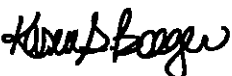




NOTICE OF CONTRACT RENEWAL

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

CONTRACT NUMBER CS191765001	CONTRACT TITLE Polygraph Examination Services
AMENDMENT NUMBER Amendment #01	CONTRACT PERIOD July 1, 2020 through June 30, 2021
REQUISITION/REQUEST NUMBER NR 931 YYY42708293	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 5047480150 2/ MB00096033
CONTRACTOR NAME AND ADDRESS KIP KIESO POLYGRAPH SERVICES 12805 W 132ND STREET KANSAS OVERLAND PARK, KS 66213	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole Various Locations
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 Jacqueline Satterlee	BUYER CONTACT INFORMATION Email: Jacqueline.satterlee@oa.mo.gov Phone: (573) 751-4925 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 10/21/19
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://oa.mo.gov/purchasing>

SOLICITATION NUMBER RFPS30034901901765	CONTRACT TITLE Polygraph Examination Services
CONTRACT NUMBER CS191765001	CONTRACT PERIOD July 1, 2019 through June 30, 2020
REQUISITION/REQUEST NUMBER NR 931 YYY19708269	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID 5047480150 2/ MB00096033
CONTRACTOR NAME AND ADDRESS KIP KIESO POLYGRAPH SERVICES 12805 W 132ND STREET KANSAS OVERLAND PARK, KS 66213	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole Various Locations
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by Kip Kieso Polygraph Services in response to RFPS30034901901765 is accepted in its entirety for the Western Region.	
BUYER Jacqueline Satterlee	BUYER CONTACT INFORMATION Email: jacqueline.satterlee@oa.mo.gov Phone: (573) 751- 4925 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 5/17/19
DIRECTOR OF PURCHASING  Karen S. Boeger	



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

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901901765
TITLE: Polygraph Examination Services
ISSUE DATE: 02/22/19

REQ NO.: NR 931 YYY19708269
BUYER: Jacqueline Satterlee
PHONE NO.: (573) 751-4925
E-MAIL: jacqueline.satterlee@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 03/21/19 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH [HTTPS://MISSOURIBUYS.MO.GOV](https://missouribuy.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)	or	(Courier Service)
RETURN PROPOSAL TO: 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 (1) Year

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

Department of Corrections
Division of Probation and Parole
Various Locations

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 <i>Kip Kieso Polygraph Services</i>	MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) <i>96033</i>
MAILING ADDRESS <i>12005 W 132nd Street</i>	
CITY, STATE, ZIP CODE <i>Overland Park, KS 66213</i>	

CONTACT PERSON <i>Kip Kieso</i>	EMAIL ADDRESS <i>KipKiesoPolygraph@hotmail.com</i>
PHONE NUMBER <i>913.302.5034</i>	FAX NUMBER <i>n/a</i>
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax-Exempt	
AUTHORIZED SIGNATURE <i>Kip Kieso</i>	DATE <i>03-07-19</i>
PRINTED NAME <i>Kip Kieso</i>	TITLE <i>Forensic Psychophysicologist</i>

Solicitation Organization:

This document is divided into the following parts:

- Section 1: Introduction and General Information
 - Section 2: Scope of Work
 - Section 3: Contractual Requirements
 - Section 4: Submission of Solicitation Response Information and Requirements
 - Exhibit A: Pricing Page
 - Exhibit B: Methodology, Approach, and Work Plan
 - Exhibit C: Team Qualifications
 - Exhibit D: Past Performance
 - Exhibit E: Participation Commitment
 - Exhibit F: Documentation of Intent to Participate
 - Exhibit G: Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization and Documentation (E-Verify)
 - Exhibit H: Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transaction (Federal Debarment)
 - Exhibit I: Miscellaneous Information
-
- Attachment 1 Probation and Parole Office Locations
 - Attachment 2 Procedure D2-11.10 Staff Conduct
 - Attachment 3 Authorization for Release of Information Form
 - Attachment 4 Confidentiality Oath Form
 - Attachment 5 Polygraph Follow-Up Form
 - Attachment 6 Evaluation Criteria for Technical Proposal

Terms and Conditions

Attachments: The vendor is also advised that the attachments to this document referenced above provide additional requirements, information, and/or instruction. However, the attachments must be downloaded from the Division of Purchasing's MissouriBUYS website at: <https://missouribuys.mo.gov/>. The attachments is/are separate downloadable documents located on the same web page from where the solicitation document is downloadable. It shall be the sole responsibility of the vendor to obtain each of the attachments. The vendor shall not be relieved of any responsibility for performance under the subsequent contract due to the failure of the vendor to obtain a copy of the attachments.

