



**THE CITY OF ST. LOUIS  
DEPARTMENT OF HEALTH**

**REQUEST FOR PROPOSALS  
AND  
APPLICATION REQUIREMENTS**

**DOULA CARE SERVICES PROGRAM  
MATERNAL & CHILD HEALTH / BEHAVIORAL HEALTH PROJECT**

ISSUANCE DATE: September 2, 2026  
APPLICATION DUE DATE: September 29, 2026

City of St. Louis Department of Health  
1520 Market Street, Suite 4051  
St. Louis, MO 63103

**Note: If this RFP was downloaded from the City of St. Louis Website each applicant must provide contact information to the RFP contact person to be notified of any changes in this RFP document.**

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**ESTIMATED SCHEDULE (SUBJECT TO CHANGE):**

| <b>Date</b>        | <b>Activity/Time</b>                                                                                                  |
|--------------------|-----------------------------------------------------------------------------------------------------------------------|
| September 1, 2026  | Request for Proposals Availability Released                                                                           |
| September 22, 2026 | Deadline for Bidder's Pre-Application Questions                                                                       |
| September 29, 2026 | Due Date of Application- NO EXCEPTIONS 5:00 PM (CDT)                                                                  |
| November 2, 2026   | Selection by Selection Committee                                                                                      |
| November 9, 2026   | Tentative Contract Start Date                                                                                         |
| October 31, 2027   | Tentative 1 year completion of the Project Period, plus four 1-year renewal options (subject to funding availability) |

## **I. Purpose and Intent**

The City of St. Louis Department of Health seeks proposals for Doula Care Services Maternal & Child Health/ Behavioral Health Project.

Doulas are nonmedical providers who support the mother, baby, and family from the beginning of pregnancy, during the birth, and through one year postpartum. Doulas are closely trusted by the clients they serve, leading doulas to be particularly effective advocates during the birthing journey and liaisons to additional healthcare and social services. Doulas help families achieve healthy birth outcomes and experiences, providing:

- 24/7 on-call services at the time of birth
- Prenatal & Postpartum home visits
- Birth planning preparation
- Mental and Emotional Health support
- Lactation Support
- Community Resource Navigation
- Early Parenthood Education
- Health Screening Assessments
- Bonding Support

Recent results from our pilot project for funding doula care services found that mothers who have received doula care funded by St. Louis Department of Health saw a 78% reduction in the rate of preterm birth. Preterm birth is closely associated with infant death, high healthcare costs, neurodevelopmental issues, and chronic health conditions. St. Louis City has one of the highest rates of preterm birth in the United States (12.8% of live births), leading to an F grade in the 2025 March of Dimes Report Card.

Through this RFP, the City of St. Louis Department of Health is seeking to increase the availability of doula care services and doula workforce infrastructure.

The purpose of this RFP is to promote and ensure the fairest, most efficient means to obtain the benefits of the most qualified, responsive, and responsible proposal. Hereinafter, organizations interested in submitting a proposal in response to this RFP shall be referred to as "Respondents."

Issuing an RFP does not obligate the City of St. Louis to award a contract to any provider, nor is the City of St. Louis liable for any costs incurred by the organizations in the preparation of proposals. Nothing in this RFP nor in any proposal in response to this RFP is intended to be, nor

should anything be construed, as an offer of engagement. Nor shall the selection of a Respondent be construed as an offer of engagement unless and until a contract is fully negotiated and fully executed by all parties. The City retains the right to award parts of the contract to several bidders, not to select any bidders, and/or to re-solicit proposals.

The City reserves the right to reject any and all proposals submitted and to waive any and/or all non-material irregularities pertaining to the submission of the proposal. Additionally, any and all RFP projects elements, requirements and schedules are subject to change and modification. The City also reserves the right to modify, suspend, or terminate at its sole discretion any and all aspect(s) of the RFP process to obtain further information from any and all respondents, and to waive any defects as to form or content of the RFP or any responses by any organization/business. All submitted materials will become the property of the City, may become public documents at any time during the selection process, and will become public documents at the conclusion of the selection process. Any and all documents submitted by the Respondent may become public if and when they are submitted to any advisory or legislative public body, or pursuant to the Missouri Sunshine Law. By submitting a response to this RFP, each Respondent acknowledges having read this RFP in its entirety and agrees to all terms and conditions set out in this RFP.

## **II. Contact Person & Questions**

Please direct all communications regarding this RFP with a clearly marked subject heading of **“DOULA CARE SERVICES PROGRAM MATERNAL & CHILD HEALTH / BEHAVIORAL HEALTH PROJECT”** to:

Ethan Bradley at the following email address: [bradleye@stlouis-mo.gov](mailto:bradleye@stlouis-mo.gov)  
copying Bobie Williams at the following email address: [williamsbo@stlouis-mo.gov](mailto:williamsbo@stlouis-mo.gov)

No contact with other City employees or personnel is permitted.

Questions must be submitted no later than September 22, 2026, unless the Department of Health provides an addendum to this RFP as part of rolling acceptance of applications to expend all funding. The Department of Health will maintain a list of all organizations or individuals requesting copies of this RFP and will ensure that copies of all questions and responses shall be made available in writing to each organization on such list, when requested. Answers will also be publicly posted at <https://www.stlouis-mo.gov/government/procurement/index.cfm#RFP> .

Questions should be asked in consecutive order, from beginning to end, following the organization of this RFP. Each question should begin by referencing the RFP page number and section number to which it relates. All contacts and questions must be submitted in writing to the designated contact person by sending an e-mail with a clearly marked subject heading of **“RFP DOULA CARE SERVICES PROGRAM MATERNAL & CHILD HEALTH / BEHAVIORAL HEALTH PROJECT”**.

Respondents should not otherwise contact the City directly, in person, by telephone, facsimile, or by e-mail, concerning this RFP.

