



STATE OF MISSOURI  
DEPARTMENT OF REVENUE  
REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPDOR230076

TITLE: Location License Office Paris License Office

ISSUE DATE: 04/11/2023

REQ NO.:

BUYER: Tara Ronimou

PHONE NO.: (573) 751-2145

EMAIL: Tara.Ronimous@dor.mo.gov

RETURN PROPSAL NO LATER THAN: 04/24/2023

AT 2:00 PM CENTRAL TIME (END DATE)

RFP RESPONSE MUST BE SUBMITTED ELECTRONICALLY THROUGH MissouriBUYS. <https://missouribuy.com>

MAILED, COURIER, OR HAND-DELIVERED RFP RESPONSE WILL NOT BE ACCEPTED.

CONTRACT PERIOD: Effective Date of Contract through five (5) years.

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

DELIVER SUPPLIES/SERVICES  
FOB (Free on Board) DESTINATION TO:

Paris, MO

**DELIVER SERVICES FOR:**  
Department of Revenue  
P.O. Box 311  
Jefferson City, MO 65105

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 11/09/2022.) 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 Department of Revenue 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<br>J.A.C.S. RAMOS LLC                                                                                                                                                                                                                         |  | MissouriBUYS System ID (See vendor profile – main information screen)<br>MB00090078 |  |
| MAILING ADDRESS<br>PO BOX 116, 211 N MAIN ST                                                                                                                                                                                                              |  |                                                                                     |  |
| CITY, STATE, ZIP CODE<br>PARIS, MO 65275                                                                                                                                                                                                                  |  |                                                                                     |  |
| CONTACT PERSON<br>CHERYLENE RAMOS                                                                                                                                                                                                                         |  | EMAIL ADDRESS<br>JACSRAMOS@OUTLOOK.COM                                              |  |
| PHONE NUMBER<br>(660) 327-4382                                                                                                                                                                                                                            |  | FAX NUMBER<br>(660) 327-4243                                                        |  |
| VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)                                                                                                                                                                                                               |  |                                                                                     |  |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> IRS Tax Exempt |  |                                                                                     |  |
| AUTHORIZED SIGNATURE<br><i>Cherylene Ramos</i>                                                                                                                                                                                                            |  | DATE<br>04/21/2023                                                                  |  |
| PRINTED NAME<br>CHERYLENE RAMOS                                                                                                                                                                                                                           |  | TITLE<br>MEMBER                                                                     |  |

**EXHIBIT A****Personnel, Method of Performance, Experience, and Training****SECTION A: PERSONNEL RETENTION**

The intention of this section is to determine what vendors will commit to pay as a minimum hourly wage for all personnel that will review documentation or process license office transactions as well as what amount of training will be provided to new employees processing motor vehicle or driver licensing transactions.

Additional pay increases may be given beyond what is proposed as a minimum hourly wage below. Points will be awarded as stated in Attachment 6 of the RFP for the responses made below.

**A-1: Minimum Hourly Wage**

Indicate the minimum hourly wage, excluding any benefits or bonuses, you commit to for all personnel that will review documentation or process license office transactions. If any personnel will be paid an annual salary, factor the number of hours they will work and break the annual salary amount out to an hourly wage. Additional pay increases may be given beyond what is proposed below. Points will be awarded as stated in Attachment 6 of the RFP.

Hourly wage: \$ **12.00**

**A-2: Training – New Employees**

Indicate the minimum number of hours every new employee will Job Shadow and/or Reverse Job Shadow (as those terms are defined in Attachment 3) experienced employees processing motor vehicle and/or driver's license transactions within the first six (6) months of employment. If the vendor selects zero (0) hours, every new employee will still be required to complete the mandatory training in Section 2.3.6.

- ☒ 120 hours  
☐ 80 hours  
☐ 40 hours  
☐ 0 hours

**A-3: Prior experience in a license office.**

Indicate the years of experience the individual named as the Contract License Office Manager has working in a license office. The individual named as the Contract License Office Manager will be required to complete the mandatory training in Section 2.3.6. If the Contract License Office Manager's experience cannot be verified, no points will be awarded for this section.

