

PUBLIC NOTICES

AFFIDAVIT OF PUBLICATION

Office of Procurement and Contracts
RECRUITMENT DEPT.
Mississippi Department Of Corr
301 N Lamar ST
Jackson MS 39201-1404

MISSISSIPPI DEPARTMENT OF CORRECTIONS
ADVERTISEMENT FOR PROPOSALS

Guard Services for Outpatient Clinic/Hospital Visits and
Hospitalizations of State Inmates
MAGIC RFX: 3160007531

The Mississippi Department of Corrections (MDOC) will accept sealed bids until 10:00 am (Central Daylight Time) on Friday, September 19, 2025, for the purpose of procuring the following: Guard Services for Outpatient Clinic/Hospital Visits and Hospitalizations of State Inmates, RFX #3160007531. Detailed specifications may be obtained on MDOC's website at <https://www.mdoc.ms.gov/general-public/procurement>, utilizing the Mississippi Contract/Procurement Opportunity Search Portal, and by contacting MDOC Point of Contact, Crystal T. Henry, Ph.D. at (601) 359-5655, procurement@mdoc.state.ms.us, and at the Mississippi Department of Corrections, 301 N. Lamar Street, Jackson, Mississippi 39201.
8/12, 8/19, 2025 #11558120

STATE OF WISCONSIN, COUNTY OF BROWN

Before the undersigned authority personally appeared, who on oath says that he/she is a Legal Advertising Representative of The Clarion-Ledger, a newspaper as defined and prescribed in Sections 13-3-31 and 13-3-32, of the Mississippi Code of 1972, as amended, who, being duly sworn, states that the notice, a true copy of which is hereto attached, to be issues of said newspapers editions date as follows:

08/12/2025, 08/19/2025

That said newspaper was regularly issued and circulated on those dates and that the fees charged are legal.

Sworn to and subscribed before on 08/19/2025

Legal Clerk

Notary, State of WI, County of Brown

My commission expires

Publication Cost: \$50.74

Tax Amount: \$0.00

Payment Cost: \$50.74

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PO #:

THIS IS NOT AN INVOICE!

Please do not use this form for payment remittance.

NICOLE JACOBS
Notary Public
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Public Records Requests

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Monthly Fact Sheets (2001-2025)

Daily Inmate Population (2021-2025)

Net Admissions by Fiscal Year (2006-2022)

Annual Reports

Criminal Justice Reform Reports

PREA Audit Reports

COVID-19 Information and Updates

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Current Death Row Demographics

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Executions in Mississippi

Request for Quotes Formal (RFQF)

Invitation for Bid (IFB)

- [IFB 3160007531 Guard Services - Medical](#)
- [IFB 3160007435 Prisoner Transport Services](#)
 - [RFx3160007435 Amendment 1 - Questions and Answers](#)
- [IFB 3160007102 Transitional Housing Services](#)
 - [3160007102 Transitional Housing IFB - Amendment 1](#)
 - [3160007102 Transitional Housing IFB Amendment 2 - Calendar of Events Revision](#)
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 - [IFB 3160005845-Intent to Award](#)
- [IFB 3160005735 Cold Storage System](#)
 - [IFB 3160005735-Intent to Award](#)
 - [IFB 3160005735-Notice of Cancellation](#)



Buying and Selling to Government in Mississippi

MISSISSIPPI SUPPLIERS (VENDORS)

TRANSPARENCY MS

BUYING FOR MISSISSIPPI

Procurement Opportunity And Public Notification Search

Search for Bid Opportunities and Public Notifications (Sole Source, Intent to Award, and Protective Order Request) using **Keyword** or **Advanced Search Options**. State Government Bid Opportunities will be posted to this page as defined by State Law. Sole Source, Intent to Award, and Protective Order Request notifications are not bid opportunities, but are posted in accordance with State Law to provide transparency to the public.

3160007531

SEARCH

ADVANCED SEARCH OPTIONS

Agency	Smart Number	RFx Number	Description	Status	Advertised Date	Submission Date	RFx Opening Date	
MS DEPT OF CORRECTIONS	1551-26-R-IFBD-00001	3160007531	Major Procurement PERSONNEL SERVICES NON-IT IFB for Hospital/ Clinic Visits or Hospitalizations of State...	Open	08/12/2025	09/19/2025	09/19/2025	View Contact
			Attachment - IFB Guard Services Medical -					

Ignore Delete Archive Reply Reply All Forward More Meeting

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Rules OneNote Move Actions Mark Unread Categorize Tags Follow Up Translate Find Related Select Read Aloud Speech Zoom

Tue 8/12/2025 4:34 PM

P Procurement

MDOC IFB #3160007531

To 'Miguel Reider'

 IFB Guard Services Medical - Rfx 3160007531.pdf
679 KB

Good afternoon,

Please see the attached notice for your records. Thank you.

Crystal T. Henry, Ph.D.
Project Manager II, Legal Department
 Mississippi Department of Corrections
 301 N. Lamar Street
 Jackson, MS 39201
 (P) 601- 359-5655
 (F) 601-359-5735

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Tue 8/12/2025 3:42 PM

P Procurement
MDOC IFB #3160007531

To jrhoads@overwatchprotection.com

 IFB Guard Services Medical - Rfx 3160007531.pdf
679 KB

Good afternoon,

Please see the attached notice for your records. Thank you.

Crystal T. Henry, Ph.D.
Project Manager II, Legal Department
 Mississippi Department of Corrections
 301 N. Lamar Street
 Jackson, MS 39201
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 (F) 601-359-5735

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Tue 8/12/2025 3:49 PM

P Procurement

MDOC IFB #3160007531

To willierandolf@live.com



Good afternoon,

Please see the attached notice for your records. Thank you.

Crystal T. Henry, Ph.D.
Project Manager II, Legal Department
 Mississippi Department of Corrections
 301 N. Lamar Street
 Jackson, MS 39201
 (P) 601- 359-5655
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NOTICE OF INVITATION FOR BID 08/19/2025

The Mississippi Transportation Commission at its offices at 401 North West Street, Procurement Division, 5th Floor, Jackson, Mississippi, is seeking a...

SUBSTITUTED TRUSTEE'S NOTICE OF SALE 08/19/2025

WHEREAS, on the 27th day of April 2007, Ted Avara and Linda M. Avara, husband and wife, executed a certain Deed of Trust to Charles N. Parrot, Adams and Reese, Trustee, for the benefit of Regions Bank, which Deed of Trust was recorded in the office of the Chancery Clerk of Hinds County, ...