Contact with the City after the submission of an application is limited to status inquiries only and such inquiries are to be directed only to the above-named individual by email with a clearly marked subject heading of “DOULA CARE SERVICES PROGRAM MATERNAL & CHILD HEALTH / BEHAVIORAL HEALTH PROJECT”. Any further unsolicited contact or information about the RFP to the City or any of its personnel will be considered an impermissible supplementation of the Respondent’s application.

### **III. Submission & Deadline**

Respondents must submit an application via one email to [bradleye@stlouis-mo.gov](mailto:bradleye@stlouis-mo.gov) (copy to [williamsbo@stlouis-mo.gov](mailto:williamsbo@stlouis-mo.gov)) with a clearly marked subject heading of “**DOULA CARE SERVICES PROGRAM MATERNAL & CHILD HEALTH / BEHAVIORAL HEALTH PROJECT**” electronically timestamped no later than 5:00 p.m. (CDT) on September 29, 2026 and only in standard (8 x 11-inch letter sized) in both word and PDF formats. **Late or incomplete proposals will not be accepted.** Applicants must adhere to the following:

- Must be in the English language.
- Page number limits as set forth below in VII. Required Proposal Contents
- Double spaced with one-inch margins.
- Use 12-point Times New Roman or Calibri font.
- Number each page at the bottom, except for the cover page.
- Use 8.5 inch by 11-inch page size that can be photocopied

Do not assume that the reader knows your organization or program. Issuing a RFP does not obligate the City of St. Louis Department of Health to award a contract to any provider, nor is the City of St. Louis Department of Health liable for any costs incurred by the organizations in the preparation of proposals.

The City of St. Louis Department of Health retains the right to award parts of the contract to several bidders, not to select any bidders, and/or to re-solicit proposals.

### **IV. Required Qualifications & Certifications**

#### **Respondent must demonstrate:**

1. The organization and lead staff assigned to this project have at least two (2) years of experience in delivering Doula services of the nature identified in this RFP.
2. Doula care Services must be provided by doulas certified through a training organization approved by MO HealthNet for reimbursement.
3. The organization has experience working in partnership and maintaining fundamental relationships with other nonprofits, resident leaders, faith leaders, youth, justice partners, law enforcement, city agencies and/or neighborhood-based community institutions to provide evidence informed doula services/activities.

4. The organization's network includes working relationships for health, mental health, behavioral health, maternal and child health, educational and other social services for participant referral services.
5. The organization has knowledge of City of St. Louis communities/areas disproportionately affected by social and structural determinants of health including any emerging trends and population demographics.
6. The organization has all insurance coverages, permits, licenses and professional credentials necessary to perform the services specified in this RFP.

## **V. Scope of Services & Project Objectives**

The purpose of these services is to secure the delivery of doula care services for birthing moms in the City of St. Louis. The objective of this program is to improve health outcomes, through equitable access to doula care services, to reduce socioeconomic disparities in birthing outcomes. As part of this RFP, the Department of Health is actively soliciting successful applications from organizations who have capacity to do the following through total funding of up to \$800,000.00:

1. Recruit and provide doula care for at least fifty (50) clients residing in the City of St. Louis and/or Promise Zone Areas. Please identify in your response to this RFP the number of clients your organization intends to serve. Please use associated costs, not covered by Medicaid, for support of birthing mom and child to guide your proposed total cost over the duration of the contract.
2. Maintain up to date contact information and current address for each birthing client (including when clients move).
3. 15% of the clients served over the duration of the contract must be uninsured or have health insurance that does not cover doula care.
4. Maintain a client to doula ratio no greater than 10:1.
5. Attend eight (8) Total recommended appointments:
  - a. One (1) intake appointment
  - b. Three (3) prenatal visits
  - c. One (1) labor and delivery
  - d. Three (3) postpartum appointments: 1-week postnatal, 6 months postnatal, 1-year postnatal,
6. Maintain text and phone accessibility between appointments for client contact.
7. Help ensure birthing mothers attend the recommended ten (10) prenatal appointments with their OBGYN or Midwife.
8. Refer clients to social services depending on their social barriers to health (food, transit, housing, child care, etc.). Ensure social service referrals are closed-loop. Closed-loop referrals are tracking systems that ensure a patient's referral to a specialist or community organization is completed. The "loop" closes when the receiving provider confirms the appointment occurred, records the outcome, and updates the referring provider, preventing patients from "falling through the cracks."

9. Complete an Edinburgh Postnatal Depression Scale (EPDS) screening at intake and at each postpartum appointment. Minimum three (3) total EPDS screenings per program participant.
10. Complete Intimate Partner Violence/ Substance Use Disorder screenings (5Ps) at one (1) appointment prior to birth and at one postpartum checkup. Two (2) total screenings.
11. Create an action plan for clients who screen positively on the EDPS and/or 5Ps screenings, including closed-loop referrals to social services and follow-up conversations as-needed.
12. Ensure completion of three (3) therapy sessions with a mental health professional between intake and 1 year postpartum for mothers that screen positively on EDPS and/or 5Ps.
13. Ensure that doulas whose work is supported by this funding have obtained working contracts and are able to bill for services with all Medicaid Managed Care Organizations (MCOs) before the end of the contract period, for workforce sustainability purposes.
14. As needed, provide Maternal and Child Health related resources, supports, comfort items, safety items, and/or services. Services not listed must be pre-approved by DOH through email. Examples: massages, breast pumps, car seats, pads, disposable underwear, formula, safety seats, strollers, diapers, beauty appointments, etc.
15. Report accurately and precisely on the required deliverables.
16. Reporting on clients whose doula care is funded by this contract will continue until the client is 12 months postpartum, regardless of if the contract period has ended.