- ☒ Contract License Office Manager has one (1) or more years of experience as the Manager of a license office within the last ten (10) years.
- ☐ Contract License Office Manager has held an assistant manager or other supervisory position in a license office for three (3) of the last ten (10) years.
- ☐ Contract License Office Manager has held any position in a license office for two (2) of the last ten (10) years.
- ☐ Contract License Office Manager has held any position in a license office for one (1) of the last ten (10) years.
- ☐ Contract License Office Manager has less than one (1) year of experience or has never worked in a license office.

**EXHIBIT A (Continued)****SECTION B: CUSTOMER SERVICE INITIATIVES AND VENDOR EXPERIENCE**

License offices act as the face of state government and as such should strive to provide exceptional customer service, by not only providing prompt, accurate, and friendly service, but also by ensuring the office is maintained in a professional and clean manner. In addition, personnel should present themselves in a professional and courteous manner the same as one would expect when entering any professional place of business. The following sections provide the vendor an opportunity to propose items that will help ensure exceptional customer service to the citizens of Missouri.

**B-1: Public Restroom**

Indicate the amenities offered by the office:

- ☐ ADAAA compliant restroom located within the license office that will be available to the public upon request, cleaned on a daily basis, and functioning with little to no closure during regular business hours.
- ☐ A non-ADAAA compliant restroom located within the license office that will be available to the public upon request, cleaned on a daily basis, and functioning with little to no closure during regular business hours.
- ☐ Access to an ADAAA compliant restroom located within the facility, such as an office building or strip mall, that is not the responsibility of the License Office and is no more than 500 feet from door to door.
- ☐ Access to a restroom within the facility, such as an office building or strip mall, that is not the responsibility of the License Office and is no more than 500 feet from door to door.
- ☒ No restroom will be available.

**B-2: Wait Times**

Indicate which one of the following the vendor will maintain each day:

- ☒ Contractor will maintain a wait time of 15 minutes or less in both motor vehicle and driver license.
- ☐ Contractor will maintain a wait time of 30 minutes or less in both motor vehicle and driver license.

**B-3: Pre-Screener**

Indicate which one of the following additional services will be provided to customers to reduce wait times. See Section 2.8.3 for pre-screener requirements. The pre-screener will be assisting customers in the license office for:

- ☐ 75 % or more of all office hours each month
- ☐ 50% or more of all office hours each month
- ☐ 25% or more of all office hours each month
- ☒ Vendor does not commit to providing pre-screener services

**EXHIBIT A (Continued)****B-4: Assistance to customers**

Indicate the services or accommodations provided to customers on a daily basis (in addition to the requirements specified in Section 2.8.4)

- ☐ Monitor(s) that are a minimum of 32" and will at a minimum display what customers must submit to complete transactions.
- ☐ Take a number system (may be manual or electronic) for customers as they enter the office, that is used on a daily basis, even when the office is not busy.

**B-5: Assistance to customers - Contract License Office Manager's Presence in a License Office**

Vendor should select one of the following to indicate the minimum number of hours each week the Contract License Office Manager, as defined in Attachment 3, will be on-site in this license office during operating hours.

- ☒ The vendor proposes that the Contract License Office Manager named below will be present in the license office during all required operating hours per week.
- ☐ The vendor proposes that the Contract License Office Manager named below will be present at least 75% of all required operating hours per week.
- ☐ The vendor proposes that the Contract License Office Manager named below will be present at least 50% of all required operating hours per week.
- ☐ The vendor proposes that the Contract License Office Manager named below will be present less than 50% of all required operating hours per week.

### B-6 Contract License Office Manager Experience

**B-6A Contract License Office Manager**

(660) 651-2417

[illegible]

**EXHIBIT A (Continued)****B-6B Inventory Control Experience**

Has the Vendor's License Office(s) been assessed charges for missing inventory during the last two (2) years?