- 4.12.4 Debarment Certification – The vendor certifies by signing the signature page of this original document and any addendum signature page(s) that the vendor is not presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation, or otherwise excluded from or ineligible for participation under federal assistance programs. The vendor should complete and return the attached certification regarding debarment, etc., Exhibit H with the proposal. This document must be satisfactorily completed prior to award of the contract.
- 4.12.5 The vendor should complete and submit Exhibit I, Miscellaneous Information.
- 4.12.6 Business Compliance - The vendor must be in compliance with the laws regarding conducting business in the State of Missouri. The vendor certifies by signing the signature page of this original document and any addendum signature page(s) that the vendor and any proposed subcontractors either are presently in compliance with such laws or shall be in compliance with such laws prior to any resulting contract award. The vendor shall provide documentation of compliance upon request by the Division of Purchasing. The compliance to conduct business in the state shall include, but not necessarily be limited to:
- a. Registration of business name (if applicable) with the Secretary of State at <http://sos.mo.gov/business/startBusiness.asp>
 - b. Certificate of authority to transact business/certificate of good standing (if applicable)
 - c. Taxes (e.g., city/county/state/federal)
 - d. State and local certifications (e.g., professions/occupations/activities)
 - e. Licenses and permits (e.g., city/county license, sales permits)
 - f. Insurance (e.g., worker's compensation/unemployment compensation)

The vendor should refer to the Missouri Business Portal at <http://business.mo.gov> for additional information.

EXHIBIT A
PRICING PAGE

Polygraph Examination Services - The vendor shall specify the region(s) proposed by completing the appropriate table below with a firm, fixed prices for the original contract period and maximum prices 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, including all education and training costs, and travel, shall be included in the stated prices. The vendor must not quote a price of more than one-hundred dollars (\$100.00) for any contract period for an incomplete polygraph examination and for a No Show. (UNSPSC Code: 92121603)

Eastern Region				
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	Exam 1-Initial Polygraph-Sexual History Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
2	Exam 1-Initial Polygraph Instant Offense Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
3	Maintenance Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
4	Sex Offense Monitoring Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
5	Incomplete Polygraph Examination	\$ _____ <i>per incomplete examination</i>	\$ _____ <i>per incomplete examination</i>	\$ _____ <i>per incomplete examination</i>
6	No Show	\$ _____ <i>per no show</i>	\$ _____ <i>per no show</i>	\$ _____ <i>per no show</i>

North Central Region				
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>
7	Exam 1-Initial Polygraph Sexual History Examination	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>
8	Exam 1-Initial Polygraph Instant Offense Examination	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>
9	Maintenance Examination	\$ 250. ⁰⁰ <i>per completed examination</i>	\$ 250. ⁰⁰ <i>per completed examination</i>	\$ 250. ⁰⁰ <i>per completed examination</i>
10	Sex Offense Monitoring Examination	\$ 250. ⁰⁰ <i>per completed examination</i>	\$ 250. ⁰⁰ <i>per completed examination</i>	\$ 250. ⁰⁰ <i>per completed examination</i>
11	Incomplete Polygraph Examination	\$ 100. ⁰⁰ <i>per incomplete examination</i>	\$ 100. ⁰⁰ <i>per incomplete examination</i>	\$ 100. ⁰⁰ <i>per incomplete examination</i>
12	No Show	\$ 100. ⁰⁰ <i>per no show</i>	\$ 100. ⁰⁰ <i>per no show</i>	\$ 100. ⁰⁰ <i>per no show</i>

Northeast Region				
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>
13	Exam 1-Initial Polygraph Sexual History Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
14	Exam 1-Initial Polygraph Instant Offense Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
15	Maintenance Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
16	Sex Offense Monitoring Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
17	Incomplete Polygraph Examination	\$ _____ <i>per incomplete examination</i>	\$ _____ <i>per incomplete examination</i>	\$ _____ <i>per incomplete examination</i>
18	No Show	\$ _____ <i>per no show</i>	\$ _____ <i>per no show</i>	\$ _____ <i>per no show</i>

Southeast Region				
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>
19	Exam 1-Initial Polygraph Sexual History Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
20	Exam 1-Initial Polygraph Instant Offense Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
21	Maintenance Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
22	Sex Offense Monitoring Examination	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>	\$ _____ <i>per completed examination</i>
23	Incomplete Polygraph Examination	\$ _____ <i>per incomplete examination</i>	\$ _____ <i>per incomplete examination</i>	\$ _____ <i>per incomplete examination</i>
24	No Show	\$ _____ <i>per no show</i>	\$ _____ <i>per no show</i>	\$ _____ <i>per no show</i>

Southwest Region				
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>
25	Exam 1-Initial Polygraph Sexual History Examination	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>
26	Exam 1-Initial Polygraph Instant Offense Examination	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>	\$ 200. ⁰⁰ <i>per completed examination</i>

27	Maintenance Examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination
28	Sex Offense Monitoring Examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination
29	Incomplete Polygraph Examination	\$ <u>100.00</u> per incomplete examination	\$ <u>100.00</u> per incomplete examination	\$ <u>100.00</u> per incomplete examination
30	No Show	\$ <u>100.00</u> per no show	\$ <u>100.00</u> per no show	\$ <u>100.00</u> per no show