#### Reporting:

1. Recipient shall submit a monthly and final report, in PDF format, detailing:
  - a. Total number of birthing moms participating, including how many applied/ were referred, were accepted, enrolled, and were lost to follow-up.
  - b. Documentation of Program Eligibility of new clients, resubmitted when contact information changes.
  - c. Count and percent of birthing moms enrolled whose health insurance does not cover doula care.
  - d. Client to doula ratio.
  - e. Count and percent of doulas who have completed all necessary steps to bill Missouri MCOs.
  - f. Log of doula visits scheduled and whether they were completed or missed/ cancelled, with their dates, and relevant notes (transportation issues, did not have childcare, etc.).
  - g. A narrative detailing the overall health and well-being of the clients being served, including but not limited to: positive screens on the EPDS and the 5Ps, success stories, and what referrals or other actions were made after the positive screening.
  - h. Count of miscarriages, maternal deaths, or infant deaths occurred.
2. Recipient shall continuously update a log in table format (Excel or Google Sheets) with the following information on the client, baby, and birth outcomes. If awarded, the log template will be required for contract execution. The log will be submitted quarterly.
  - a. De-identified patient ID number (no name or street address)
  - b. Date of Enrollment
  - c. Client Birthday
  - d. Gestational Age at Intake

- e. Due Date
- f. Race
- g. Zip Code
- h. Insurance Status and Insurer
- i. Employment Status at Intake (Employed/ Unemployed)
- j. Highest Educational Attainment
- k. Gestational Age at Birth
- l. Birth Weight
- m. 5-minute APGAR score
- n. De-identified delivery site (Hospital/ Birth Center/ Home)
- o. Delivery Method (Vaginal/ Cesarean)
- p. Neonatal Intensive Care Admissions (Y/N)
- q. EDPS Score and date assessed
- r. 5Ps Score and date assessed
- s. Therapy Appointment Dates attended by the client.
- t. OBGYN/Midwife Appointment Dates attended by the client.
- u. OBGYN/Midwife Appointment Dates missed by the client
- v. # of closed loop Referrals to a social service, with the date of referral.
- w. Date of each doula care appointment attended.
- x. Date of each doula care appointment cancelled or missed.
- y. Maternal or infant Death.

## **VI. Method of Compensation**

Any agreement(s) entered into pursuant to this RFP will provide compensation on a reimbursement basis. Any agreements will be funded by Health Care Trust Fund (Fund 1110; Center 700002), subject to funding availability.

The approximate award ceiling is up to Eight Hundred Thousand (\$800,000.00) for all projects during the initial project period (estimated November 9, 2026 through October 31, 2027). At the City's sole discretion, any Agreement(s) may be extended for four (4) additional one-year renewal periods. All such renewals must be executed in writing and are subject to the appropriation and availability of funds.

Any invoices for payment will need to be submitted to the Department of Health. Invoices will need to be submitted no later than the fifteenth day of the month following completion of the service. Payment shall be conditioned upon receipt of appropriate, accurate, and acceptable invoices submitted in a timely manner with supporting documentation as required by the Department of Health.

## **VII. Required Proposal Contents**

- A. Cover Sheet: Complete and attach the Cover Sheet, attached as Appendix 1.

- B. Transmittal Letter/Abstract: Respondents shall provide a transmittal letter/abstract providing the name and a brief description of the organization. The letter must briefly summarize the Respondent's ability and willingness to perform the services sought under this RFP. (1-page limit)
- C. Organization Information, Background, and Capability: Provide a thorough description of the organization, its contact information, and its qualifications for the requested services. Describe the organization's strengths, capabilities and experience in performing these services. See Sections IV. and V. (3-page limit, part of the Narrative 15-page limit)
- D. Program Narrative – Response to Section VIII: In this section, Applicants must respond to all criteria listed and provide the required attachments. ***The narrative must not exceed 15 pages in total length. The required attachments do not count toward your 15-page limit.***
- E. Project Team: Provide the name, title, telephone number and e-mail address of the persons who will function as the Project Team involved in this project and whether they will be paid staff or volunteers. (4-page limit; part of the 15-page Narrative limit). Attach resumés (not part of Narrative 15-page limit, but need to be no more than 4 pages double-spaced or 2 pages single-spaced)
- F. Addressing Services: Provide a description of how the organization intends to perform the specific services requested above, including a thorough description of the proposed approach to the project and how Respondent will achieve the V. Scope of Services. (part of Narrative 15-page limit)
- G. Budget: Include details regarding the proposed costs for the services listed in the Scopes of Services. Respondents must submit a detailed project budget. (part of Narrative 15-page limit)
- H. Proof of Non-Profit Status: Please provide proof of registration with the Missouri Secretary of State as a non-profit organization.
- I. Verification of License/Taxes: In this section, Respondents must affirmatively verify that the organization has a current business license and is current with tax remittance. Respondents must provide a copy of its current City of St. Louis business license (or waiver letter from License Collector).
- J. Living Wage Acknowledgment and Acceptance Declaration. Respondents shall submit with their application the Living Wage Acknowledgment and Acceptance Declaration, attached as Appendix 3. See Section X.

## VIII. Program Narrative

In no more than 15 pages, ***excluding attachments noted below***, respond to the below criteria to describe your organization's qualifications and proposed programming. You will be scored and evaluated on the following criteria outlined below:

1. Organizational Description (30 points)

Description of the organization and how it meets the requirements listed in Section IV above.