Rule 81 Summons 08/19/2025

IN THE CHANCERY COURT OF HINDS COUNTY, MISSISSIPPI
FIRST JUDICIAL DISTRICT
IN THE MATTER OF THE ESTATE OF
WILLIAM CARL KINSTLEY, JR, DECEASED NO. P22-295 M/4...

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LEGAL NOTICE 08/19/2025

NOTICE OF PUBLICATION OF FINAL SETTLEMENT

Govt Bids & Proposals

08/19/2025

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MISSISSIPPI DEPARTMENT OF CORRECTIONS ADVERTISEMENT FOR PROPOSALS

Guard Services for Outpatient Clinic/Hospital Visits and Hospitalizations of State Inmates
MAGIC RfX: 3160007531

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IFB

Amendment

AMENDMENT #1
Questions & Answers for RFX3160007531
Guard Services for Outpatient Clinic/Hospitalization of State Inmates

Issue Date: August 12, 2025

All Prospective Bidders:

The Mississippi Department of Corrections is issuing an amendment to RFX 3160007531, Invitation for Bids for Guard Services for Outpatient Clinic/Hospitalization of State Inmates, dated September 3, 2025. Amendment 1 provides responses to questions received during the question period of this solicitation.

Note: Pursuant to Section 1.5, page of this amendment contains a required signature line that acknowledges the amendment and must be submitted with Bidder’s response packet.

Questions Received	Answers																		
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**Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of State Inmates
Amendment #1 – Questions and Responses**

Issue Date: August 12, 2025

Signature and Submission of Amendment #1 are required with your IFB.

Receipt for Amendment #1: _____
Signature

Printed Name

Date

Company Name

Title

**ACKNOWLEDGMENT
OF
AMENDMENTS**

AMENDMENT #1
Questions & Answers for RFx3160007531
Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of
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Issue Date: August 12, 2025

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Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of State Inmates

Amendment #1 – Questions and Responses

Issue Date: August 12, 2025

Signature and Submission of Amendment #1 are required with your IFB.

Receipt for Amendment #1: Mr. Leo Davis Jr.
Signature

Mr. Leo Davis Jr.
Printed Name

9/3/25
Date

Davis Security Services, llc
Company Name

Owner/ manager
Title

AMENDMENT #1
Questions & Answers for RFX3160007531
Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of
State Inmates
Issue Date: August 12, 2025

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Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of State Inmates

Amendment #1 – Questions and Responses

Issue Date: August 12, 2025

Signature and Submission of Amendment #1 are required with your IFB.

Receipt for Amendment #1: Ophelia Topps
Signature

Ophelia Topps
Printed Name

September 19, 2025
Date

Topps Private Investigation and Security Firm
Company Name

CEO
Title

Receipt and Register of Bids



RECEIVED LOG

TO BE COMPLETED BY MDOC STAFF ONLY

IFB

GUARD SERVICES FOR OUTPATIENT CLINIC/HOSPITAL VISITS AND HOSPITALIZATION OF STATE INMATES

RFx#: 3160007531

#	Date Received	Company's Name	Mail / Hand-Delivered	Time Received
1.	09/17	Leo Davis Jr.	Hand-Delivered	10:56 am
2.	09/18	Topps Private Investigation and Security Firm	Hand Delivered	4:01 pm.
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				

**ALL BIDS
RECEIVED**

Type text here

Attachment A: Bid Cover Sheet

The Mississippi Department of Corrections is seeking a quality private transportation entity to provide interstate and intrastate prisoner transport services as per the scope of services located in Section 2.2.

Bids are to be submitted as listed below, on or before **10:00 a.m. CDT on September 19, 2025**.
PLEASE MARK YOUR ENVELOPE:

**Mississippi Department of Corrections
Legal Department
Attn: Procurement and Contracts
301 North Lamar Street
Jackson, MS 39201
SEALED BID-DO NOT OPEN- DELIVER IMMEDIATELY
RFx 3160007531
TO BE OPENED: SEPTEMBER 19, 2025 at 10 a.m.**

Name of Company: Davis Security Services, llc

Quoted By: Mr. Leo Davis Jr.

Signature Mr. Leo Davis Jr.

Address: 625 Woodland Drive

City/State/Zip Code: Canton, Mississippi 39046

Company Representative: Mr. Leo Davis Jr. owner/ manager

Telephone: 601-573-2936

Email Address: ldavisj1@yahoo.com

EIN/FEIN (business) or SSN (individual):
428-41-1120

Please also provide the following information about your company.

Year Started: 2018 Number of Employees: N/A

Years/Months Providing Services Listed in IFB: Work experience 10 years security.

If different than address above, physical location and mailing address of your company's home office, principal place of business, and place of incorporation:

N/A

If your company is not physically located within the border of the State of Mississippi, please explain how guard services will be provided to the MDOC?

Staffing will be recruited for all covered area, travel will be included to cover North Mississippi and

South Mississippi.

Is company currently for sale or involved in a merger or acquisition? _____

If yes, discuss impact both in organizational and directional terms and any impact on your ability to provide the goods and services required by this IFB.

Davis Security Services, llc will manage, recruite, and train professional staff members.

Professional trained member of law enforcement will be hired to conduct interviews and back ground review. We are committed to a safe and secured environment for our client's and staff.

List all licenses and permits your company possesses that are applicable to performing the services required in this IFB.

Davis Security Services, llc has been listed on my Mississippi Certification LLC.

How many security guard personnel does bidder currently employ? N/A

Please provide the number of security guard personnel currently employed by bidder specific to the region(s) bidding:

_____ North Delta _____ Northeast _____ South Delta _____ East Central
_____ Central _____ Pinebelt _____ Southwest _____ Coastal

Please provide the number of security guard personnel that are COVID-19 vaccinated or exempt specific to the region(s) bidding:

_____ North Delta _____ Northeast _____ South Delta _____ East Central
_____ Central _____ Pinebelt _____ Southwest _____ Coastal

How many customers has your company provided guard services in the past two (2) years? Please include the dates, the size of maintenance area, and the annual amount of the billing to each customer.

Work experience: Brown Security 2023, Mississippi State Hospital 2024 contract worker patient

care worker. TBL security part time night weekend 2025.

Has your company provided guard services for inmates? If so, please list the number of inmates guarded and customer's names and location where services were provided?

Only the inmates at the Mississippi State Hospital 2024, and Madison County Detention Center

2006-2008.

Describe any specific services which your company offers along with any specialized experience, certification, and/or education of your current staff.