- ☐ **Yes** The total amount was equal to or greater than one-hundred seventy-five (175) dollars.
- ☐ **Yes** The total amount was less than one-hundred seventy-five (175) dollars but equal to or greater than seventy-five (75) dollars.
- ☒ **Yes** The total amount was less than seventy-five (75) dollars.
- ☐ **No** The License Office(s) has not been assessed any inventory charges in the last two (2) years.
- ☐ **N/A** Vendor has no prior experience operating a License Office.

**B-6C: Experience - Contract License Office Manager's - Customer Service Experience**

Identify the Contract License Office Manager's experience in a customer service position.

- ☒ The Contract License Office Manager has been in a customer service position for all of the last 15 years.
- ☐ The Contract License Office Manager has worked at least ten (10) years over the last 15 years in a customer service position.
- ☐ The Contract License Office Manager has worked at least six (6) years over the last 15 years in a customer service position.
- ☐ The Contract License Office Manager has less than six (6) years of experience over the last 15 years in a customer service position.

**B-6D: Experience - Contract License Office Manager's - Transaction Processing**

- 1) The state agency will verify the proposed Contract License Office Manager's experience processing transactions on state agency specific equipment identified in the RFP based on the information provided in Section B-6A and award points based on the transaction ranges listed below:
  - a) In the last ten (10) years the Contract License Office Manager has:
    - Processed 5,000 or more Driver License Transactions
    - Processed 2,500 – 4,999 Driver License Transactions
    - Processed 1,000 – 2,499 Driver License Transactions
    - Processed 1 - 999 Driver License Transactions
    - Never worked in a License Office or never processed Driver License Transactions
  - b) In the last ten (10) years the Contract License Office Manager has:
    - Processed 15,000 or more Motor Vehicle Transactions
    - Processed 10,000 – 14,999 Motor Vehicle Transactions
    - Processed 5,000 – 9,999 Motor Vehicle Transactions
    - Processed 1,000 – 4,999 Motor Vehicle transactions
    - Processed 1 -999 Motor Vehicle Transactions
    - Never worked in a License Office or never processed Motor Vehicle Transactions

**EXHIBIT A (Continued)****B-6D: Experience - Contract License Office Manager's - Transaction Processing - Continued**

2) In addition, the Contract License Office Manager has:

- ☒ Worked in a profession over the past ten (10) years with three (3) or more of the following computer programs: (1) Windows 7 or above; (2) Microsoft Office, including Excel, Outlook, and Word; (3) SharePoint; (4) Internet Explorer, Microsoft Edge, or Google Chrome; (5) WebEx; and (6) Adobe Acrobat Reader or better.
- ☐ Worked in a profession over the past five (5) years with three (3) or more of the following computer programs: (1) Windows 7 or above; (2) Microsoft Office, including Excel, Outlook, and Word; (3) SharePoint; (4) Internet Explorer, Microsoft Edge, or Google Chrome; (5) WebEx; and (6) Adobe Acrobat Reader or better.
- ☐ Not met either of the computer experience qualifications identified above.

**SECTION C: Miscellaneous Items****C-1 Select the following items that the vendor commits to having in their license office.**

- |                                         |                                        |                                                                                                                                                                                                                                                                                                    |
|-----------------------------------------|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | A private working area for a State of Missouri staff member as described in Section 2.8.5 a. of the RFP.                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Will provide a separate, non-published phone number for state agency use.                                                                                                                                                                                                                          |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Installed security system will allow the state agency's Central Office access to view the security system cameras via the Internet at any time, without requesting permission. (The state agency will access on an as needed basis to address real time customer concerns as well as fraud review) |

**C-2 Panic Buttons - Which of the following alarm-monitored panic buttons will the vendor's license office have:**

- |                                         |                                        |                                                                                                                                                                                                                              |
|-----------------------------------------|----------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No            | Will install at least one (1) concealed, alarm-monitored panic button under the customer service counter(s)/desk(s).                                                                                                         |
| <input type="checkbox"/> Yes            | <input checked="" type="checkbox"/> No | Will install a concealed, alarm-monitored panic button under the customer service counters/desks between every two (2) workstations. (Credit will not be given if there are not at least three workstations in Attachment 1) |

**EXHIBIT A (Continued)****SECTION D: Entity Type and Vendor Ownership, Officers, and Contract Management Information**

The vendor is required to name all members, partners, officers, individuals, and entities with an ownership interest in the vendor's entity in the box below.

