

**AFFIDAVIT**

STATE OF Missouri )  
 ) SS.  
COUNTY OF Jackson )

Dusan "Duke" Radovich of the city of Grandview

County of Jackson State of Missouri being duly sworn on her or his oath, deposes and says,

1. That I am the President/Member (Title of Affiant) of Charter Funerals of Missouri, LLC (Name of Bidder) and have been authorized by said Bidder to make this Affidavit upon my best information and belief, after reasonable inquiry as to the representations herein.
2. No Officer, Agent or Employee of Jackson County, Missouri is financially interested directly or indirectly what Bidder is offering to sell to the County pursuant to this Invitation (though no representation is made regarding potential ownership of publicly traded stock of bidder).
3. If Bidder were awarded any contract, job, work or service for Jackson County, Missouri, no Officer, Agent or Employee of the County would be interested in or receive any benefit from the profit or emolument of such.
4. Either Bidder is duly listed and assessed on the tax rolls of Jackson County, Missouri and is not delinquent in the payment of any taxes due to the County or Bidder did not have on December 31, 2023 any property subject to taxation by the County and if bidder is duly listed and assessed on the tax rolls of Jackson County, Missouri, bidder agrees to permit an audit of its records, if requested by the Jackson County Director of Assessment, as they relate to the assessment of Business Personal Property.
5. Bidder has not participated in collusion or committed any act in restraint of trade, directly or indirectly, which bears upon anyone's response or lack of response to the Invitation.
6. Bidder certifies and warrants that Bidder or Bidder's firm/organization is not listed on the General Services Administration's Report of Debarred and/or Suspended Parties, or the State of Missouri and City of Kansas City, Missouri Debarment List.
7. Bidder certifies and affirms its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services.
8. Bidder certifies and affirms that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services.

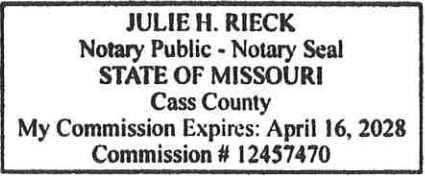
Charter Funerals of Missouri, LLC (Name of Bidder)  
By: [Signature] (Signature of Affiant)  
President/Member (Title of Affiant)

Subscribed and sworn to before me this 1 day of November, 2024.

[Signature: Julie H. Rieck]

NOTARY PUBLIC in and for the County of Jackson (SEAL)  
State of Missouri

My Commission Expires: April 16, 2028



## ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned acknowledges receipt of Addenda through and including numbers \_\_\_\_\_ and that this Proposal is submitted in accordance with information, instructions, and stipulations set forth therein.

  
\_\_\_\_\_  
Signature of Respondent

November 1, 2024  
\_\_\_\_\_  
Date

Charter Funerals of Missouri, LLC  
\_\_\_\_\_  
Company Name

1512 Main Street, Suite 100  
\_\_\_\_\_  
Address

Grandview, MO 64030  
\_\_\_\_\_  
City, State, Zip

816-988-2883  
\_\_\_\_\_  
Phone

**EXHIBIT F**

**RESPONDENT'S EXCEPTIONS  
TO  
SCOPE OF SERVICES  
OF**

**JACKSON COUNTY, MISSOURI REQUEST FOR PROPOSAL NO. 24-085**

Respondent's attention is directed to Paragraph 4 of the General Conditions of this Request for Proposal. **READ THIS PARAGRAPH CAREFULLY.**

The following exceptions to the Scope of Services of Request for Proposal No. 24-085 are requested by the undersigned Respondent:  
(Use additional pages as necessary.)

REFERENCE PARA # & PAGE #	EXCEPTION REQUESTED
	None

Name of Firm: Charter Funerals of Missouri, LLC

Signature of Respondent: 



**OFFICE OF THE COUNTY AUDITOR**  
**COMPLIANCE REVIEW OFFICE**  
 415 EAST 12TH STREET, 2ND FLOOR  
 KANSAS CITY, MISSOURI 64106

(816) 881-3302  
 FAX (816) 881-3340  
 CRO@JACKSONGOV.ORG  
 WWW.JACKSONGOV.ORG/AUDITOR

**JACKSON COUNTY, MISSOURI**  
**CONTRACTOR UTILIZATION PLAN**

ITB/RFP/RFQ Number: 24-085  
 ITB/RFP/RFQ Title: Mortuary Services  
 Contracting Department: Public Administrator's Office

Respondent: Charter Funerals of Missouri, LLC

I, Dusan Radovich, of lawful age and upon my oath state as follows:

1. This Affidavit is made for the purpose of complying with the provisions of the MBE/WBE/VBE submittal requirements on the above Invitation to Bid and the MBE/WBE/VBE Program and is given on behalf of the Bidder listed above. It sets out the Bidder's plan to utilize MBE and/or WBE and/or VBE prime and subcontractors on the Bid.