2. Project Team (10 points)

List of Project Team members with:

- i. Name(s) of the person(s) project team staff, whether paid or volunteer, and key responsibilities;
- ii. brief description of each person's qualifications and experience;

- iii. description of the role for each project team member; state the background of each team member, years of experience, length of employment with your organization, and experience providing the deliverables as described herein;
- iv. list of relevant and successfully completed projects by these team members;
- v. organizational chart for the proposed project team, identifying each of the staff, and all roles and areas of responsibility.
- vi. list any subcontractors and the information listed above in 2.i.-v. (subcontractors are required to comply with all provisions of a successful Respondent's contract).
  - a. All personnel whose salaries will be paid in whole or in part with this RFP funding opportunity, including fringe benefits (% and dollars).
  - b. Projected costs of events or activities that will support the services in this RFP
  - c. Costs for supplies, incentives (limited)
  - d. Purchases to support the project.
  - e. Flat rate(s) per hour, if applicable, and explanation for how the flat rate(s) is calculated.
  - f. Indirect costs (limited to 10% of eligible direct costs and including the types of costs, for example: administration - for salaries of accounting, chief executives, personnel administration; depreciation on buildings and equipment; costs of operating and maintaining facilities)

### 3. Project Implementation Plan (50 points)

Comprehensive project implementation plan, inclusive of the staffing plan and operations plan, with a detailed description of activities and services to be provided, and deliverables to be met. Provide a description of how the organization intends to perform the specific services requested above in V. SCOPE OF SERVICES, including a thorough description of the proposed approach to the project.

### 4. Budget (10 points)

Budget for the proposed project. The costs associated with the proposed project should directly reflect the action steps necessary to implement the activities and deliverables. The costs should not reflect any intended activity *not* specifically indicated in the proposed implementation plan. Any In-Kind Services and their association with the proposed project should be listed and justified. Does the budget justification provide a basis for the level of service proposed? A budget proposed for the services in this RFP must include explanations for the following line items (if applicable):

- a. All personnel whose salaries will be paid in whole or in part with this RFP funding opportunity, including fringe benefits (% and dollars).
- b. Projected costs of events or activities that will support the services in this RFP
- c. Costs for supplies, incentives (limited)
- d. Purchases to support the project.
- e. Flat rate(s) per hour, if applicable, and explanation for how the flat rate(s) is calculated.

- f. Indirect costs (limited to 10% of eligible direct costs and including the types of costs, for example: administration - for salaries of accounting, chief executives, personnel administration; depreciation on buildings and equipment; costs of operating and maintaining facilities)

## **IX. Proposal Evaluation**

The evaluation of qualifications will be performed by an Evaluation Committee. The Evaluation Committee will consider, at a minimum, the following, as related to the selection of organizations qualified to perform the services requested above:

- A. Specialized experience, qualifications and technical competence of the organization, its principals, project manager and key staff;
- B. Ability of the organization to provide innovative solutions.
- C. Approach to the project and any unusual problems anticipated.
- D. The capacity and capability of the organization to perform the work within the time limitations.
- E. Past record and performance of the organization with respect to schedule compliance, cost control, and quality of work.
- F. Proximity of the organization to the City.
- G. Fees or fee structure as may be appropriate for the service to be provided.
- H. Availability of financial and operating resources as required to complete the work;
- I. Ability of the organization to meet statutory or ordinance requirements.
- J. Other relevant criteria as may be developed by the Department of Health or the Selection Committee with regards to future proposal requirements. One such relevant, though not determinative, consideration will be the organization's commitment to the City of St. Louis.

The Department of Health reserves the right to interview, or call for a presentation from, any Respondent submitting a response. The Department of Health also reserves the right to discuss the proposals with any or all Respondents. The Department of Health may request additional submission of information during the negotiations of the contract.

### **Scoring**

In evaluating applications, the Evaluation Committee will consider the non-exhaustive list of factors above. To aid in selection, all applications will undergo the following evaluation process. An assessment by an evaluation review committee will evaluate the proposal using the below point scores. The total points possible are 100. Interviews of proposed finalists may occur at the discretion of DOH. Upon recommendation of the Selection Committee, DOH reserves the right to interview one or more organizations submitting proposals, request additional information as DOH may deem necessary, and/or reject any or all proposals with or without cause.

|                          |           |
|--------------------------|-----------|
| Organization Description | 30 Points |
| Project Team             | 10 Points |

|                             |            |
|-----------------------------|------------|
| Project Implementation Plan | 50 Points  |
| <u>Budget</u>               | 10 Points  |
| Total                       | 100 Points |

DOH will consider funding awards only to those applicants determined to be qualified following review of the eligibility and completeness of each application received. DOH reserves the right to award less than the intended amount for this funding round if a sufficient number of qualified applicants cannot be identified.

## **X. Living Wage**

A contract or subaward entered into pursuant to this RFP may be subject to the St. Louis Living Wage Ordinance (Ordinance No. 65597, codified at Chapter 3.99 of the Revised City Code of St. Louis (2020)) and its associated Regulations. Certain not-for-profit organization may be exempt. If applicable, Respondents shall agree to comply with the following measures:

1. Minimum Compensation: Respondents hereby agree to pay an initial hourly wage to each employee performing services related to this RFP in an amount no less than the amount stated on the Living Wage Bulletin attached hereto as Appendix 2. The initial rate shall be adjusted each year no later than April 1, and Respondent hereby agrees to adjust the initial hourly rate to the adjusted rate specified in the Bulletin at the time the Bulletin is issued and posted at <https://www.flystl.com/wp-content/uploads/2026/03/2026-Living-Wage-Bulletin.pdf>
2. Notification: Respondents shall provide the Living Wage Bulletin to all employees, together with a Notice of Coverage, in English, Spanish, and other languages spoken by a significant number of the Respondent's employees, and within thirty (30) days of the subaward's execution for existing employees, and within thirty (30) days of employment for new employees.
3. Posting: Respondents shall post the Living Wage Bulletin, together with a "Notice of Coverage" in English, Spanish, and other languages spoken by a significant number of the Respondent's employees, in a prominent place in a communal area of each worksite covered by the Services contemplated hereunder.
4. Subcontractors-Service Contracts: Respondents agree to require subcontractors to comply with the requirements of the Living Wage Regulations, and agree to be responsible for the compliance of such subcontractors. Respondents shall include these Living Wage Compliance Provisions in any contract with such subcontractors.
5. Term of Compliance – Service Contracts: Respondents agree to comply with these Living Wage Compliance Provisions for as long as work related to this RFP is being performed by Respondents' employees, and to submit the reports in the form of the document located at <https://www.flystl.com/wp-content/uploads/2025/01/Fillable-Annual-Reporting-Form-rev.pdf> for each calendar year or portion thereof during which such work is performed.