For all vendor's officer(s), and any officer(s) of any entity holding an interest in the vendor, Exhibit E, Section B must be completed for each officer. If additional space is needed attach supplemental documentation:

**D-1 Entity Type**

1) Identify the vendor's type of entity:

- ☐ General and Business Corporations
- ☒ Limited Liability Company (LLC)
- ☐ Nonprofit Corporation, Religious organization, and Charitable Organization
- ☐ Partnership
- ☐ Political Subdivision
- ☐ Sole Proprietor
- ☐ Other (describe): \_\_\_\_\_

2) Is a copy of the vendor's legal and binding operating agreement, partnership agreement, bylaws, or other similar such business document included? Failure to provide the information may result in the vendor's proposed bid not being scored or given consideration.

- ☒ A copy of the document is attached.
- ☐ I am a sole proprietor or political subdivision, and as such, no documentation is required.

**EXHIBIT A (Continued)****D-2 Ownership of the Entity submitting this proposal.**

Identify the names of all members, partners, officers, individuals, and entities with an ownership interest in the entity submitting this RFP proposal, and their respective ownership interests. If additional space is needed attach supplemental documentation.

If the entity as named in the vendor's bid proposal is owned in whole or any part by another entity, vendor must provide the state agency with the legal and binding operating agreement, partnership agreement, bylaws, or other similar document of each ownership-interest holding entity indicating all members, partners, officers, individuals, or entities with an ownership interest, including their respective ownership interests in the entity that has an ownership interest in the entity that has been named in the vendor's bid proposal.

Failure to provide the information specified will result in the vendor's proposed bid being deemed unresponsive and will not be scored or given consideration

| <b>Ownership Interest and/or Percentage</b> | <b>Name of Member, Partner, Officer, Individual or Entity with an Ownership Interest</b> |
|---------------------------------------------|------------------------------------------------------------------------------------------|
| 49%                                         | CHERYLENE RAMOS, MEMBER                                                                  |
| 51%                                         | JUAN RAMOS, MEMBER                                                                       |
|                                             |                                                                                          |
|                                             |                                                                                          |
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|                                             |                                                                                          |

**D-3 Officer(s)**

Identify the name(s) of all vendor's officer(s) (as defined in Attachment 3), and any officer(s) of any entity holding an interest in the vendor, Exhibit E, Section B must be completed for each officer. If additional space is needed attach supplemental documentation.

For all vendor's officer(s), and any officer(s) of any entity holding an interest in the vendor, Exhibit E, Section B must be completed for each officer listed here. If additional space is needed attach supplemental documentation:

|                                        |
|----------------------------------------|
| Officer Name<br><b>CHERYLENE RAMOS</b> |
| Officer Name                           |
| Officer Name                           |

|                                   |
|-----------------------------------|
| Officer Name<br><b>JUAN RAMOS</b> |
| Officer Name                      |
| Officer Name                      |

**EXHIBIT A (Continued)****D-4 Prior History**

- 1.) Respond yes or no to the following questions surrounding the vendor's officers and Contract License Office Manager and their work history with current and prior business entities.

☐ Yes☒ No

Has an officer, owner or the Contract License Office Manager, or any entity an officer or the Contract License Office Manager is or has been an owner or officer of, had a judgment rendered against them in a discrimination-related lawsuit?

Answering yes to this question shall preclude the vendor from consideration of award of the contract.

☐ Yes☒ No

Has an officer, owner or the Contract License Office Manager had any state or federal felony conviction, guilty plea, or adjudication for fraud, embezzlement, forgery, identify theft, stealing, tax evasion, or other criminal acts involving dishonesty?