**The goals set by Jackson County, Missouri are:**

0 %MBE                      0 %WBE                      0 %VBE

2. Bidder stipulates that it will utilize a minimum of the following percentages of MBE/WBE participation in the above bid:

0 %MBE                      0 %WBE                      0 %VBE

3. The following are the MBE/WBE/VBE Contractors to be utilized on the above-named Bid. **Bidder maintains that it either has a formal contract or a conditional contract contingent upon award.**

**Please note:**

- a. If Bidder is a certified MBE, WBE, or VBE firm, it may list itself in the appropriate area below.
- b. No contractor may be listed under multiple categories below regardless of certifications

<b>***INTERNAL USE ONLY***</b>		
CUP RECEIVED: _____	CUP APPROVED: _____	
GFW RECEIVED: _____	GFE APPROVED: _____	
CUP REVISED: _____	REVISION APPROVED: _____	
APPROVED GOALS: <u>    </u> MBE <u>    </u> WBE <u>    </u> VBE		
RES/ORD: _____	AMT AWARDED: _____	
NOTES:		

### MBE SUBCONTRACTORS

A.	MBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

B.	MBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

C.	MBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

	<b>TOTAL MBE VALUE:</b>	<b>\$</b>
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\*\*\* Add Additional Pages as Necessary \*\*\*

**WBE SUBCONTRACTORS**

A.	WBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

B.	WBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

C.	WBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

<b>TOTAL WBE VALUE:</b>		<b>\$</b>
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\*\*\* Add Additional Pages as Necessary \*\*\*

**VBE SUBCONTRACTORS**

A.	VBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

B.	VBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

C.	VBE Firm:		<b>INTERNAL USE ONLY</b>  <b>Certifying Agency:</b> _____ KCMO _____ State of MO  <b>Approved: Y N</b>  <b>Contract Value:</b> \$
	Address line 1:		
	Address line 2-including County:		
	Telephone Number:		
	President/Owner:		
	Email Address:		
	Certifying Agency:		
	Expiration Date of Certification:		
	Scopes of Work Utilized:		
	Percentage of Contract Awarded:		

<b>TOTAL VBE VALUE:</b>		<b>\$</b>
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\*\*\* Add Additional Pages as Necessary \*\*\*

# ACKNOWLEDGMENT

Respondent acknowledges that it is responsible for considering the effect that any change order and/or amendments changing the total contract amount may have on its ability to meet or exceed the subcontractor participation goals.

### Good Faith Effort:

Respondent further acknowledges that it is responsible for submitting a Good Faith Effort Form if it will be unable to meet the participation goals. A Good Faith Effort Form documents the efforts a respondent puts forth to achieve the MBE and/or WBE and/or VBE goals on a project. Simply stating that goals cannot be met is not considered sufficient.

### Contractor Modification Form:

If, at any point during the life of the awarded contract, the contractor needs to substitute an approved subcontractor a Contractor Modification Form must be submitted to the Compliance Review Office.

Any Good Faith Effort or Contractor Modification Form must be approved by the Compliance Review Office.

\*\*\*Contact the Compliance Review Office for assistance or to request forms.\*\*\*

I hereby certify that I am authorized to make this Affidavit on behalf of the Respondent named below and who shall abide by the terms set forth herein. I acknowledge that the assigned values determined by this CUP shall be enforceable under the contract terms and conditions.

Respondent Primary Contact: Dusan "Duke" Radovich



Title: President/Member

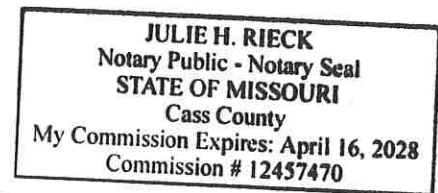
Email: dradovich@charterfunerals.com

Date: November 1, 2024

Phone: 816-988-2883

Subscribed and sworn to before me this 1 day of November 2024.

Julie H. Rieck  
Notary Public



My Commission Expires: April 16, 2028

(Attach corporate seal if applicable)

For questions on this form please contact:

Compliance Review Office  
(816) 881-3302  
CRO@jacksongov.org



A TERM AND SUPPLY CONTRACT for the furnishing of Mortuary Services for use by the Public Administrator's Office.