6. Reporting: Respondents shall provide the Annual Reports and attachments required by the Ordinance and the Regulations.

7. Penalties: Respondents acknowledge and agree that failure to comply with any provision of the Ordinance and/or providing false information may result in the imposition of penalties specified in the Ordinance, which penalties may include, without limitation, per order of the City Compliance Official, the following:

- i. Suspension and/or termination of the relevant contract, subcontract, lease, concession agreement, or financial assistance agreement by the City;
- ii. Forfeiture and repayment of any or all of the financial assistance awarded by the City of St. Louis;
- iii. Barring the Respondent from eligibility for future City contracts and/or financial assistance until all ordered relief has been made or paid in full;
- iv. Liquidated damages payable to the City of St. Louis in the amount of \$500 for each week, or part thereof, that an employee has not been provided wages and benefits in accordance with the Living Wage Ordinance. Each weekly violation shall constitute a separate violation of the Ordinance and must be demonstrated separately.

Accordingly, Respondents shall submit with their application the Living Wage Acknowledgment and Acceptance Declaration, attached as Appendix 3.

## **XI. Insurance Requirements**

Any Respondent awarded funds pursuant to this RFP shall procure and maintain General Liability Coverage, Automobile/Motor Liability Coverage (including non-owned and hired vehicle coverage), and Worker's Compensation Insurance. Policy limits shall be dependent upon the scope of services, but no coverage amount listed shall be construed to limit the liability of any Respondent. Each Successful Respondent shall provide a Certificate of Insurance to the City of St. Louis prior to the execution of the contract, with "The City of St. Louis" listed as an Additional Insured to the policy. Certificates attesting to the coverage and naming the City of St. Louis as additional insured shall be sent to the City prior to execution of any underlying agreement. Each Respondent's Insurance provider shall be authorized to transact business in the State of Missouri and registered with the Missouri Department of Insurance – Financial Institutions & Professional Registration. Such Insurance company must have a financial strength of "A-" or better and a financial class size IV or greater as indicated in A.M. Best's Key Rating Guide. (<http://www.ambest.com/home/default.aspx>).

Such liability insurance coverage must also extend to damage, destruction and injury to City owned or leased property and City personnel, and caused by or resulting from work, acts, operations, or omissions of Respondent, its officers, agents, employees, consultants, subcontractors, licensees, invitees, or representatives, and provide contractual liability insurance sufficient to cover Respondent's indemnity obligations hereunder. The City will have no liability for any premiums charged for such coverage, and the inclusion of the City as an Additional Insured is not intended to, and will not make the City a partner or joint-venture with Respondent in its operations. Each

such insurance policy must, by endorsement, provide primary coverage to the City when any policy issued to the City provides duplicate or similar coverage and, in such circumstances, the City's policy will be excess over Respondent's policy.

See for example ACORD Certificate of Liability Insurance in Appendix 5.

## **XII. Service Contract Prevailing Wage**

For all positions listed on the Secretary of Labor's wage and fringe benefits determination, <https://sam.gov/wage-determination/2015-5075/31> and as applicable, Respondents will be required to provide the minimum prevailing wage and the minimum prevailing fringe benefits required and abide by the terms of Ordinance No. 62124, codified at Chapter 6.20 of the Revised Code of the City of St. Louis (2020) in any contract entered into pursuant to this RFP. If any services for which the successful respondent is obligated under an Agreement pursuant to this RFP is subcontracted, the successful respondent shall provide in any service subcontract (1) provisions specifying the minimum prevailing wage and the minimum prevailing fringe benefits to be paid to the subcontractor's service employees and (2) a representation by the subcontractor to abide by the terms of this chapter and to pay and provide to all service employees said minimum prevailing wage and minimum prevailing fringe benefits as noted in the service subcontract.

## **XIII. Earnings Tax Requirements**

Respondents shall be required to submit valid certification from the Collector of Revenue dated not more than thirty (30) working days prior to the execution of any contract for services executed on behalf of the City stating that the respondent has paid all City earnings taxes due as of the date of the certification and has filed all returns of earnings tax and payroll expense tax required to be filed as of the date of the certification and from the License Collector that the respondent has a current business license, if applicable. Any contract for services executed without such certifications shall be void and of no force or effect.

## **XIV. Additional RFP Terms and Conditions**

### *A. Indemnification*

Each Respondent, in seeking, receiving, or possessing this RFP and/or in submitting a response, does release, indemnify, and hold the City and its various employees, representative and agents harmless from and against all claims and demands of any and all loss, cost, damage, or liability of whatever nature, which may be asserted against or imposed against the City as a result of issuing this RFP, making any revisions thereto, conducting this selection process and subsequent negotiations, and making a final recommendation and/or entering into a contract.

### *B. Amendments*

Respondents may submit amended qualifications before the deadline for receipt of qualifications. Such amended qualifications must be complete replacements for a previous submission and must be clearly identified as such in the transmittal letter. The Department of Health will not merge, collate, or assemble respondents' materials.

### *C. Right to Withdraw Proposal*

Respondents are permitted to withdraw their submissions at any time prior to the deadline for receipt. Respondents must submit a written withdrawal request signed by the Respondent's duly authorized representative(s) addressed to the Department of Health.

### *D. Revisions to this RFP*

In the event that it becomes necessary to clarify or revise this RFP, such clarification or revision will be by addendum.

All RFP addenda will be issued on the City website. To access addenda, Respondents must locate "RFP for DOULA CARE SERVICES" at the following address: <https://www.stlouis-mo.gov/government/procurement.cfm>

There are no designated dates for release of addenda. Therefore, interested Respondents should check the City website on a daily basis from time of RFP issuance through RFP deadline date. It is the sole responsibility of Respondents to be knowledgeable of all addenda related to this RFP.