Madison County Detention Center provide OC training, self defensive training, and correctional officer duties.

List all equipment that your company has available or that is intended to be used to perform the services required in this IFB.

Davis Security Services, llc will provide all need tools for securing client's as need.

**Attachment B: Bid Form for Interstate and Intrastate Prisoner Transport
IFB# 3160007531**

BID FORM

Company	Contact Person	Telephone Number
Davis Security Services, llc	Mr. Leo Davis Jr.	9/3/2025

The pricing quoted shall be inclusive of, but not limited to the following:

1. All required equipment or material;
2. All required insurance, bond, or other surety;
3. All required overhead;
4. All required labor and supervision;
5. All required transportation.
6. All required profit.
7. All required business and professional certifications, licenses, permits, or fees; and,
8. Any and all other costs.

Pricing Structure: Bidder agrees to furnish services specified in this Bid at the rate indicated below for the entire duration of any resulting Contract. Any cost or incidental expenses not shown on this document will be the responsibility of the vendor. The “Pricing Chart by Region” must be used to submit pricing for guard services. It is the intention of MDOC to solicit pricing for each of the eight (8) geographic regions in the State of Mississippi. Respondents must submit a response for at least one (1) region, but may submit pricing for all regions. MDOC reserves the right to award contracts to multiple vendors based on pricing for each geographic region. Please refer to **Attachment B-1** for a map of the geographic regions.

Mississippi Department of Corrections Guard Services for Hospital /Clinic Visits or Hospitalizations Pricing Chart		
Regions	Total Hourly Rate	
	Armed	Unarmed
North Delta	\$40.00 hourly	\$40.00 hourly
Northeast	\$40.00 hourly	\$40.00 hourly
South Delta	\$40.00 hourly	\$40.00 hourly
East Central	\$40.00 hourly	\$40.00 hourly
Central	\$40.00 hourly	\$40.00 hourly
Pinebelt	\$40.00 hourly	\$40.00 hourly
Southwest	\$40.00 hourly	\$40.00 hourly
Coastal	\$40.00 hourly	\$40.00 hourly

<p>Any other fees or miscellaneous charges – List and provide rate per unit</p>	<p>More than 20 miles will be cost @\$ 1.00</p>
--	---

By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges and certifies on behalf of the company:

1. That he/she has thoroughly read and understands the Invitation for Bids and Attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in the Invitation for Bids and Attachments thereto;
3. That the company agrees to all provisions of the Invitation for Bids and Attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this IFB (**Attachments E and H**);
4. That the company will perform the services required at the prices quoted above;
5. That, to the best of its knowledge and belief, the cost of pricing data submitted is accurate, complete, and current as of the submission date;
6. The Bidder represents that its workers are licensed, certified and possess the requisite credentials to perform the duties required to be performed under this Invitation for Bids.

Company Name: Davis Security Services, llc

Printed Name of Representative: Mr. Leo Davis Jr.

Date: 9/3/2025

Signature: *Mr. Leo Davis Jr.*

Note: Failure to sign the bid form may result in the bid being rejected as non-responsive. Modifications or additions to any portion of this bid document may be cause for rejection of the bid.

Attachment B-1: Map of Service Regions

North Delta

Coahoma
DeSoto
Grenada
Panola
Quitman
Tallahatchie
Tate
Tunica
Yalobusha



Northeast

Alcorn
Benton
Calhoun
Chickasaw
Itawamba
Lafayette
Lee
Marshall
Monroe
Pontotoc
Prentiss
Tippah
Tishomingo
Union



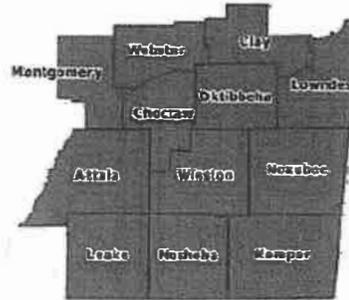
South Delta

Bolivar
Carroll
Holmes
Humphreys
Issaquena
Leflore
Sharkey
Sunflower
Washington



East Central

Attala
Choctaw
Clay
Kemper
Leake
Lowndes
Montgomery
Neshoba
Noxubee
Oktibbeha
Webster
Winston



Central

Hinds
Madison
Rankin
Warren
Yazoo



Pinebelt

Clarke
Covington
Jasper
Jones
Lauderdale
Newton
Scott
Smith
Wayne



Southwest

Adams
Amite
Claiborne
Copiah
Franklin
Jefferson
Jefferson Davis
Lawrence
Lincoln
Pike
Simpson
Walthall
Wilkinson



Coastal

Forrest
George
Greene
Hancock
Jackson
Lamar
Marion
Pearl River
Perry
Stone



Attachment C: Bidders' Acknowledgment of Bid as Public Record

The redacted version of the bid – or if no redacted version is produced, the full bid document – will be released at the Agency's sole discretion, without notice to the bidder and will be produced as a public record exactly as submitted.

Bidders shall acknowledge receipt of any amendment to the IFB in writing. The acknowledgment shall be submitted by signing and returning the amendment with the bid package, identifying the amendment number and date in the space provided on the bid form, or by email or letter. Each bidder shall submit a written acknowledgment of every amendment to the MDOC on or before the submission deadline.

Choose One (1):

_____ Along with a complete copy of its bid, bidder has submitted a second copy of the bid document in which all information bidder deems to be confidential commercial and financial information and/or trade secrets is redacted in black. Bidder has not made redactions in bad faith in order to prohibit public access to portions of the bid which are not subject to Mississippi Code Annotated §§ 25-61-9, 75-26-1 through 75-26-19, and/or 79-23-1. Bidder acknowledges and agrees that The Mississippi Department of Corrections may release the redacted copy of the bid document at any time as a public record without further notice to bidder. A bidder who selects this option but fails to submit a redacted copy of its bid may be deemed non-responsive.

_____ Bidder hereby certifies that the complete unredacted copy of its bid may be released as a public record by the Mississippi Department of Corrections at any time without notice to bidder. Bidder explicitly waives any right to receive notice of a request to inspect, examine, copy, or reproduce its bid as provided in Mississippi Code Annotated § 25-61-9(1)(a). The bid contains no information bidder deems to be confidential commercial and financial information and/or trade secrets in accordance with Mississippi Code Annotated §§ 25-61-9, 75-26-1 through 75-26-19, and/or 79-23-1. A bidder who selects this option but submits a redacted copy of its bid may be deemed non-responsive.