Western Region				
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>
31	Exam 1-Initial Polygraph Sexual History Examination	\$ <u>200.00</u> per completed examination	\$ <u>200.00</u> per completed examination	\$ <u>200.00</u> per completed examination
32	Exam 1-Initial Polygraph Instant Offense Examination	\$ <u>200.00</u> per completed examination	\$ <u>200.00</u> per completed examination	\$ <u>200.00</u> per completed examination
33	Maintenance Examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination
34	Sex Offense Monitoring Examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination	\$ <u>250.00</u> per completed examination
35	Incomplete Polygraph Examination	\$ <u>100.00</u> per incomplete examination	\$ <u>100.00</u> per incomplete examination	\$ <u>100.00</u> per incomplete examination
36	No Show	\$ <u>100.00</u> per no show	\$ <u>100.00</u> per no show	\$ <u>100.00</u> per no show

EXHIBIT B
TECHNICAL PROPOSAL
PROPOSED METHODOLOGY, APPROACH, AND WORK PLAN

Directions for Vendor: The vendor should present a written plan for performing the requirements specified in Section 2, Contractual Requirements. The Proposed Methodology, Approach, and Work Plan should be no longer than **15 pages**, including any exhibits related to the proposal. Standard fonts, 11 point or above, should be used.

In presenting the Proposed Methodology, Approach, and Work Plan, the vendor should discuss the following areas:

1) Polygraph Examination Performance

- The vendor should describe process for ensuring qualified polygraph examiners perform the services, including any initial and ongoing training requirements, and any internal business practices used to ensure overall performance adheres with APA ethics and standards.
- The vendor should describe how the vendor would utilize personnel to provide services at all locations within a region.
- The vendor should describe how the method and approach to polygraph examinations is validated and reliable relating to the APA question types: Relevant, Control, and Structure.
- The vendor should identify the type of polygraph equipment to be used, and method in which it will be reflected that the equipment was properly functioning and calibrated at the time of each polygraph examination.
- Economic Impact to Missouri - the vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:

Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

2) Reporting

- The vendor should describe the method for reporting polygraph results to the state agency, and any quality assurance or methodology implemented to ensure scientific and objective conclusions are accurate and properly documented.

EXHIBIT C
TECHNICAL PROPOSAL
TEAM QUALIFICATIONS – POLYGRAPH EXAMINATION TEAM MEMBER BIOGRAPHIES

Directions for Vendor: No more than four (4) Polygraph Examination Team members' biographies will be considered in the evaluation. Biographies should be submitted in the attached format. One (1) member of the Polygraph Examination Team should be identified as the vendor's primary contact person.

Name:	
Title:	
Proposed project role:	
% of time committed to project:	

Education, certifications, and other distinctions:

Degree, certification, or other distinctions	Institution	Date
<i>Example: BA, Business Administration</i>	<i>Washington University in Saint Louis</i>	<i>2010</i>
<i>Example: MBA, Marketing</i>	<i>Northwestern University</i>	<i>2014</i>
<i>Example: Lean Six Sigma Black Belt</i>	<i>Villanova University (online)</i>	<i>2017</i>

Employment history:

Organization	Role	Dates
<i>Example: Current Co.</i>	<i>Partner and leader of organization design practice</i>	<i>2014-present</i>
<i>Example: Company ABC</i>	<i>Director, Strategy and Continuous Improvement</i>	<i>2010-2012</i>

Specific experience relevant to project:

Topic	Years of experience	Brief description of relevant experience (e.g., specific projects; previous employment)
Polygraph Examinations for Sexual Offenders		
Active membership of APA		
Other		

Other experience or background information:

Kip Kieso Polygraph Services

Exhibit B

Technical Proposal

Proposed Methodology, Approach, and Work Plan

1) Polygraph Examination Performance

A. I am a full member of the American Polygraph Association (APA) and am certified to conduct Post-Conviction Sex Offender Testing (PCSOT). I have also earned my Certificate of Advanced and Specialized Training through an APA polygraph school. My two sub-contractors currently on my contract are also full members of the APA and able to conduct PCSOT testing. We all have at least nine years of experience in polygraph and over 20 years in criminal justice. We follow the ethical guidelines of the APA in how we conduct business.

B. I have an open line of communication with all the parole offices in the region(s) in which I conduct polygraphs. I am very responsive for their scheduling needs. They communicate to me via email how many exams and how many days of testing will be needed for a specific time frame (month). I will then cross-reference with them to coordinate our schedules and times for testing. It's been a very smooth process for the last four years. When new PO's are assigned to this caseload I am very helpful to them in getting them familiar with the process, scheduling, testing results, reports, etc. I also conducted three informational trainings on the Containment Model in 2017. These were attended by parole and treatment professionals.

C. We use only validated (best practices) for our polygraph tests. Since we are conducting clinical screening examinations we use testing techniques such as the 'Directed Lie Screening Test' (DLST) which has a lot of research to support its accuracy and reliability. We always follow APA Model Policy guidelines and recommend a Successive Hurdles approach if a client has Significant Responses (SR) to a relevant question which may pose a threat to community safety. This is recommend if the issue does not get resolved through further disclosure to PO/Treatment Provider or by further investigation, etc. Our reports reflect that the screening polygraph examination should never replace the need for other forms of supervision and/or investigation.