### *E. Contents of Proposals*

All materials submitted in accordance with this RFP will become and remain the property of the City and will not be returned.

All Proposals shall be considered public records, but may be deemed and treated as "closed" or "exempt" by the Building Division, pursuant to the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

### *F. Respondents Responsibility*

Respondents assume sole responsibility for the complete effort required in this RFP. No special consideration shall be given after proposals are opened because of a Respondent's failure to be knowledgeable of all the requirements of this RFP. By submitting a proposal in response to this RFP, the respondent represents that it has satisfied itself, from its own investigation, of all the requirements of this RFP.

### *G. Termination*

This RFP may be canceled at any time and any and all proposals may be rejected, in whole or in part, when the Department of Health determines it is in the best interest of the City and/or the Department of Health.

## **XV. Terms to be Required in Contracts**

Any contract entered into pursuant to this RFP shall require the inclusion of the following, or substantially similar, terms. By submitting qualifications in response to this RFP, Respondents agree to adhere to such terms:

### *A. Recordkeeping & Audits*

Contractor shall provide City monthly written programmatic updates in the manner prescribed by the Commissioner of Health, or his or her designee. Contractor shall maintain adequate records to establish that the funds provided herein are expended on eligible costs. All records and documentation shall be made available to City and/or authorized agents to the extent necessary to adequately permit evaluation and verification of Contractor's full compliance with contract documents. In those situations where Contractor's records have been generated from computerized data or records, in addition to hard copy (reports), Contractor shall provide such information on disk or in a suitable alternative electronic format. Financial records, supporting documentation, statistical records, and all other records pertinent to this contract's activities shall be retained by Contractor for a period of at least five (5) years from the date of final payment under this contract and for any longer period, if any, required by local, state or federal agencies. Contractor shall maintain such records and accounts, including property, personnel and financial records, as are deemed necessary to assure a proper accounting of all contract funds. Upon request by City, Contractor shall allow City to monitor the services provided by Contractor through site visits during normal business hours. Contractor shall make all records available for inspection by representatives of City during normal business hours.

The City reserves the right to audit Contractor's accounts relating to the agreement at any time. Any questioned costs that may arise as a result of any audit can only be resolved in one of the following ways:

1. Introduction of the appropriate documentation.
2. Resolution of the questioned cost by Contractor in a manner that is satisfactory to City.
3. Repayment of questioned costs to the City.

### *B. Non-Discrimination Policy*

Contractor agrees that neither he/she nor anyone under his/her control will permit discrimination against any business, employee, applicant, client or subscriber because of race, creed, color,

disability, religion, sexual orientation, national ancestry or origin. Further, Contractor shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

#### *C. Public Records Law*

Contractor is hereby notified that the City is a “public governmental body” under and subject to the State of Missouri’s Sunshine Law (the “Act”), Revised Statute of Missouri § 610.010 et seq. The City will not give prior notice of receipt of a request under the Act for any record that has been provided to it by Contractor, nor of any record disclosed pursuant to the Act. Nothing in any awarded contract shall supersede, modify, or diminish in any respect whatsoever any of the City’s rights, obligations, and exceptions under the Act, nor will the City be held liable for any disclosure of records, including information that City determines in its sole discretion is a public record subject to disclosure under the Act.

#### *D. Unauthorized Aliens Affidavit*

Contractor shall, pursuant to the provisions of Section 285.525 through 285.555 of the Revised Statutes of Missouri, as amended, by sworn affidavit, attached herein as Appendix 4, and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with this Agreement. Respondent(s) shall also affirm that it does not knowingly employ any person who is an unauthorized alien in connection with the Agreement pursuant to the above-stated Statutes.

#### *E. Anti-Discrimination Against Israel Certification*

Contractor, shall, pursuant to the provisions of 34.600 of the Revised Statutes of Missouri, by sworn affidavit (attached here to as Appendix 6) affirm that it 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.

#### *F. Indemnification*

Contractor is, and at all time hereunder, shall be and remain an independent contractor, and nothing herein shall be interpreted to mean that Contractor or any of its employees or agents is an employee or agent of the City of St. Louis.

Contractor will protect, defend, and hold the City, and its Board of Aldermen, and its officers, employees, and agents completely harmless from and against all liabilities, losses, suits, claims, judgments, and fines or demands arising by reason of injury or death of any person or damage to any property, including all reasonable costs for investigation and defense thereof (including but not limited to attorneys' fees, court costs, and expert fees), of any nature whatsoever arising out of or incident to this Agreement and the use or occupancy of the City's premises and the acts or omissions of Contractor's officers, agents, employees, consultants, subcontractors, licensees, invitees, or independent consultants regardless of where the injury, death, or damage may occur, unless and to the extent such injury, death or damage is caused by the negligence of the City. The

Contractor will also use counsel reasonably acceptable to the City Counselor of the City, or his/her designee, in carrying out its obligations hereunder. No alderman, director, commissioner, board member, officer, employee or other agent of the City of St. Louis shall be personally liable under or in connection with this Agreement. The Provisions of this section survive the expiration or early termination of this Agreement.

#### *G. Subject to Appropriation of Funds*

Notwithstanding any other provision to the contrary herein contained, the City of St. Louis reserves the right to not appropriate funds to make any payments required hereunder in any fiscal period or to re-appropriate existing funding. In the event funds are not appropriated by the City of St. Louis for the purpose of making payment as required herein or funds are re-appropriated for another purpose, this Agreement shall terminate as of the last day of the fiscal period for which appropriations were made, without penalty or expense to the City whatsoever, except as to the extent portions of the funds previously appropriated are otherwise available. The City will immediately notify Contractor of any such re-appropriation. Non-appropriation or re-appropriation shall not constitute a default hereunder.