Answering yes to this question shall preclude the vendor from consideration of award of the contract.

- 2.) If either of the questions below are responded to in the affirmative, only a maximum total of 14 points shall be deducted from the vendor's overall point score. See Section 4.6.4 for additional qualifications.

☐ Yes☒ No

Has the vendor been awarded a state contract to operate a license office and been previously suspended by the Office of Administration Division of Purchasing or Department of Revenue, since August 1, 2022, or has the vendor had a contract to operate a license office that has been cancelled for breach or terminated for breach, since August 1, 2022?

☐ Yes☒ No

Has any officer or the Contract License Office Manager of the vendor been an owner or an officer of an entity that operated a state license office that was previously suspended by the Office of Administration Division of Purchasing, or Department of Revenue, since August 1, 2022 or whose contract to operate a license office has been cancelled for breach or terminated for breach, since August 1, 2022?

The officer or the Contract License Office Manager must have been an owner, officer, or Contract License Office Manager (as the terms "officer" and "Contract License Office Manager" were defined in the RFPs resulting in the contract award) at the time that the entity was suspended, or the contract was cancelled for breach or terminated for breach, since August 1, 2022.

**EXHIBIT B**  
**Vendor Status**

Select the appropriate status and complete the information accordingly.

|                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input checked="checked" type="checkbox"/> This Exhibit <b>DOES NOT APPLY.</b>                                                                                                                                                                               | No additional information is provided since the vendor's status does not qualify in any of the areas listed below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <input type="checkbox"/> The vendor is a <b>POLITICAL SUBDIVISION</b> of Missouri.                                                                                                                                                                           | The vendor must submit one of the following in order to receive credit as a Political Subdivision: <ul style="list-style-type: none"> <li>• Documentation issued by the vendor's governing body authorizing the submission of the proposal by the vendor; or</li> <li>• Meeting minutes from the vendor's governing body authorizing the submission of the proposal by the vendor.</li> </ul>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <input type="checkbox"/> The vendor is an <b>IRS TAX EXEMPT ENTITY</b> - Tax Exempt entities are encouraged to review <a href="#">IRS Publication 598</a> , Tax on Unrelated Business Income of Exempt Organizations, Chapter 3 Unrelated Trade or Business. | <p>In order to receive credit as an IRS Tax Exempt Entity, the vendor must either (1) be listed on the Internal Revenue Service (IRS) website confirming the vendor's status as an IRS Tax Exempt Entity as specified below, or (2) submit the Required Documentation specified below:</p> <p><b>1. IRS Website:</b></p> <ul style="list-style-type: none"> <li>• The vendor is listed on the following IRS website confirming the vendor's status as an IRS Tax Exempt Entity: <a href="https://irs.gov/Charities-&amp;-Non-Profits/Exempt-Organizations-Business-Master-File-Extract-EO-BMF">irs.gov/Charities-&amp;-Non-Profits/Exempt-Organizations- Business-Master-File-Extract-EO-BMF</a>.</li> <li>• If the vendor is exempt from taxation under <a href="#">Section 501(c)(4)</a>, the vendor must also complete and submit a notarized Non Action Organization Certification (<a href="#">Form 5638</a>) that certifies the vendor is not a civic organization that would be considered an action organization under <a href="#">26 C.F.R. Section 1.501(c)(3)-1(c)(3)</a>.</li> </ul> <p style="text-align: center;"><b><u>OR</u></b></p> <p><b>2. Required Documentation:</b></p> <ul style="list-style-type: none"> <li>• A letter issued to the vendor by the Internal Revenue Service (IRS), citing the vendor's organization as being exempt from taxation under <a href="#">Section 501(c)(3)</a> or <a href="#">501(c)(6)</a>, or <a href="#">501(c)(4)</a>, <b>except those civic organizations that would be considered action organizations under 26 C.F.R. Section 1.501(c)(3)-1(c)(3)</b>, of the Internal Revenue Code of 1986, as amended; AND</li> <li>• A copy of the vendor's most recent annual Federal Tax filing (990 series or comparable annual filing if required for the previous year); AND</li> <li>• If the vendor is exempt from taxation under <a href="#">Section 501(c)(4)</a>, the vendor must also complete and submit a notarized Form 5638 that certifies the vendor is not a civic organization that would be considered an action organization under <a href="#">26 C.F.R. Section 1.501(c)(3)-1(c)(3)</a>.</li> </ul> <p><b>3. Reinvestment of Net Proceeds:</b><br/>         Select "Yes" or "No" below. Failure to respond will be considered a "No" response.</p> <p>Does the vendor/IRS Tax Exempt Entity propose to reinvest a minimum of 75% of the license office's net proceeds in charitable organizations in Missouri by December 31 each calendar year?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, the vendor shall be required if requested by the state agency or other authorized representatives of the State of Missouri, to allow for the inspection of the contractor's documents and records relating to the 75% reinvestment of net proceeds, and all documents and records concerning their calculation of net proceeds, which shall include their gross receipts, profit, costs, and all other financial information.</p> |