Structure: **Relevant question** construction should be...

- A. answerable by a "NO" without unnecessary mental exercise or uncertainty; and
- B. behaviorally descriptive of the examinee's direct or possible involvement in an issue of concern and, whenever possible, not

indirectly addressing that issue by targeting a subsequent denial of it;

- C. simple, direct and easily understood by the examinee;
- D. time-delimited (date of incident or time of reference);
- E. free of assumptions of guilt or deception;
- F. free of idiosyncratic jargon, legal terms; and
- G. free of references to mental state or motivational terminology except to the extent that memory or sexual motivation may be the subject of an examination following an admission of behavior.

Comparison questions should meet all common requirements for the type of comparison question being applied.

A. Content. Comparison questions should address broad categorical concerns regarding honesty and integrity and should not be likely to elicit a greater physiological response than deception to any relevant question in the same test.

B. Structure. Comparison questions should be structurally separated from relevant questions by either frame of reference or time of reference. Comparison questions can be exclusive or non-exclusive.

D. We use the Lafayette LX 4000 for testing. It is a computerized model and Lafayette provides routine software updates as technology continues to improve. We ensure proper functioning and calibration based off their recommendations.

E. We offer polygraph services to the State of Missouri. We conduct interviews and examinations on convicted sex offenders in designated state offices to assist in helping keep Missouri communities safer. We do pay required taxes each year which benefits the state as well.

2) Reporting

A. A thorough in-depth report is emailed to every client's assigned parole/probation officer and treatment provider upon the conclusion of each interview and examination. From my agency this is completed within two business over 99.9% of the time. Most reports are sent out within 24 hours. All polygraph results are based off best practices and scoring procedures. All

charts are evaluated through the Lafayette Software algorithm Objective Scoring System - 3 (OSS-3) as well to ensure the highest degree of accuracy. Our reports also contain basic demographic information, medical questions, and a thorough narrative.

In our reports the results are reported on Page One of the report as well as the end of the report which also explains which 'Relevant' questions were of concern, that the client was notified and given a chance to provide more information for his/her PO/Treatment Provider. We report: Test Evaluation and Results, Post-Test (objective discussion), and Conclusion.

Page One of each reports includes the basic information:

1. Who the report is intended for (parole officer/treatment provider)
2. What type of test (Maintenance, Sexual History, etc)
3. The examiner's name
4. The client's name, date of birth, and DOC number
5. Date of Examination
6. Time of Exam
7. Test Results (No Significant Responses, Significant Responses, Inconclusive, etc)
8. Probation/Probation Officer name
9. Treatment Provider name
10. Date of last polygraph exam
11. Present Offense

Kip Kieso Polygraph Services

Exhibit C

Technical Proposal

Team Qualifications - Polygraph Examination Team Member Biographies

Name	Kip Kieso
Title	Forensic Psychophysicologist
Proposed Project Role	Main point of contact with MO DOC, conduct interviews, testing, reports, etc
% of time committed to project	100%

Education, certifications, and other distinctions:

Degree, certification, or other distinctions	Institution	Date
Bachelor's & MS Ed - Counseling and Guidance	Northern State University	1990-2000
Polygraph Examiner/PCSOT Certification	Backster School of Lie Detection	March 2010
Certificate of Advanced and Specialized Training	PEAK Credibility Assessment Center	March 2017
Expert Witness (polygraph) for state courts	Reno County, KS	2012

Employment History:

Organization	Role	Dates
Kip Kieso Polygraph Services	Owner, Polygraph Examiner, Consultant	January 2010-present
Johnson County Dept of Corrections	Intelligence & Investigations, Public Relations, Performance Measurement, Supervisor and first nine months as a corrections officer	July 2001 to September 2010

Specific Experience relevant to project:

Topic	Years of Experience	Brief description of relevant experience (e.g., specific projects; previous employment)
Polygraph exams for sex offenders (PCSOT)	Nine years of experience - over 5,000 exams	Graduate of the Backster School of Lie Detection, Advanced Certification through PEAK Credibility Assessment Training Center
Active APA Membership	Since 2010	Have always been in good standing with APA

Other experience or background information: I've worked in criminal justice in many different professional capacities for over 21 years. I've worked with attorneys, parole/prison professionals,

Testing since February 2011 - statistically the highest rates of sexual violence and abuse. I've also conducted work in Nebraska, Kansas, Colorado, and South Dakota. I've had the federal PCSOT contract with the United States Disciplinary Barracks (USDB) since 2010. I've also conducted training for their treatment staff.