Company Name: Davis Security Services, llc

Printed Name of Representative: Mr. Leo Davis Jr.

Date: 9/3/2025

Signature: Mr. Leo Davis Jr.

Note: Failure to sign this acknowledgment may result in the bid being rejected as non-responsive. Modifications or additions to any portion of this acknowledgment may be cause for rejection of the bid.

Attachment D: Certifications and Assurances

Type text here

As an authorized signatory for Mr. Leo Davis Jr.,
I make the following certifications and assurances as a required element of the bid to which it is attached and the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. OFFEROR'S REPRESENTATION REGARDING CONTINGENT FEES

By responding to the solicitation, the offeror represents that it has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract. If the offeror cannot make such a representation, a full and complete explanation shall be submitted in writing with the offeror's response, to the MDOC prior to contract execution.

2. REPRESENTATION REGARDING GRATUITIES

Offeror represents that it has not, is not, and will not offer, give, or agree to give any employee or former employee of MDOC a gratuity or offer of employment in connection with any approval, disapproval, recommendation, development, or any other action or decision related to the solicitation and resulting contract. Offeror further represents that no employee or former employee of MDOC has or is soliciting, demanding, accepting, or agreeing to accept a gratuity or offer of employment for the reasons previously stated; any such action by an employee or former employee in the future, if any, will be rejected by offeror. Offeror further represents that it is in compliance with the Mississippi Ethics in Government laws, codified at Mississippi Code Annotated §§ 25-4-101 through 25-4-121, and has not solicited any employee or former employee to act in violation of said law.

3. EXCLUSION OR DEBARMENT

By submitting a bid in response to the IFB, the bidder certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government. Bidder further certifies that it is not an agent of any such person or entity.

Bidder certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Bidder certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein.

Bidder certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the bidder's failure to perform, default, or any other action or inaction by the bidder.

4. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

By submitting a bid, the bidder certifies that the prices submitted in response to the solicitation have been arrived at independently and without any consultation, communication, or agreement with any other bidder or competitor for the purpose of restricting competition.

5. The Bidder and/or authorized representative of the Bidder further certifies that he/she has thoroughly read and understands the Invitation for Bids and Attachments thereto.
6. The Bidder and/or authorized representative of the Bidder further certifies that the company meets all requirements and acknowledges all certifications contained in the Invitation for Bids and attachments thereto.
7. The Bidder and/or authorized representative of the Bidder further certifies the company agrees to all provisions of the Invitation for Bids and Attachments thereto.
8. The Bidder and/or authorized representative of the Bidder further certifies that the company will provide the services required at the prices quoted above.
9. The Bidder and/or authorized representative of the Bidder further certifies that its workers are licensed, certified and possess the requisite credentials to provide the services detailed in this IFB.

Name: Mr. Leo Davis Jr.

Title: Manager Owner

Signature: Mr. Leo Davis Jr.

Date: 9/3/2025

Modifications or additions to any portion of this document may be cause for rejection of the bid.

Attachment F: References

Bidder must submit at least 3 references. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed. Contractors are encouraged to submit additional references to ensure at least two references are available for interview with two (2) business days of bid opening to be considered acceptable. Contractors are encouraged to submit additional references by submitting additional copies of **Attachment F**.

REFERENCE 1

Name of Company: Mississippi State Hospital

Dates of Service: 10/05/23- 4/1/24 Contract worker for patients

Contact Person: Ms. Katrina Fields Contractor

Address: 3550 MS -468

City/State/Zip: Whitfield, Mississippi 39193

Telephone Number: 601-351-8000

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 2

Name of Company: Willie Brown

Dates of Service: 8/2023 -2024 pt contract worker for apartment building.

Contact Person: Mr. Willie Brown

Address: 245 East Capitol Street

City/State/Zip: Jackson, Mississippi 39201

Telephone Number: 601-454-8899

Telephone Number: 601-856-0123

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 5

Name of Company: Madison County Detention Center

Dates of Service: 4/1/2006-2008

Contact Person: Mr. Brain Watson

Address: 2935 US HWY 51

City/State/Zip: Canton, Mississippi 39046

Telephone Number: 601-855-0789

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

Cell Number: _____

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 3

Name of Company: TBL Security

Dates of Service: 5/2025-8/2025 pt overnight weekend

Contact Person: Ms.Megan Turner

Address: 134 Madison County Parkway

City/State/Zip: Canton, Mississippi 39046

Telephone Number: _____

Cell Number: 601-917-3647

E-mail: _____

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 4

Name of Company: St.Catherine Village employer

Dates of Service: 3/15/2008- 2014

Contact Person: Mr.Ken Gill Security Director

Address: 200 Dominican Drive

City/State/Zip: Madison, Mississippi 39110

AMENDMENT #1
Questions & Answers for RFx3160007531
Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of
State Inmates
Issue Date: August 12, 2025

All Prospective Bidders:

The Mississippi Department of Corrections is issuing an amendment to RFx 3160007531, Invitation for Bids for Guard Services for Outpatient Clinic/Hospitalization of State Inmates, dated September 3, 2025. Amendment 1 provides responses to questions received during the question period of this solicitation.

Note: Pursuant to Section 1.5, page of this amendment contains a required signature line that acknowledges the amendment and must be submitted with Bidder’s response packet.

Questions Received	Answers																		
<p>In reference to your recent posting for the Invitation for Bids (IFB) for Guard Services, I would like to kindly inquire whether you could provide the total hours from the previous contract under this RFx.</p>	<p>MDOC currently has a contract for the South Delta, Central and Southwest Regions. The total number of service hours for these areas are provided below. Additionally, the Agency has provided the total number of service hours as reported by our facilities. Total hours reflect services provided from January 1, 2024 – January 31, 2024.</p> <table style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>Region</u></th> <th style="text-align: right;"><u>Total Hours</u></th> </tr> </thead> <tbody> <tr> <td>North Delta</td> <td style="text-align: right;">--</td> </tr> <tr> <td>South Delta</td> <td style="text-align: right;">3,635.75</td> </tr> <tr> <td>Central</td> <td style="text-align: right;">41,190</td> </tr> <tr> <td>Southwest</td> <td style="text-align: right;">1,295</td> </tr> <tr> <td>Northeast</td> <td style="text-align: right;">--</td> </tr> <tr> <td>East Central</td> <td style="text-align: right;">--</td> </tr> <tr> <td>Pinebelt</td> <td style="text-align: right;">--</td> </tr> <tr> <td>Coastal</td> <td style="text-align: right;">9,912</td> </tr> </tbody> </table>	<u>Region</u>	<u>Total Hours</u>	North Delta	--	South Delta	3,635.75	Central	41,190	Southwest	1,295	Northeast	--	East Central	--	Pinebelt	--	Coastal	9,912
<u>Region</u>	<u>Total Hours</u>																		
North Delta	--																		
South Delta	3,635.75																		
Central	41,190																		
Southwest	1,295																		
Northeast	--																		
East Central	--																		
Pinebelt	--																		
Coastal	9,912																		
<p>In reference to your recent posting for the Invitation for Bids (IFB) for Guard Services, I would like to kindly inquire whether you could provide the total hours from the previous contract under this RFx.</p>	<p>Hours not provided does not mean that no transports took place in these areas. However, our facilities were unable to calculate the hours spent by staff during this time period. Pursuant to Section 1.2 of this IFB, MDOC does not guarantee any minimum number of transports, transport miles or dollar amount of services for any contract resulting from this IFB.</p>																		

Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of State Inmates

Amendment #1 – Questions and Responses

Issue Date: August 12, 2025

Signature and Submission of Amendment #1 are required with your IFB.

Receipt for Amendment #1: Mr. Leo Davis Jr.
Signature

Mr. Leo Davis Jr.
Printed Name

9/3/25
Date

Davis Security Services, llc
Company Name

Owner/ manager
Title

Attachment A: Bid Cover Sheet

The Mississippi Department of Corrections is seeking a quality private transportation entity to provide interstate and intrastate prisoner transport services as per the scope of services located in Section 2.2.

Bids are to be submitted as listed below, on or before **10:00 a.m. CDT on September 19, 2025**.
PLEASE MARK YOUR ENVELOPE:

**Mississippi Department of Corrections
Legal Department
Attn: Procurement and Contracts
301 North Lamar Street
Jackson, MS 39201
SEALED BID-DO NOT OPEN- DELIVER IMMEDIATELY
RFx 3160007531
TO BE OPENED: SEPTEMBER 19, 2025 at 10 a.m.**

Name of Company: Topp's Private Investigation and Security Firm

Quoted By: Ophelia Topps

Signature: Ophelia Topps

Address: 113 First Street

City/State/Zip Code: Grenada, Mississippi 38901

Company Representative: Ophelia Topps

Telephone: 662-417-7212

Email Address: ophelia@toppssecurity.com

EIN/FEIN 81-1996128 (business) or SSN (individual):

Please also provide the following information about your company.

Year Started: 2016 Number of Employees: 62

Years/Months Providing Services Listed in IFB: 7 years

If different than address above, physical location and mailing address of your company's home office, principal place of business, and place of incorporation:

PO Box 2475 Grenada, Mississippi 38901

If your company is not physically located within the border of the State of Mississippi, please explain how guard services will be provided to the MDOC?

Topps Private Investigation and Security Firm is physically located within the border of the State of Mississippi

Is company currently for sale or involved in a merger or acquisition? No

If yes, discuss impact both in organizational and directional terms and any impact on your ability to provide the goods and services required by this IFB.

N/A

List all licenses and permits your company possesses that are applicable to performing the services required in this IFB.

Topps Private Investigation and Security Firm possesses the following licenses/permits: Mississippi firearm license, Mississippi Security Guard card, Tennessee Private Protective Services State Certified Trainer, Mississippi Secretary of State registered, City of Grenada permit

How many security guard personnel does bidder currently employ? 48 security guards currently on roster in Mississippi

Please provide the number of security guard personnel currently employed by bidder specific to the region(s) bidding:

<u>7</u> North Delta	<u>8</u> Northeast	<u>7</u> South Delta	_____ East Central
<u>18</u> Central	<u>8</u> Pinebelt	_____ Southwest	_____ Coastal

Please provide the number of security guard personnel that are COVID-19 vaccinated or exempt specific to the region(s) bidding:

<u>7</u> North Delta	<u>8</u> Northeast	<u>7</u> South Delta	_____ East Central
<u>18</u> Central	<u>8</u> Pinebelt	_____ Southwest	_____ Coastal

How many customers has your company provided guard services in the past two (2) years? Please include the dates, the size of maintenance area, and the annual amount of the billing to each customer.

Mississippi Department of Child Protective Services ~40,000 sq ft February 2023 - January 2025 \$525,000/annually
Ellisville State School ~ 6 acres July 1, 2022 - ongoing \$240,000/annually

Metropolitan Development Housing Authority, 4 towers with 250-400 units November 2022 – ongoing \$360,000/annually
Federal Emergency Management Agency, up to 12 sites across the state of Mississippi, October 2023 – ongoing \$400,000/annually

Has your company provided guard services for inmates? If so, please list the number of inmates guarded and customer's names and location where services were provided?

Yes; Topps Private Investigation and Security Firm has provided guard services to the Grenada Mississippi city jail which houses up to 150 inmates.

**Rotondra Liddell
662-809-1821
Email: rotandaliddell3@gmail.com**

Describe any specific services which your company offers along with any specialized experience, certification, and/or education of your current staff.

Topps Private Investigation and Security Firm will provide the Mississippi Department of Corrections: Deployment of security dispatch team 24 hours a day, 7 days a week and 365 days a year; Creation of comprehensive risk assessment and customized security strategy; Mandatory annual training on the proper use of restraints; Mandatory annual firearm training and certification to all licensed armed security guards; Security guard supervisor to ensure frequent, random security checks; CPR and First Aid certified trainer on staff; and Firearm safety instructor on staff

List all equipment that your company has available or that is intended to be used to perform the services required in this IFB.

Topps Security has the following equipment items available: Company vehicle marked with company name and fixed lighting; Duty Belt – Black nylon webbing belt, 2 1/4-inch wide that will bear the load of handgun, ammunition carrier with ammunition, OC spray with holster and handcuffs with case; Ammunition Case – Black nylon webbing that will hold one (1) 15 round magazine of 9mm ammunition that fits the 2 1/4-inch duty belt listed above; Level IIIA Body Armor Inner or Outer (Licensed Armed Security Guard ONLY); Assigned standard 9mm Glock (Licensed Armed Security Guard ONLY); Handcuffs, handcuff case, OC spray, flashlight, police baton; Company issued uniforms marked with company patch appropriate for weather conditions; and picture name badges

**Attachment B: Bid Form for Interstate and Intrastate Prisoner Transport
IFB# 3160007531**

BID FORM

Company	Contact Person	Telephone Number
Topps Private Investigation and Security Firm	Ophelia Topps	662-417-7212

The pricing quoted shall be inclusive of, but not limited to the following:

1. All required equipment or material;
2. All required insurance, bond, or other surety;
3. All required overhead;
4. All required labor and supervision;
5. All required transportation.
6. All required profit.
7. All required business and professional certifications, licenses, permits, or fees; and,
8. Any and all other costs.

