided pest control services within the past five (5) years that are similar in size and scope to the services being required herein.

Company/Institution Contact Name, Phone Number and Email	Date of Services Provided
References are available on request, not for public release	

**EXHIBIT E,
MISCELLANEOUS INFORMATION**

Employee Bidding/Conflict of Interest

Vendors 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 vendor and/or any of the owners of the vendor'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 vendor's organization:	%

Missouri Department of Agriculture Certified Applicator license – State license number and expiration date:

License Number C19565 Expiration Date 10/31/21

Personnel – Provide a list of employees who will be providing pest control services. (*Use additional sheets if necessary*)

1. Chance Tripp
2. Alex Burnette
3. _____

Familiarity of Building

The vendor must document a thorough knowledge of the service areas based on either (1) the vendor's attendance of a site tour, or (2) through other knowledge of the service areas gained from some other means.

 X **I attended a site inspection of the service areas.** (The attendance record shall verify the vendor's attendance.)

_____ **I did not attend a site inspection of the service areas.** (The vendor must provide relevant information regarding their familiarity with the physical layout, condition, etc. of the service areas. The vendor is advised that neither the review of building floor plans nor an independent public viewing give an accurate account of knowledge of the service area for pest control purposes.)

Explanation: _____
