

**FB NO: FB22-006 DATE: JULY 6, 2021**

**BUYER: Kelly Sloan, Purchasing Manager PHONE: (816) 271-4465**

**ADDENDUM #2**

FUNDING DEPARTMENT: DORM PLANT FUND

EQUIPMENT/SERVICES REQUESTED: DOOR REPLACEMENT BESHEARS & JUDA HALLS

**PLEASE NOTE: SEE BELOW FOR CLARIFICATIONS AND ADDITIONAL INFORMATION: PLEASE SUBMIT THIS INITIALED ADDENDUM WITH YOUR BID RESPONSE.**

Please complete the required prevailing wage paperwork (attached) and return with your bid.

THIS ADDENDUM IS HEREBY CONSIDERED TO BE A PART OF THE ORIGINAL BID SPECIFICATIONS AND NEEDS TO BE INITIALED AND RETURNED WITH YOUR BID IN ORDER TO BE CONSIDERED.

**PROJECT INFORMATION**

TO: ALL BIDDERS

FROM: MISSOURI WESTERN STATE UNIVERSITY

DATE: January 2014

RE: ADDITIONAL BID SUBMISSION REQUIREMENTS

Please review Missouri statute, 285.530 RSMo, regarding employment of unauthorized aliens. Pursuant to RSMo 285.530 (1), No business entity or employer shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the State of Missouri, and (2), the bidder must affirm its enrollment and participation in a federal work authorization program with respect to the employees proposed to work in connection with the services requested herein by:

Submitting a completed, notarized copy of AFFIDAVIT OF WORK AUTHORIZATION (attached) and,

Providing documentation affirming the bidder’s enrollment and participation in a federal work authorization program (see below) with respect to the employees proposed to work in connection with the services requested herein.

A copy of RSMo 285.530 can be viewed in its entirety at:

<http://www.moga.mo.gov/statutes/C200-299/2850000530.HTM>

E-Verify is an example of a federal work authorization program. Acceptable enrollment and participation documentation consists of completed copy of the E-Verify Memorandum of Understanding (MOU). For vendors that are not already enrolled and participating in a federal work authorization program, E-Verify is available at:

<http://www.dhs.gov/files/programs/gc_1185221678150.shtm>

*The successful bidder will be required to submit a notarized Affidavit of Work Authorization and the completed MOU signature pages (the last three pages) with their bid. A bid that does not include these items may be deemed non-responsive.*

**WORK AUTHORIZATION AFFIDAVIT**

**PURSUANT TO R.S.Mo. §285.530**

**(For all bids in excess of $5,000.00)**

**Effective 1/1/09**

State of Missouri )

)ss

County of Buchanan )

Comes now \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Business Entity Authorized Representative) as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Position/Title) first being duly sworn on my oath, affirm \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (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.)***

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|  |  |  |
| Authorized Representative’s Signature |  | Printed Name |
|  |  |  |
|  |  |  |
| Title |  | Date |
| E-Mail Address |  | E-Verify Company ID Number |

Subscribed and sworn to before me this \_\_\_\_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am

(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, State of

(NAME OF COUNTY)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, and my commission expires on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(NAME OF STATE) (DATE)

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Notary |  | Date |