Kip Kieso Polygraph Services

Exhibit C

Technical Proposal

Team Qualifications - Polygraph Examination Team Member Biographies

Name	Christian P. Kieso
Title	Forensic Psychophysiological/Licensed Polygraph Examiner
Proposed Project Role	Subcontractor with Kip Kieso Polygraph Services. I am on his team with current contract
% of time committed to project	As needed

Education, certifications, and other distinctions:

Degree, certification, or other distinctions	Institution	Date
Bachelor's Degree Psychology/Sociology	Northern State University	1999
Polygraph Examiner/PCSOT Certification	Academy For Scientific Investigative Training	November 2006
Certificate of Advanced and Specialized Training	PEAK Credibility Assessment Center	March 2017

Employment History:

Organization	Role	Dates
Kieso Polygraph Services	Owner, Polygraph Examiner, Consultant	September 2006- present
Minnehaha County Regional Juvenile Detention Center, Sioux Falls, SD	Juvenile Corrections Officer, Supervisor	May 2001 to September 2006

Specific Experience relevant to project:

Topic	Years of Experience	Brief description of relevant experience (e.g., specific projects; previous employment)
Polygraph exams for sex offenders (PCSOT)	13 years of experience - over 5,200 PCSOT exams	Graduate of the Academy For Scientific Investigative Training, PCSOT Certified, Advanced Certification through PEAK Credibility Assessment Training Center
Active APA Membership	Since 2006	Have always been in good standing with APA

Other experience or background information: I've worked in criminal justice in many different professional capacities since 1996. I've worked with attorneys, parole/prison professionals, and

treatment providers among others. I've had a contract with the State of Alaska for PCSOT Testing since February 2011. I've conducted examinations in South Dakota, Minnesota, Iowa, Nebraska, Wyoming, Missouri, and Alaska. I've earned federal PCSOT contracts with the state of South Dakota since 2010, state of Nebraska since 2017, and state of Iowa since 2017. I've conducted training on the Model Policy for PCSOT testing for various organizations.

Kip Kieso Polygraph Services

Exhibit C

Technical Proposal

Team Qualifications - Polygraph Examination Team Member Biographies

Name	Lawrence David Backer
Title	Forensic Psychophysiolgist
Proposed Project Role	Subcontractor with Kip Kieso Polygraph Services. I am on his team with current contract
% of time committed to project	As needed

Education, certifications, and other distinctions:

Degree, certification, or other distinctions	Institution	Date
Colorado Peace Officer Basic Certification	State of Colorado	1983
Colorado Peace Officer Advanced Certification	State of Colorado	1993
Colorado Peace Officer Supervisory Certification	State of Colorado	1993
Polygraph Examiner/PCSOT Certification	Backster School of Lie Detection	2010

Employment History:

Organization	Role	Dates
La Plata County Sheriff's Office	Patrol Deputy, Investigator, Chief Investigator	1985 -1995
Sixth Judicial District Attorney's Office	Investigator, Chief Investigator, Polygraph Examiner	1995 -2017

Specific Experience relevant to project:

Topic	Years of Experience	Brief description of relevant experience (e.g., specific projects; previous employment)
Polygraph exams for sex offenders (PCSOT)	2010 -present	Owner and polygraph Examiner Backer Consulting Group
Active APA Membership	Since 2010	Full Member and Advanced PCSOT Certification

Other experience or background information: I currently working as either a contracted or sub-contracted polygraph examiner for the States of Colorado, Alaska and Florida, and the United States Probation Office.

EXHIBIT D
TECHNICAL PROPOSAL
PAST PERFORMANCE

Directions to Vendor: The vendor should provide the overall relevant vendor experience related to this RFP.

Overall Relevant Vendor Experience (succinctly identify experience in each of the qualification areas identified below)	
Polygraph Examination Services	

① I have conducted over 5,000 exams in my career. I am a recognized expert witness in state courts regarding polygraphs. I have trained criminal justice, treatment, & legal professionals on the uses of polygraph based on best practices. I have written an article for the Missouri Assn of Criminal Defense Lawyers at their request so they could ^{better} understand polygraph testing.

EXHIBIT D
TECHNICAL PROPOSAL-CONTINUED
PAST PERFORMANCE CONTINUED

Directions to Vendor: The vendor should provide three (3) past performance reference case studies. Each should have been completed in the past three (3) years. At least two (2) should involve work for a state government agency of similar scale and complexity as the Department of Corrections, Division of Probation and Parole. The vendor should copy and complete this Exhibit for each case study presented.

CASE STUDY

Project Title	
Duration of the Project	
Specific Contact Information:	Organization Name: Contact Person Name: Telephone Number: Email Address:

The vendor should summarize below the past project's context, objectives, approach and impact achieved relevant to this RFP.

① I've never participated in a past performance project, etc.
 N/A

② I've had the Western Region contract since about April 2015. I have no problem with my performance being discussed with probation & parole professionals during this time.