**EXHIBIT C****Missouri Service-Disabled Veteran Business Enterprise (SDVE) Preference**

☒ This Exhibit **DOES NOT APPLY** or ☐ This Exhibit **DOES APPLY** and is completed.

Pursuant to [Section 34.074, RSMo](#), and [1 CSR 40-1.050](#), the State of Missouri 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). (See below for definitions included in [Section 34.074, RSMo](#).)

**STANDARDS:**

The following standards shall be used by the State of Missouri in determining whether an individual, business, or organization qualifies as a SDVE. Confirm that each of the following applies to the vendor by selecting all that apply.:

- ☒ 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 award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty) and a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs; and
- ☒ Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If the vendor meets the standards of a qualified SDVE as stated above and unless previously submitted within the past five (5) years to the Office of Administration, Division of Purchasing, the vendor **must** provide the following SDV documents to receive the Missouri SDVE three-point bonus preference:

- ☒ A copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty);
- ☒ A copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs; and
- ☒ A completed copy of this Exhibit.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of [Section 610.021, RSMo](#).)

**EXHIBIT C (Continued)**

## Missouri Service-Disabled Veteran Business Enterprise Preference Continued

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 above pursuant to 1 CSR 40-1.050.

|                                                                          |  |                                                                                                           |  |
|--------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------|--|
| Service-Disable Veteran's Name<br><b>CHERYLENE RAMOS, JUAN RAMOS</b>     |  | Service-Disabled Veteran Business Enterprise Name<br><b>J.A.C.S. RAMOS LLC</b>                            |  |
| Service-Disable Veteran's Signature<br><i>Cherylene Ramos Juan Ramos</i> |  | Missouri Address of Service-Disabled Veteran Business Enterprise<br><b>211 N. MAIN ST PARIS, MO 65275</b> |  |
| Phone Number<br><b>(660) 327-4382</b>                                    |  | Website Address                                                                                           |  |
| Date<br><b>04/21/2023</b>                                                |  | Email Address<br><b>JACSRAMOS@OUTLOOK.COM</b>                                                             |  |

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 Office of Administration, Division of Purchasing and therefore have enclosed the SDV's documents.
- ☒ Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the Office of Administration, Division of Purchasing.

Date SDV documents were submitted:

**12/04/2020**

Previous Proposal/Contract Number for which the SDV documents were submitted: (if applicable and known)

**CS160008001**

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

**EXHIBIT D****Business Entity Certification, Enrollment Documentation and Affidavit Of Work Authorization****BUSINESS ENTITY CERTIFICATION**

**The vendor must certify their current business status by completing either Section A, Section B, or Section C on this Exhibit.**

**Section A** - To be completed by a non-business entity as defined below.

**Section 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 <https://www.e-verify.gov/>.

**Section 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 Section 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.