A Contract between Jackson County Missouri ("County") and the undersigned ("Contractor"), collectively referred to as the "parties". The term "offer" as used herein refers to Contractor's offer made in response to this Bid Number. The parties agree as follows in consideration of the mutual covenants contained herein.

This Contract shall be binding when it is signed by the County's Purchasing Officer and shall run from such date until the end of the 24th consecutive month from the month during which it first took effect unless it is sooner terminated in accord herewith.

This Contract consists of: (1) Contractor's offer, including those papers which Contractor submitted with or expressly incorporated in its offer as a part thereof, to the extent the terms of such papers were expressly or impliedly accepted by the County, or were modified in writing with the express or implied consent of the parties; (2) written modification to this Contract signed by the County's Purchasing Officer and consented to expressly or impliedly by Contractor. This Contract represents the entire agreement between the parties in regard to this Bid Number. All modifications to this Contract must be in writing signed by the County's Purchasing Officer.

The laws of the State of Missouri and Jackson County, Missouri govern this Contract. This Contract shall be binding upon and to the benefit of the successor and assignees of the parties. The Contractor shall not assign this Contract or any monies payable hereunder without the prior written consent of the County. Contractor is an independent contractor of the County and shall indemnify the County for loss, damage or liability which the County incurs to the extent that such results proximately from the negligence or violation of Contractor or its employees, agents or subcontractors.

In regard to any goods which are included in the sale hereunder, Contractor makes to the County the warranties provided in Article Two of the Uniform Commercial Code of the State of Missouri to the extent that they apply by the terms thereof.

The County gives each of its employees an employee identification card having thereon a photograph of the employee. The County will not pay for any goods and/or services delivered by Contractor to any persons who did not present to Contractor at the time of delivery their County Identification Cards and who were not in fact authorized to receive delivery.

The County reserves the right to terminate this Contract for any reason upon at least 14 days written notice to Contractor.

The parties may annually extend this Contract beyond its original term for a time, not to exceed 2 - 12month extensions, from the last day of the original term provided that the County's consent to such an extension and the extension does not involve changes in the specifications, terms and conditions, or increase in prices unless such changes or increases are provided for in said specifications, terms or conditions in effect at the expiration of the original term has been approved by the County Legislature.

The County will pay to Contractor the applicable pricing quoted by Contractor in its offer for any goods and/or services whose purchase was ordered by the County's Purchasing Officer in consequence of the County's acceptance of Contractor's offer. The County will make good faith effort to make payment within thirty (30) days after the latest of: (1) the date of proper delivery to the County; (2) the date of acceptance by the County; (3) the date when the receiving department has received from the Contractor a correct and complete invoice showing the pertinent County Purchase Order Number(s). Payment may be withheld by the County to protect itself from actual or potential loss which has resulted or may result from the Contractor's non-performance of any of its duties required hereunder.

Contractor warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract.

If the County awarded this Contract, would the Contractor sell under the prices and terms of this Contract to any Municipal, County, Public Utility, Hospital, or Educational Institution having membership in the Mid-America Council of Public Purchasing and located within the greater Kansas City Metropolitan Trade Area? (All deliveries are to be F.O.B. Destination and there shall be no obligation on the part of any member of such Council to utilize this Contract).

(Check one) Yes  No  Initials \_\_\_\_\_ Minimum order, if applicable\$ \_\_\_\_\_.

ALL PAGES OF THIS INVITATION TO BID ARE EXPRESSLY MADE A PART OF THIS CONTRACT. The format of this Contract has been approved by the County Counselor's Office. Signature of vendor as indicated below MUST BE COMPLETED before contract can be awarded:

CONTRACTOR'S NAME: Charter Funerals of Missouri, LLC PHONE NO: 816-921-5555  
ADDRESS: 1512 Main Street, Suite 100, Grandview, MO 64030 FAX NO: 816-966-0100  
NAME OF AUTHORIZED AGENT (print or type): Dusan Radovich DATE: Nov 1, 2024  
SIGNATURE OF AUTHORIZED AGENT: [Signature] TITLE: President/Member  
EMAIL ADDRESS OF AUTHORIZED AGENT: dradovich@charterfunerals.com  
FEDERAL ID NO: 43-1730840 and/or SOCIAL SECURITY NO: \_\_\_\_\_  
SPECIFY: MINORITY OWNED (MBE): \_\_\_\_\_ WOMAN OWNED (WBE): \_\_\_\_\_ (Check If Applicable)

JACKSON COUNTY MISSOURI BY BOB CRUTSINGER, DIRECTOR OF FINANCE AND PURCHASING

SIGNATURE OF BOB CRUTSINGER : \_\_\_\_\_ DATE: \_\_\_\_\_