Kip Kieso Polygraph Services

Exhibit D

Technical Proposal-Continued
Past Performance Continued

1) References of past performance

A. Jennifer Kass, Owner, Forensic Polygraph Services
PO Box 110511
Anchorage, AK 99511
(907) 301-8222

Ms. Kass has the Alaska DOC contract for PCSOT Testing since approximately 2010. She is a 2006 polygraph graduate of the Academy for Scientific Investigative Training in Philadelphia, PA. I have subcontracted for her since February 2011. I have conducted 100s of state and federal exams in cities such as Anchorage, Bethel, Ketchikan, Palmer, and Juneau, AK.

B. Rachel Jeter (Wiggins), Chief, Rehabilitation Division
Directorate of Treatment Programs
United States Disciplinary Barracks
(913) 758-3761

I have had the federal contract with the USDB and Joint Regional Correctional Facility (JRCF) since 2010. I have conducted approximately 200+ examinations for them during this time. Most of these exams are Sexual History Exams. They have recently begun conducting Instant Offense (to address denials about offense) and Maintenance Exams as well to gauge the inmates' adherence to treatment rules. I conducted an informational training for their staff during this time as well.

EXHIBIT E
PARTICIPATION COMMITMENT

Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment – If the vendor is committing to participation by or if the vendor is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the vendor must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the vendor’s proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the vendor must either (1) enter the participation percentage under MBE or WBE, **or** must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

Place a check in the appropriate box below for the region proposed. There should only be **ONE** box checked. If proposing multiple regions, copy and complete this Participation Commitment Exhibit for each proposed region.

Region		
<input type="checkbox"/> Eastern Region	<input type="checkbox"/> North Central Region	<input type="checkbox"/> Northeast Region
<input type="checkbox"/> Southeast Region	<input type="checkbox"/> Southwest Region	<input type="checkbox"/> Western Region

MBE Participation Commitment Table		
(The services performed or the products provided by the listed MBE 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 Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
Total MBE Percentage:	%	

WBE Participation Commitment Table		
(The services performed or the products provided by the listed WBE 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 Each Qualified Women Business Enterprise (WBE) proposed	Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed WBE <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
Total WBE Percentage:	%	

Organization for the Blind/Sheltered Workshop Commitment Table		
<ul style="list-style-type: none"> 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. The vendor must either be an organization for the blind or sheltered workshop or must be proposing to utilize an organization for the blind/sheltered workshop as a subcontractor and/or supplier in an amount that must equal, at a minimum, the greater of \$5,000 or 2% of the total dollar value of the contract for purchases not exceeding \$10 million. The vendor may propose more than one organization for the blind/sheltered workshop as part of the vendor's total committed participation. However, the services performed or products provided must still meet the requirements noted herein. 		
Name of Organization for the Blind or Sheltered Workshop Proposed	Committed Participation (\$ amount or % of total value of contract)	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <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.		Product/Service(s) proposed: ----- RFP Paragraph References:
2.		Product/Service(s) proposed: ----- RFP Paragraph References:
Total Blind/Sheltered Workshop Percentage:	%	

SDVE Participation Commitment Table		
(The services performed or the products provided by the listed SDVE 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 Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed	Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed SDVE <i>The vendor should also include the paragraph number(s) from the RFP which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
Total SDVE Percentage:	%	

EXHIBIT F

DOCUMENTATION OF INTENT TO PARTICIPATE

If the vendor is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFP, the vendor must either provide this Exhibit or letter of intent recently signed by the proposed MBE/WBE, Organization for the Blind, Sheltered Workshop, and/or SDVE documenting the following information with the vendor's proposal.

~ Copy This Form For Each Organization Proposed ~

Vendor Name: _____

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):

___ MBE ___ WBE ___ Organization for the Blind ___ Sheltered Workshop ___ SDVE

Name of Organization: _____

(Name of MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)

Contact Name: _____ Email: _____

Address (If SDVE, provide MO Address): _____ Phone #: _____

City: _____ Fax #: _____

State/Zip: _____ Certification # _____

SDVE's Website Address: _____ Certification Expiration Date: _____ (or attach copy of certification)

Service-Disabled Veteran's (SDV) Name: _____ SDV's Signature: _____
(Please Print)

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

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

Authorized Signature:

*Authorized Signature of Participating Organization
(MBE, WBE, Organization for the Blind, Sheltered Workshop, or SDVE)*

Date

EXHIBIT F (continued)

DOCUMENTATION OF INTENT TO PARTICIPATE

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past three (3) years to the Division of Purchasing (Purchasing), the vendor **must** provide the following SDV documents:

- ✓ 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.

(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.)

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

- No, I have not previously submitted the SDV documents specified above to Purchasing and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified above within the past three (3) years to Purchasing.

Date SDV Documents were Submitted: _____

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

(NOTE: If the proposed 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 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, Purchasing will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY	
SDV Documents - Verification Completed By:	
_____	_____
Buyer	Date

EXHIBIT G

**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 Kip Kieso Polygraph Services (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 Kip Kieso Polygraph Services (Company/Individual Name) is awarded a contract for the services requested herein under RFPS 3003490 (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, Kip Kieso Polygraph Services (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.