Pricing Structure: Bidder agrees to furnish services specified in this Bid at the rate indicated below for the entire duration of any resulting Contract. Any cost or incidental expenses not shown on this document will be the responsibility of the vendor. The "Pricing Chart by Region" must be used to submit pricing for guard services. It is the intention of MDOC to solicit pricing for each of the eight (8) geographic regions in the State of Mississippi. Respondents must submit a response for at least one (1) region, but may submit pricing for all regions. MDOC reserves the right to award contracts to multiple vendors based on pricing for each geographic region. Please refer to **Attachment B-1** for a map of the geographic regions.

Mississippi Department of Corrections Guard Services for Hospital /Clinic Visits or Hospitalizations Pricing Chart		
Regions	Total Hourly Rate	
	Armed	Unarmed
North Delta	\$25	\$20
Northeast	\$25	\$20
South Delta	\$25	\$20
East Central		
Central	\$25	\$20
Pinebelt	\$25	\$20
Southwest		
Coastal		

Any other fees or miscellaneous charges – List and provide rate per unit	N/A
---	-----

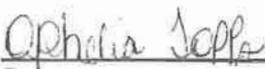
By signing below, the Company Representative certifies that he/she has authority to bind the company, and further acknowledges and certifies on behalf of the company:

1. That he/she has thoroughly read and understands the Invitation for Bids and Attachments thereto;
2. That the company meets all requirements and acknowledges all certifications contained in the Invitation for Bids and Attachments thereto;
3. That the company agrees to all provisions of the Invitation for Bids and Attachments thereto including, but not limited to, the Required and Optional Clauses to be included in any contract resulting from this IFB (**Attachments E and H**);
4. That the company will perform the services required at the prices quoted above;
5. That, to the best of its knowledge and belief, the cost of pricing data submitted is accurate, complete, and current as of the submission date;
6. The Bidder represents that its workers are licensed, certified and possess the requisite credentials to perform the duties required to be performed under this Invitation for Bids.

Company Name: Topps Private Investigation and Security Firm

Printed Name of Representative: Ophelia Topps

Date: September 19, 2025

Signature: 

Note: Failure to sign the bid form may result in the bid being rejected as non-responsive. Modifications or additions to any portion of this bid document may be cause for rejection of the bid.

Attachment C: Bidders' Acknowledgment of Bid as Public Record

The redacted version of the bid – or if no redacted version is produced, the full bid document – will be released at the Agency's sole discretion, without notice to the bidder and will be produced as a public record exactly as submitted.

Bidders shall acknowledge receipt of any amendment to the IFB in writing. The acknowledgment shall be submitted by signing and returning the amendment with the bid package, identifying the amendment number and date in the space provided on the bid form, or by email or letter. Each bidder shall submit a written acknowledgment of every amendment to the MDOC on or before the submission deadline.

Choose One (1):

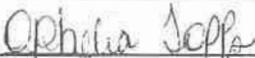
_____ Along with a complete copy of its bid, bidder has submitted a second copy of the bid document in which all information bidder deems to be confidential commercial and financial information and/or trade secrets is redacted in black. Bidder has not made redactions in bad faith in order to prohibit public access to portions of the bid which are not subject to Mississippi Code Annotated §§ 25-61-9, 75-26-1 through 75-26-19, and/or 79-23-1. Bidder acknowledges and agrees that The Mississippi Department of Corrections may release the redacted copy of the bid document at any time as a public record without further notice to bidder. A bidder who selects this option but fails to submit a redacted copy of its bid may be deemed non-responsive.

Bidder hereby certifies that the complete unredacted copy of its bid may be released as a public record by the Mississippi Department of Corrections at any time without notice to bidder. Bidder explicitly waives any right to receive notice of a request to inspect, examine, copy, or reproduce its bid as provided in Mississippi Code Annotated § 25-61-9(1)(a). The bid contains no information bidder deems to be confidential commercial and financial information and/or trade secrets in accordance with Mississippi Code Annotated §§ 25-61-9, 75-26-1 through 75-26-19, and/or 79-23-1. A bidder who selects this option but submits a redacted copy of its bid may be deemed non-responsive.

Company Name: Topps Private Investigation and Security Firm

Printed Name of Representative: Ophelia Topps

Date: September 19, 2025

Signature: 

Note: Failure to sign this acknowledgment may result in the bid being rejected as non-responsive. Modifications or additions to any portion of this acknowledgment may be cause for rejection of the bid.

Attachment D: Certifications and Assurances

As an authorized signatory for Topps Private Investigation and Security Firm, I make the following certifications and assurances as a required element of the bid to which it is attached and the understanding that the truthfulness of the facts affirmed here and the continued compliance with these requirements are conditions precedent to the award or continuation of the related contract(s):

1. OFFEROR'S REPRESENTATION REGARDING CONTINGENT FEES

By responding to the solicitation, the offeror represents that it has not retained any person or agency on a percentage, commission, or other contingent arrangement to secure this contract. If the offeror cannot make such a representation, a full and complete explanation shall be submitted in writing with the offeror's response, to the MDOC prior to contract execution.

2. REPRESENTATION REGARDING GRATUITIES

Offeror represents that it has not, is not, and will not offer, give, or agree to give any employee or former employee of MDOC a gratuity or offer of employment in connection with any approval, disapproval, recommendation, development, or any other action or decision related to the solicitation and resulting contract. Offeror further represents that no employee or former employee of MDOC has or is soliciting, demanding, accepting, or agreeing to accept a gratuity or offer of employment for the reasons previously stated; any such action by an employee or former employee in the future, if any, will be rejected by offeror. Offeror further represents that it is in compliance with the Mississippi Ethics in Government laws, codified at Mississippi Code Annotated §§ 25-4-101 through 25-4-121, and has not solicited any employee or former employee to act in violation of said law.

3. EXCLUSION OR DEBARMENT

By submitting a bid in response to the IFB, the bidder certifies that it is not currently excluded or debarred from future contract awards by any political subdivision or agency of any state, federal, local, or county government. Bidder further certifies that it is not an agent of any such person or entity.