**SECTION A: CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ DOES NOT CURRENTLY MEET the definition  
(Company/Individual Name)

of a business entity, as defined in [Section 285.525, RSMo](#) pertaining to [Section 285.530, RSMo](#) as stated above, because:  
(check the applicable business status that applies below)

- ☐ I am a self-employed individual with no employees; OR
- ☐ The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of [Section 288.034, RSMo](#).

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_  
(Company/Individual Name)

is awarded a contract for the services requested herein under \_\_\_\_\_ and if the  
(Company/Individual Name)

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,

\_\_\_\_\_ agrees to complete Section B, comply with the requirements  
(Company/Individual Name)

stated in Section B and provide the Department of Revenue with all documentation required in Section B of this exhibit.

Authorized Representative's Name

Authorized Representative's Signature

Company Name (if applicable)

Date

**EXHIBIT D (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 Section B, do not complete Section C.)

**SECTION B – CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ MEETS the definition of a business entity as  
(Business Entity Name)  
defined in [Section 285.525, RSMo](#) pertaining to [Section 285.530, RSMo](#).

|                                                  |                            |
|--------------------------------------------------|----------------------------|
| Authorized Business Entity Representative's Name | Authorized Business Entity |
| Representative's Signature                       | Business Entity Name       |
| Date                                             | Email 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: <https://www.e-verify.gov/>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto: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 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.

**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.

Please have Exhibit D – Section B Affidavit of Work Authorization properly notarized and submit as an attachment to your submitted proposal. Please name the attachment (“Vendor Name” Notarized Affidavit of Work Authorization)

Comes now \_\_\_\_\_ as \_\_\_\_\_ first being  
(Name of Business Entity Authorized Representative) (Position/Title)

duly sworn on my oath, affirm \_\_\_\_\_ is enrolled and will continue to  
(Business Entity Name)

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 \_\_\_\_\_ does not and will not knowingly employ a person who is an  
(Business Entity Name)

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.](#))

Authorized Representative's Signature

Typed Name

Title

Date

E-Verify Company ID Number

Email Address

**NOTARY**

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_ I am commissioned as a  
(Day) (Month, Year)

notary public within the County of \_\_\_\_\_, State of \_\_\_\_\_, and my  
(Name of County) (Name of State)

commission expires on \_\_\_\_\_.  
(Date)

Signature of Notary

Date

**EXHIBIT D (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 Section C, do not complete Section B.)

**SECTION C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that J.A.C.S. RAMOS LLC MEETS the definition of a business entity as  
(Business Entity Name)

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's and the Department of Homeland Security – Verification Division.
- \* A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of Missouri State Agency or Public University\* to Which Previous E-Verify Documentation Submitted

**STATE OF MISSOURI DEPARTMENT OF REVENUE**

(\*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

**2015**

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

**CS160008001**

Authorized Business Entity Representative's Name

**CHERYLENE RAMOS**

Authorized Business Entity Representative's Signature

*Cherylene Ramos*

Business Entity Name

**J.A.C.S. RAMOS LLC**

Date

**04/21/2023**

E-Verify MOU Company ID Number

**537104**

Email Address

**JACSRAMOS@OUTLOOK.COM**

**EXHIBIT F**  
**Anti-Discrimination Against Israel Act Certification**

**Statutory Requirement**

[Section 34.600, RSMo](#), precludes entering into a contract with a company to acquire products and/or services “unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel.”

**Exceptions**

The statute provides two exceptions for this certification: 1) “contracts with a total potential value of less than one hundred thousand dollars” or 2) “contractors with fewer than ten employees.” Therefore the following certification is required prior to any contract award.

[Section 34.600, RSMo](#), defines the following terms:

**Company** - any for-profit or not-for-profit organization, association, corporation, partnership, joint venture, limited partnership, limited liability partnership, limited liability company, or other entity or business association, including all wholly-owned subsidiaries, majority-owned subsidiaries, parent companies, or affiliates of those entities or business associations.