Kip Kieso
Authorized Representative's Name (Please Print)

Kip Kieso
Authorized Representative's Signature

Kip Kieso Polygraph Services
Company Name (if applicable)

03-07-19
Date

EXHIBIT G, 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 _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

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 G, 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 Kip Kieso (Name of Business Entity Authorized Representative) as Forensic Psychophysiological (Position/Title) first being duly sworn on my oath, affirm Kip Kieso Polygraph (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program Services 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 Kip Kieso Polygraph (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>Kip Kieso</u> Authorized Representative's Signature	<u>Kip Kieso</u> Printed Name
<u>Forensic Psychophysiological</u> Title	<u>03-07-19</u> Date
<u>Kip.kieso@polygraphe@hotmail.com</u> E-Mail Address	<u>860906</u> E-Verify Company ID Number

Subscribed and sworn to before me this 4th of March, 2019. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of Johnson, State of
(NAME OF COUNTY)
Kansas, and my commission expires on 8-6-2022
(NAME OF STATE) (DATE)

Mary Owsley
Signature of Notary
3-7-2019
Date

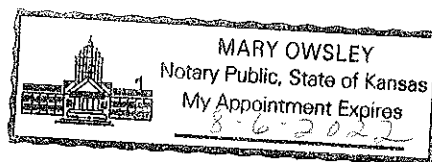


EXHIBIT G, continued

(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 Kip Kieso Polygraph Services (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:

DIVISION OF PURCHASING

(*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: 03-23-18

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: 65160328001 (if known)

Kip Kieso
Authorized Business Entity Representative’s Name (Please Print)

Kip Kieso
Authorized Business Entity Representative’s Signature

Kip Kieso Polygraph Services
Business Entity Name

03-07-19
Date

Kipkieso@polygraph.com
E-Mail Address

860906
E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Jacqueline Jatterell
Buyer

5110119
Date

EXHIBIT H

**Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.—
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Company Name	DUNS # (if known)
Authorized Representative's Printed Name	Authorized Representative's Title
<i>Authorized Representative's Signature</i>	Date

Instructions for Certification

- 1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
- 2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
- 3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- 4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
- 5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
- 6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
- 7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
- 8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
- 9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

EXHIBIT I

MISCELLANEOUS INFORMATION

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 section 4, subparagraphs 1, 2, 3, and 4 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"/>
If YES, mark the appropriate exemption below, and provide the requested details: <ol style="list-style-type: none"> 1. <input type="checkbox"/> Unique good or service. <ul style="list-style-type: none"> • EXPLAIN: _____ 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: _____ 3. <input type="checkbox"/> Economic cost factor exists <ul style="list-style-type: none"> • EXPLAIN: _____ 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: _____ 		

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:	
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

Attachment #3

DEPARTMENT OF CORRECTIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize and request release to the State of Missouri, Department of Corrections, any and all records and information, including, but not limited to, originals or copies of any records, documents, reports, and criminal history record.

I understand the State of Missouri, Department of Corrections, may conduct a background investigation and/or before rendering a decision regarding my eligibility to perform services for the Department of Corrections and this authorization is a part of that investigation.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Department of Corrections and all other persons, firms, corporations, and institutions supplying the above requested information.

Kip Kieso
Applicant's Name (Please Print)

02-25-19
Date

Kip Kieso
Applicant's Signature

01-19-72
Birth Date

504-74-8015
Applicant's Social Security Number

Attachment #4

STATE OF MISSOURI, DEPARTMENT OF CORRECTIONS

CONFIDENTIALITY OATH

I have been notified that Section 32.057 of the Missouri Revised Statutes, and Section 7213 of the Federal Internal Revenue Code impose criminal penalties for the unauthorized disclosure of tax information received from the federal government or by the State of Missouri. I will not reveal the condition of affairs of any person, firm, or institution in this State, or any facts pertaining to same that may come to my knowledge by virtue of my work, unless required or authorized by law to do so.

Kip Kieso
Name (Please Print)

Kip Kieso
Signature

03-06-19
Date

Leah Kieso
Witness Name (Please Print)

Leah Kieso
Witness Signature

03-06-19
Date

Attachment #3

DEPARTMENT OF CORRECTIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize and request release to the State of Missouri, Department of Corrections, any and all records and information, including, but not limited to, originals or copies of any records, documents, reports, and criminal history record.

I understand the State of Missouri, Department of Corrections, may conduct a background investigation and/or before rendering a decision regarding my eligibility to perform services for the Department of Corrections and this authorization is a part of that investigation.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Department of Corrections and all other persons, firms, corporations, and institutions supplying the above requested information.

LAWRENCE D. BACKEN
Applicant's Name (Please Print)

03/06/19
Date


Applicant's Signature

04/08/1957
Birth Date

526-19-7359
Applicant's Social Security Number

Attachment #4

STATE OF MISSOURI, DEPARTMENT OF CORRECTIONS

CONFIDENTIALITY OATH

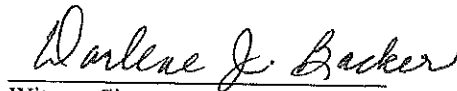
I have been notified that Section 32.057 of the Missouri Revised Statutes, and Section 7213 of the Federal Internal Revenue Code impose criminal penalties for the unauthorized disclosure of tax information received from the federal government or by the State of Missouri. I will not reveal the condition of affairs of any person, firm, or institution in this State, or any facts pertaining to same that may come to my knowledge by virtue of my work, unless required or authorized by law to do so.