#### *H. Prohibition on Limitation of Liability Clauses*

Any clause in this Agreement interpreted to limit Contractor's liability shall not be enforced to the extent that it acts as a limitation of Contractor's liability. Limitations of liability include, but shall not be limited to:

1. Limitations, exclusions, or disclaimers of the City's right to bring a breach of warranty or breach of contract claim under this Agreement;
2. Limitations, exclusions, or disclaimers of exemplary, special, or consequential damages resulting from, relating to, or arising out of a breach of warranty or breach of contract claim under this Agreement;
3. Limitations, exclusions, or disclaimers on the City's right to bring suit for losses, damages, injuries, costs, or expenses.

#### *I. Termination*

This Agreement may be terminated by the City for convenience and without cause upon thirty (30) calendar days written notice delivered to Contractor, in which event Contractor shall be paid for all services performed up until the date of termination.

This Agreement may be terminated by either party for cause upon ten (10) calendar days written notice delivered to the other should the other party fail substantially to perform in accordance with the Agreement's material terms. The non-performing party may use this ten (10) day notice period as an opportunity to cure any failure to substantially perform. If the Contractor fails to cure, it shall indemnify the City against any loss caused by its failure to perform and abandonment of the Agreement.

## **XVI. Governing Law and Venue**

This RFP, and any agreement with respondents that may result, shall be governed by the laws of the State of Missouri and the City of St. Louis, and venue for any dispute regarding this RFP or any subsequent contract shall be in the Circuit Court of the Twenty-Second Circuit, Missouri.

### Appendix 1

| APPLICANT INFORMATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                         |                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------|---------------------------------------------------|
| <b>1) LEGAL NAME:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                         |                                                   |
| <b>2) MAILING Address Information</b> (include mailing address, street, city, county, state and zip code):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                         | Check if address change <input type="checkbox"/>  |
| <b>3) PAYEE Mailing Address</b> (if different from above):                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                         | Check if address change <input type="checkbox"/>  |
| <b>4) Federal Tax ID No.:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | <b>UEI:</b>                                                             |                                                   |
| <b>5) TYPE OF ENTITY</b> (check all that apply): <div style="display: flex; flex-wrap: wrap; padding: 5px;"> <div style="width: 33%;"><input type="checkbox"/> City</div> <div style="width: 33%;"><input type="checkbox"/> Nonprofit Organization*</div> <div style="width: 33%;"><input type="checkbox"/> Individual</div> <div style="width: 33%;"><input type="checkbox"/> County</div> <div style="width: 33%;"><input type="checkbox"/> For Profit Organization*</div> <div style="width: 33%;"><input type="checkbox"/> FQHC</div> <div style="width: 33%;"><input type="checkbox"/> Other Political Subdivision</div> <div style="width: 33%;"><input type="checkbox"/> Community-Based Organization</div> <div style="width: 33%;"><input type="checkbox"/> State Controlled Institution of Higher Learning</div> <div style="width: 33%;"><input type="checkbox"/> State Agency</div> <div style="width: 33%;"><input type="checkbox"/> Hospital</div> <div style="width: 33%;"><input type="checkbox"/> Indian Tribe</div> <div style="width: 33%;"><input type="checkbox"/> Private</div> <div style="width: 33%;"><input type="checkbox"/> College or University</div> <div style="width: 33%;"><input type="checkbox"/> Other (specify): _____</div> </div> <p><i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i></p> |  |                                                                         |                                                   |
| <b>6) PROPOSED BUDGET PERIOD:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>Start Date:</b>                                                      | <b>End Date:</b>                                  |
| <b>7) COUNTIES SERVED BY PROJECT:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                         |                                                   |
| <b>8) AMOUNT OF FUNDING REQUESTED:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | <b>10) PROJECT CONTACT PERSON</b><br>Name:<br>Phone:<br>Fax:<br>E-mail: |                                                   |
| <b>9) PROJECTED EXPENDITURES</b><br>Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? **<br><br>Yes <input type="checkbox"/> No <input type="checkbox"/><br><br><i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non-project related funds.</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | <b>11) FINANCIAL OFFICER</b><br>Name:<br>Phone:<br>Fax:<br>E-mail:      |                                                   |
| The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                                                         |                                                   |
| <b>12) AUTHORIZED REPRESENTATIVE</b><br><br>Name:<br>Title:<br>Phone:<br>Fax:<br>E-mail:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Check if change <input type="checkbox"/>                                | <b>13) SIGNATURE OF AUTHORIZED REPRESENTATIVE</b> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <b>14) DATE</b>                                                         |                                                   |

## **Appendix 2**

### **ST. LOUIS LIVING WAGE ORDINANCE LIVING WAGE ADJUSTMENT BULLETIN**

---

#### **NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2026**

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is \$17.08 per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are not provided to the employee, the living wage rate is \$22.63 per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) The prevailing fringe benefits rate, as required under the Ordinance and defined by section 6.20.010 of the Revised Code of the City of St. Louis, is \$5.55 per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and these rates are effective as of APRIL 1, 2026. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at [Ordinance 65597 | City of St. Louis Ordinances \(stlouis-mo.gov\)](https://www.stlouis-mo.gov/ordinances/65597) or obtained from:

City Compliance Official  
c/o St. Louis Airport Authority  
St. Louis, Missouri  
(314) 426-8111



## **CITY OF ST. LOUIS LIVING WAGE ORDINANCE**

### **NOTICE TO EMPLOYEES**

#### **St. Louis Living Wage Rates Effective April 1, 2026**

This employer is a contractor with the City of St. Louis. This contract is subject to the Living Wage Ordinance (LWO) Number 65597 established by the Board of Aldermen. If you are an employee performing any service under this contract, you must be paid a "Living Wage."

#### **THESE ARE YOUR RIGHTS...**

##### **Living wage**

If you are an employee performing services under a City contract, you must be paid not less than the living wage rate of **\$17.08** per hour plus at least **\$5.55** per hour for health benefits or **\$22.63** per hour without health benefits.