Bidder certifies that it has not, in the five-year period preceding its offer, been convicted of or had a civil judgment rendered against it for commission of a fraud or criminal offense in connection with obtaining, attempting to obtain, or performance of a public contract; violation of antitrust laws; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Bidder certifies that it is not presently indicted or otherwise criminally or civilly charged with the commission of any of the acts listed herein.

Bidder certifies that, within the past five years, it has not had a contract with a governmental entity terminated due to the bidder's failure to perform, default, or any other action or inaction by the bidder.

4. CERTIFICATION OF INDEPENDENT PRICE DETERMINATION

By submitting a bid, the bidder certifies that the prices submitted in response to the solicitation have been arrived at independently and without any consultation, communication, or agreement with any other bidder or competitor for the purpose of restricting competition.

5. The Bidder and/or authorized representative of the Bidder further certifies that he/she has thoroughly read and understands the Invitation for Bids and Attachments thereto.
6. The Bidder and/or authorized representative of the Bidder further certifies that the company meets all requirements and acknowledges all certifications contained in the Invitation for Bids and attachments thereto.
7. The Bidder and/or authorized representative of the Bidder further certifies the company agrees to all provisions of the Invitation for Bids and Attachments thereto.
8. The Bidder and/or authorized representative of the Bidder further certifies that the company will provide the services required at the prices quoted above.
9. The Bidder and/or authorized representative of the Bidder further certifies that its workers are licensed, certified and possess the requisite credentials to provide the services detailed in this IFB.

Name: Ophelia Topps

Title: CEO

Signature: Ophelia Topps

Date: September 19, 2025

Modifications or additions to any portion of this document may be cause for rejection of the bid.

Attachment F: References

Bidder must submit at least 3 references. References will be contacted in order listed until two (2) references have been interviewed and Reference Score Sheets completed. Contractors are encouraged to submit additional references to ensure at least two references are available for interview with two (2) business days of bid opening to be considered acceptable. Contractors are encouraged to submit additional references by submitting additional copies of **Attachment F**.

REFERENCE 1

Name of Company: Metropolitan Development Housing Agency

Dates of Service: December 2022 - current

Contact Person: Yolanda Flakes

Address: 701 S 6th St,

City/State/Zip: Nashville, TN 37206

Telephone Number: 615-252-6734

Cell Number: 615-485-3086

E-mail: yflakes@nashville-mdha.org

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 2

Name of Company: Mississippi School for Deaf & Blind

Dates of Service: 2023-2024

Contact Person: Keshia Sanders

Address: 1253 Eastover Dr

City/State/Zip: Jackson, MS 39211

Telephone Number: 601-214-6844

Cell Number: 601-984-8101

E-mail: Keshia.sanders@msdbk12.org

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 3

Name of Company: Federal Emergency Management Agency

Dates of Service: 2023 - ongoing

Contact Person: Ashley Young

Address: _____

City/State/Zip: _____

Telephone Number: (202) 394-5138

Cell Number: _____

E-mail: ashlee.young@fema.dhs.gov

Alternative Contact Person (optional): Gina Cole

Telephone Number: _____

Cell Number: (202) 394-5138

E-mail: gina.cole@fema.dhs.gov

REFERENCE 4

Name of Company: Mississippi Department of Employment Security

Dates of Service: July 2024 - current

Contact Person: Misty Vowell

Address: 1235 Echelon Pkwy

City/State/Zip: Jackson, MS 39215

Telephone Number: 601-321-6565

Cell Number: _____

E-mail: mvowell@mdes.ms.gov

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

REFERENCE 5

Name of Company: Mississippi Department of Human Services

Dates of Service: October 2023

Contact Person: Kimbley Hendrix

Address: _____

City/State/Zip: _____

Telephone Number: 601-359-4784

Cell Number: _____

E-mail: Kimbley.Hendrix@mdhs.ms.gov

Alternative Contact Person (optional): _____

Telephone Number: _____

Cell Number: _____

E-mail: _____

AMENDMENT #1
Questions & Answers for RFX3160007531
Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of
State Inmates
Issue Date: August 12, 2025

All Prospective Bidders:

The Mississippi Department of Corrections is issuing an amendment to RFX 3160007531, Invitation for Bids for Guard Services for Outpatient Clinic/Hospitalization of State Inmates, dated September 3, 2025. Amendment 1 provides responses to questions received during the question period of this solicitation.

Note: Pursuant to Section 1.5, page of this amendment contains a required signature line that acknowledges the amendment and must be submitted with Bidder’s response packet.

Questions Received	Answers																		
In reference to your recent posting for the Invitation for Bids (IFB) for Guard Services, I would like to kindly inquire whether you could provide the total hours from the previous contract under this RFX.	<p>MDOC currently has a contract for the South Delta, Central and Southwest Regions. The total number of service hours for these areas are provided below. Additionally, the Agency has provided the total number of service hours as reported by our facilities. Total hours reflect services provided from January 1, 2024 – January 31, 2024.</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Region</th> <th style="text-align: right; border-bottom: 1px solid black;">Total Hours</th> </tr> </thead> <tbody> <tr> <td>North Delta</td> <td style="text-align: right;">--</td> </tr> <tr> <td>South Delta</td> <td style="text-align: right;">3,635.75</td> </tr> <tr> <td>Central</td> <td style="text-align: right;">41,190</td> </tr> <tr> <td>Southwest</td> <td style="text-align: right;">1,295</td> </tr> <tr> <td>Northeast</td> <td style="text-align: right;">--</td> </tr> <tr> <td>East Central</td> <td style="text-align: right;">--</td> </tr> <tr> <td>Pinebelt</td> <td style="text-align: right;">--</td> </tr> <tr> <td>Coastal</td> <td style="text-align: right;">9,912</td> </tr> </tbody> </table> <p>Hours not provided does not mean that no transports took place in these areas. However, our facilities were unable to calculate the hours spent by staff during this time period. Pursuant to Section 1.2 of this IFB, MDOC does not guarantee any minimum number of transports, transport miles or dollar amount of services for any contract resulting from this IFB.</p>	Region	Total Hours	North Delta	--	South Delta	3,635.75	Central	41,190	Southwest	1,295	Northeast	--	East Central	--	Pinebelt	--	Coastal	9,912
Region	Total Hours																		
North Delta	--																		
South Delta	3,635.75																		
Central	41,190																		
Southwest	1,295																		
Northeast	--																		
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Pinebelt	--																		
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In reference to your recent posting for the Invitation for Bids (IFB) for Guard Services, I would like to kindly inquire whether you could provide the total hours from the previous contract under this RFX.																			