**Boycott Israel and Boycott of the State of Israel** - engaging in refusals to deal, terminating business activities, or other actions to discriminate against, inflict economic harm, or otherwise limit commercial relations specifically with the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, that are all intended to support a boycott of the State of Israel. A

company’s statement that it is participating in boycotts of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel, or that it has taken the boycott action at the request, in compliance with, or in furtherance of calls for a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel shall be considered to be conclusive evidence that a company is participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel; provided, however that a company that has made no such statement may still be considered to be participating in a boycott of the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel if other factors warrant such a conclusion.

**Certification**

The vendor must therefore certify their current status by completing either Section A, Section B, or Section C on the next page of this Exhibit.

**SECTION A:** To be completed by any vendor that does not meet the definition of “company” above, hereinafter referred to as “Non-Company.”

**SECTION B:** To be completed by a vendor that meets the definition of “Company” but has less than ten employees.

**SECTION C:** To be completed by a vendor that meets the definition of “Company” and has ten or more employees.

**EXHIBIT F Continued****Complete the Section that applies below.****SECTION A – NON-COMPANY ENTITY**

I certify that \_\_\_\_\_ currently **DOES NOT MEET**  
 (Entity Name)

the definition of a company as defined in [Section 34.600, RSMo](#), but that if awarded a contract and the entity's business status changes during the life of the contract to become a "company" as defined in [Section 34.600, RSMo](#), and the entity has ten or more employees, then, prior to the delivery of any services and/or supplies as a company, the entity agrees to comply with, complete, and return Section C to the Department of Revenue at that time.

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Authorized Representative's Name | Authorized Representative's Signature |
| Entity Name                      | Date                                  |

**SECTION B –COMPANY ENTITY WITH LESS THAN TEN EMPLOYEES**

I certify that J.A.C.S. RAMOS LLC **MEETS** the definition of a  
 (Entity Name)

company as defined in [Section 34.600, RSMo](#), and currently has less than ten employees but that if awarded a contract and if the company increases the number of employees to ten or more during the life of the contract, then said company shall comply with, complete, and return Section C to the Department of Revenue at that time.

|                                                            |                                                                 |
|------------------------------------------------------------|-----------------------------------------------------------------|
| Authorized Representative's Name<br><b>CHERYLENE RAMOS</b> | Authorized Representative's Signature<br><i>Cherylene Ramos</i> |
| Company Name<br><b>J.A.C.S. RAMOS LLC</b>                  | Date<br><b>04/21/2023</b>                                       |

**SECTION C –COMPANY ENTITY WITH TEN OR MORE EMPLOYEES**

I certify that \_\_\_\_\_ **MEETS** the definition of  
 (Company Name)

a company as defined in [Section 34.600, RSMo](#), has ten or more employees, and is not currently engaged in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in [Section 34.600, RSMo](#). I further certify that if the company is awarded a contract for the services and/or supplies requested herein said company shall not engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel as defined in [Section 34.600, RSMo](#), for the duration of the contract.

|                                  |                                       |
|----------------------------------|---------------------------------------|
| Authorized Representative's Name | Authorized Representative's Signature |
| Company Name                     | Date                                  |

**Double-check your work! Ensure all required forms and fields have been completed.**

**AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT**

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

Comes now Cherylene Ramos (Name of Business Entity Authorized Representative) as Member (Position/Title) first being duly sworn on my oath, affirm J.A.C.S. RAMOS LLC (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that J.A.C.S. RAMOS LLC (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>Cherylene Ramos</u><br>Authorized Representative's Signature | <u>Cherylene Ramos</u><br>Printed Name      |
| <u>Member</u><br>Title                                          | <u>5-9-2023</u><br>Date                     |
| <u>JACSRAMOS@OUTLOOK.COM</u><br>E-Mail Address                  | <u>537104</u><br>E-Verify Company ID Number |

Subscribed and sworn to before me this 9th of MAY, 2023. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of MONROE, State of  
(NAME OF COUNTY)  
MISSOURI, and my commission expires on 03-02-2024.  
(NAME OF STATE) (DATE)

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| <u>Samantha Leslie Kolling</u><br>Signature of Notary | <u>5-9-23</u><br>Date |
|-------------------------------------------------------|-----------------------|