LAURENCE D. BACKER
Name (Please Print)


Signature

03/06/19
Date

Darlene J. Backer
Witness Name (Please Print)


Witness Signature

03/06/19
Date

Attachment #3

DEPARTMENT OF CORRECTIONS

AUTHORIZATION FOR RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize and request release to the State of Missouri, Department of Corrections, any and all records and information, including, but not limited to, originals or copies of any records, documents, reports, and criminal history record.

I understand the State of Missouri, Department of Corrections, may conduct a background investigation and/or before rendering a decision regarding my eligibility to perform services for the Department of Corrections and this authorization is a part of that investigation.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Department of Corrections and all other persons, firms, corporations, and institutions supplying the above requested information.

CHRISTIAN KIESO
Applicant's Name (Please Print)

03/07/2019
Date

Christian Kieso
Applicant's Signature

01/19/1972
Birth Date

504-74-8030
Applicant's Social Security Number

Attachment #4

STATE OF MISSOURI, DEPARTMENT OF CORRECTIONS

CONFIDENTIALITY OATH

I have been notified that Section 32.057 of the Missouri Revised Statutes, and Section 7213 of the Federal Internal Revenue Code impose criminal penalties for the unauthorized disclosure of tax information received from the federal government or by the State of Missouri. I will not reveal the condition of affairs of any person, firm, or institution in this State, or any facts pertaining to same that may come to my knowledge by virtue of my work, unless required or authorized by law to do so.

Christian Kieso
Name (Please Print)

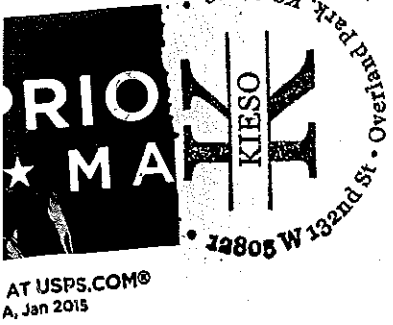
Christian Kieso
Signature

03/07/2019
Date

Terri Monshaugen
Witness Name (Please Print)

Terri Monshaugen
Witness Signature

03/07/19
Date



AT USPS.COM®
A, Jan 2015

OPMM 12 MAR '19 08:20



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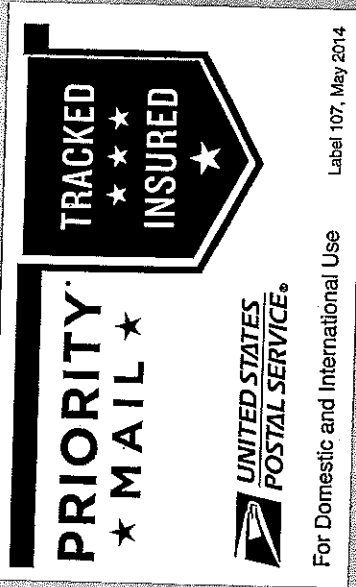
65101

U.S. POSTAGE P
PAY 2-DAY
OVERLAND PARK
66203
MAR 09 19
AMOUNT

\$10.9
R2304N118106-13

State of Missouri
Jacqueline Satherlee
301 West High St, Room 4
Jefferson City, MD 65101

John
Qu



Solicitation / DPR Number: RFP530034901901765
Send DATE: 03/21/19

TAXATION DIVISION
P O BOX 3666
JEFFERSON CITY MO 65105-3666



Missouri
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268
Fax: (573) 522-1265
E-mail: taxclearance@dor.mo.gov

VENDOR NO TAX DUE

KIP KIESO
DBA KIP KIESO POLYGRAPH SERVICES
1419 EAST 120TH ST
OLATHE KS 66061

DATE ISSUED: MARCH 15, 2016

SOCIAL SECURITY NUMBER: XXX-XX-8015

The Missouri Department of Revenue certifies that based on the information provided the above listed taxpayer/vendor and its disclosed affiliates do not sell taxable tangible personal property or provide taxable services in the State of Missouri. As a result, the above vendor and its disclosed affiliates are in compliance with Section 34.040.7, RSMo.

This statement does not limit the authority of the Director of Revenue to assess and/or collect liabilities under appeal or that become known to the Department as a result of audit or determination of successor liability.

This certificate will remain valid until such time as the business activity changes. Please note that any change in or deviation from the operation of this business as originally described will render this letter inapplicable.

DIRECTOR OF REVENUE OR DELEGATE
STATE OF MISSOURI

BY:

A handwritten signature in cursive script that reads "Dwayne Maples".

Dwayne Maples
Administrator, Business Tax

AC:DU0990

CBN045
201607500300349