##### **Retaliation**

You cannot be transferred, demoted or terminated for reporting violations of the Living Wage Program. All acts of retaliation can be reported to the Office of Certification and Compliance by calling the Living Wage Hotline.

#### **You may Report Living Wage Violations to:**

LIVING WAGE HOTLINE: (314) 890-1809

ST. LOUIS CITY LIVING WAGE COMPLIANCE: (314) 426-8111

**Appendix 3**

**ST. LOUIS LIVING WAGE ORDINANCE**

**LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION**

(To be completed by each respondent to a bid/application solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

**RESPONDENT NAME:** \_\_\_\_\_

**RFP TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_ **PREPARED BY:** \_\_\_\_\_

**PREPARER'S TELEPHONE NUMBER:** \_\_\_\_\_

**PREPARER'S E-MAIL ADDRESS:** \_\_\_\_\_

**PREPARER'S CELL PHONE NUMBER:** \_\_\_\_\_

**PREPARER'S ADDRESS AND ZIP CODE:** \_\_\_\_\_

As the authorized representative of the above-referenced Respondent, I hereby acknowledge that the Respondent understands that the contract or subaward that will be executed with a successful Respondent pursuant to this RFP may be subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The Respondent hereby agrees to comply with the Ordinance and the associated Regulations, as applicable, if awarded a contract or subaward pursuant to this solicitation. I am authorized to make the above representations on behalf of the Respondent.

**AUTHORIZED REPRESENTATIVE CERTIFICATION:**

**SIGNATURE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Appendix 4**

STATE OF \_\_\_\_\_ )  
 )SS.  
COUNTY OF \_\_\_\_\_ )

**UNAUTHORIZED ALIEN EMPLOYEE AFFIDAVIT**

Before me, the undersigned Notary Public, personally appeared \_\_\_\_\_ (Name)  
who, by me being duly sworn, deposed as follows:

My name is \_\_\_\_\_ (Name), I am of sound mind, capable of making  
this Affidavit, and personally acquainted with the facts herein state:

I am the \_\_\_\_\_ (Position/Title) of \_\_\_\_\_ (Contractor),  
and I have the legal authority to make the following assertions:

1. \_\_\_\_\_ (Contractor) does not knowingly employ any person  
who is an unauthorized alien in connection with this Contract.
2. \_\_\_\_\_ (Contractor) is currently enrolled in and actively  
participates in a federal work authorization program with respect to the employees  
working in connection with this Contract, as required pursuant to Sections 285.525  
through 285.555 of the Revised Statutes of Missouri 2000, as amended.

\_\_\_\_\_  
Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires:



## Appendix 5: CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

|                    |                               |                   |
|--------------------|-------------------------------|-------------------|
| PRODUCER<br>[NAME] | CONTACT NAME:                 |                   |
|                    | PHONE<br>(A/C, No, Ext):      | FAX<br>(A/C, No): |
| INSURED<br>[NAME]  | E-MAIL ADDRESS:               |                   |
|                    | INSURER(S) AFFORDING COVERAGE | NAIC #            |
|                    | INSURER A: [REQUIRED]         | [REQD]            |
|                    | INSURER B:                    |                   |
|                    | INSURER C:                    |                   |
|                    | INSURER D:                    |                   |
|                    | INSURER E:                    |                   |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                                                                                                                                                                                                                                                                           | ADD L INSD                          | SUB R WVD | POLICY NUMBER | POLICY EFF MM/DD/YYYY | POLICY EXP MM/DD/YYYY | LIMITS                                                                                                                                                                                                            |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-----------|---------------|-----------------------|-----------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|          | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROTECT <input type="checkbox"/> LOC<br><input checked="" type="checkbox"/> OTHER: | <input checked="" type="checkbox"/> |           |               |                       |                       | EACH OCCURRENCE \$ [1,000,000]<br>DAMAGE TO RENTED PREMISES (Ea. occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$ [3,260,000]<br>PRODUCTS - COMP/OP AGG \$<br>\$ |
|          | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY                                                                           |                                     |           |               |                       |                       | COMBINED SINGLE LIMIT (Ea. accident) \$ [1,000,000]<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                |
|          | UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION \$                                                                                                                                                                                                                                        |                                     |           |               |                       |                       | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$                                                                                                                                                                          |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANYP <input type="checkbox"/> Y/N<br>PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> N/A<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                        |                                     |           |               |                       |                       | PER STATUTE OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA \$<br>EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT \$                                                                                                  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

|                                                               |                                                                                                                                                                |
|---------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CERTIFICATE HOLDER                                            | CANCELLATION                                                                                                                                                   |
| City of St. Louis<br>1200 Market St.<br>Saint Louis, MO 63103 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
|                                                               | AUTHORIZED REPRESENTATIVE                                                                                                                                      |

Appendix 6

STATE OF \_\_\_\_\_ )  
 )SS.  
COUNTY OF \_\_\_\_\_ )

AFFIDAVIT OF COMPLIANCE WITH ANTI-DISCRIMINATION AGAINST ISRAEL ACT

Before me, the undersigned Notary Public, personally appeared  
\_\_\_\_\_ (**Name**), who, by me being duly sworn, deposed as follows:

My name is \_\_\_\_\_ (**Name**). I am of sound mind, capable of making this  
Affidavit, and personally acquainted with the facts herein stated:

I am the \_\_\_\_\_ (**Position/Title**) of \_\_\_\_\_  
(**Company/Entity**).

I have the legal authority to make the following assertion and certification and do hereby certify that:

Pursuant to RSMO. Section 34.600, \_\_\_\_\_ (**Company/Entity**) 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.

\_\_\_\_\_  
Affiant

IN WITNESS WHEREOF, I have hereunto subscribed my name and affixed my official seal this  
\_\_\_\_ day of \_\_\_\_\_, 2026.

\_\_\_\_\_  
Notary Public

My Commission Expires: