AFFIDAVIT

STATE OF Texas)
) SS.
COUNTY OF Collin)

Danielle Logos of the city of Dallas

County of Collin State of Texas being duly sworn on her or his oath, deposes and says,

1. That I am the Program Manager (Title of Affiant) of Changing Technologies, Inc. (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, 2024 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.

Changing Technologies, Inc. (Name of Bidder)

By: [signature] (Signature of Affiant)

Program Manager (Title of Affiant)

Subscribed and sworn to before me this 8 day of July ~~2024~~ 2025

[signature]

NOTARY PUBLIC in and for the County of Collin (SEAL)

State of Texas

My Commission Expires: 12-11-2027

KATIA Y DIAZ VARGAS
Notary Public
STATE OF TEXAS
My Comm. Exp. 12-11-27
Notary ID # 13467750-8

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned acknowledges receipt of Addenda through and including numbers

N/A and that this Proposal is submitted in accordance with information, instructions, and stipulations set forth therein.

D. Logan
Signature of Respondent

07/08/2025
Date

Changing Technologies, Inc.
Company Name

3602 13th St NW, Unit B,
Address

Washington, DC 20010
City, State, Zip

(202) 688-3631
Phone

EXHIBIT F

BIDDER'S EXCEPTIONS
TO
SCOPE OF SERVICES
OF
JACKSON COUNTY, MISSOURI REQUEST FOR PROPOSAL NO. 25-027

Bidder'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. 25-027 are requested by the undersigned Bidder: (Use additional pages as necessary.)

REFERENCE PARA # & PAGE #	**EXCEPTION REQUESTED**

Name of Firm: Changing Technologies, Inc.

Signature of Bidder: D. Logan

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: 25-027
ITB/RFP/RFQ Title: Professional Recruitment Staffing Services
Contracting Department: Sheriff's Office and Detention Center

Respondent: Changing Technologies, Inc.

I, Danielle Logan, 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:

100 **%MBE** _____ **%WBE** _____ **%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

*****INTERNAL USE ONLY*****

CUP RECEIVED: _____ CUP APPROVED: _____

GFW RECEIVED: _____ GFE APPROVED: _____

CUP REVISED: _____ REVISION APPROVED: _____

APPROVED GOALS: _____ MBE _____ WBE _____ VBE

RES/ORD: _____ AMT AWARDED: _____

NOTES:

MBE SUBCONTRACTORS

A.	MBE Firm:	Changing Technologies, Inc,	**INTERNAL USE ONLY**
	Address line 1:	3602 13th St NW, Unit B	
	Address line 2-including County:	Washington, DC 20010	**Certifying Agency:**
	Telephone Number:	(202) 688-3631	**_____ KCMO**
	President/Owner:	Kenneth Logan	**_____ State of MO**
	Email Address:	kflogan@changing.net	
	Certifying Agency:	MDOT	**Approved: Y N**
	Expiration Date of Certification:	01/01/2026	
	Scopes of Work Utilized:	Staffing Services	**Contract Value:**
	Percentage of Contract Awarded:	100%	**$**

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

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

TOTAL MBE VALUE:	**$** TBD

*** Add Additional Pages as Necessary ***

WBE SUBCONTRACTORS

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

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

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

TOTAL WBE VALUE:	**$**

*** Add Additional Pages as Necessary ***

VBE SUBCONTRACTORS

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

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

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

TOTAL VBE VALUE:	**$**

*** 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: Danielle Logan

Title: Program Manager Email: bids@changing.net

Date: 07/08/2025 Phone: (202) 688-3631

Subscribed and sworn to before me this 8 day of July ~~2024~~ 2025

Notary Public

KATIA Y DIAZ VARGAS
Notary Public
STATE OF TEXAS
My Comm. Exp. 12-11-27
Notary ID # 13467750-8

My Commission Expires: 12-11-2027

(Attach corporate seal if applicable)

For questions on this form please contact:

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

JACKSON County ★ Missouri

Business Account Search | Assessment | Collections | Auditor | Certificates

changing te

Business Name: Changing Technologies, Inc.
Status: New submission, no account needed holding on Collections
Submission Date: 7/09/2025
Approval Date: 7/10/2025