Guard Services for Outpatient Clinic/Hospital Visits and Hospitalization of State Inmates

Amendment #1 – Questions and Responses

Issue Date: August 12, 2025

Signature and Submission of Amendment #1 are required with your IFB.

Receipt for Amendment #1: Ophelia Topps
Signature

Ophelia Topps
Printed Name

September 19, 2025
Date

Topps Private Investigation and Security Firm
Company Name

CEO
Title



My Company Profile

Company Information

Company Name

Topp's Private Investigation and Security Firm, LLC

Doing Business As (DBA) Name

Company ID

2005041

Enrollment Date

Oct 20, 2022

Employer Identification Number (EIN)

811996128

Unique Entity Identifier (UEI)

DUNS Number

080579906

Total Number of Employees

20 to 99

Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

Give form to the requester. Do not send to the IRS.

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) Topps Private Investigation and Security Firm
	2	Business name/disregarded entity name, if different from above. Topps Security
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>
	4	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>
	5	Address (number, street, and apt. or suite no.). See instructions. 158 Hatties Flowers Drive
	6	City, state, and ZIP code Grenada, MS 38901
	7	List account number(s) here (optional)
		Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number									
or									
Employer identification number									
8	1	-	1	9	9	6	1	2	8

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Aphelia Joppa</i>	Date August 11, 2025
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid).
- Form 1099-DIV (dividends, including those from stocks or mutual funds).
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds).
- Form 1099-NEC (nonemployee compensation).
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers).
- Form 1099-S (proceeds from real estate transactions).
- Form 1099-K (merchant card and third-party network transactions).
- Form 1098 (home mortgage interest), 1098-E (student loan interest), and 1098-T (tuition).
- Form 1099-C (canceled debt).
- Form 1099-A (acquisition or abandonment of secured property).

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441-1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(f)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or "doing business as" (DBA) name on line 2.

- **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

- **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

- **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner's name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor ⁴

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

**EVALUATIONS OF BIDS
(NON-SUBSTANTIVE
AND SUBSTANTIVE)**

Bid Opening Non-Substantive Evaluation

Name/Number of IFB: Guard Services for Outpatient Clinic/Hospital Visits and Hospitalizations of State Inmates (RFx #3160007531)

Name of Vendor: Davis Security Services LLC

Date/Time Received: 9/17/2025 10:56 a.m.

Date/Time of Bid Opening: Friday, September 19, 2025 @ 2 p.m.

Pass or Fail: _____

Requirement	Yes/No	Comments
Was the bid received by the deadline?	yes	
Are there one original bid and two copies of the bid?	yes	
Did the Bidder sign Amendment Acknowledgment form?	yes	
Minimum Qualifications to be Deemed Responsive (per Section 4.3)		
Is the bid cover sheet (Attachment A) included and filled out completely?	yes	
Is the bid form (Attachment B) included, filled out completely with the pricing, and a signature?	yes	
Are there at least three (3) legible references included on Attachment F?	yes	
Is the Certifications and Assurances (Attachment D) included and completed?	No	Did not choose a option
Is the E-Verification Registration included?	NO	
Is the W-9 Form signed by Authorized Representative?	NO	
Minimum Qualifications to be Deemed Responsible (per Section 4.2)		
Has the Bidder provided similar services in requirements and scale as described in the IFB?	yes	
Has the Bidder received a minimum of six (6) points on two (2) Reference Score Sheets?	yes	
Is the Bidder qualified to do business in MS or agrees to be registered within 7 days of Notice of Intent?	yes	

Bid Opening Non-Substantive Evaluation

Name/Number of IFB: Guard Services for Outpatient Clinic/Hospital Visits and Hospitalizations of State Inmates (RFx #3160007531)

Name of Vendor: Topps Private Investigation & Security Firm LLC

Date/Time Received: 9/18/2025 4:01 pm

Date/Time of Bid Opening: Friday, September 19, 2025 @ 2 p.m.

Pass or Fail: _____

Requirement	Yes/No	Comments
Was the bid received by the deadline?	YES	
Are there one original bid and two copies of the bid?	YES	
Did the Bidder sign Amendment Acknowledgment form?	YES	
Minimum Qualifications to be Deemed Responsive (per Section 4.3)		
Is the bid cover sheet (Attachment A) included and filled out completely?	YES	
Is the bid form (Attachment B) included, filled out completely with the pricing, and a signature?	YES	
Are there at least three (3) legible references included on Attachment F?	YES	
Is the Certifications and Assurances (Attachment D) included and completed?	YES	
Is the E-Verification Registration included?	YES	
Is the W-9 Form signed by Authorized Representative?	YES	
Minimum Qualifications to be Deemed Responsive (per Section 4.2)		
Has the Bidder provided similar services in requirements and scale as described in the IFB?	YES	
Has the Bidder received a minimum of six (6) points on two (2) Reference Score Sheets?	yes	
Is the Bidder qualified to do business in MS or agrees to be registered within 7 days of Notice of Intent?	yes	

Mississippi Department of Corrections
 Bid Evaluation Form

Evaluator's Name: Debra Smith

IFB Name & Number: Interstate and Intrastate Prisoner Transport Services, RFx: 3160007531

Bids Received	
Vendor 1	Davis Security Services, LLC
Vendor 2	Topps Private Investigation and Security Firm

Compliance Phase

This section is used to determine whether a vendor is responsive, responsible, and/or acceptable. Requirements are not assigned a point percentage and/or score. Evaluators simply record PASS or FAIL for each numbered item. In the event that any factor receives a FAIL or for some reason can not be evaluated, an explanation of the problem or concern and the corresponding question must be evaluated and made part of the record, to include any allowable waivers or resolutions. Bids with errors that do not alter the substance of the bid can be accepted, and the procurement officer may allow the bidder to correct the problem prior to review as long as the irregularities are insignificant mistakes that can be waived or corrected without prejudice to other bidders. If any component received a FAIL (a "NO" response on any item or contains an item which for some reason cannot be evaluated, it shall be deemed as non-responsive and/or non-responsible.

REQUIREMENT	PASS (+) / FAIL (-)		COMMENTS
	VENDOR 1	VENDOR 2	
Was the bid received by the deadline?	+	+	
Are there one original bid and two copies of the bid?	+	+	
Did the Bidder sign Amendment Acknowledgment form?	+	+	
MINIMUM QUALIFICATIONS TO BE DEEMED RESPONSIVE (per Section 4.3)			

REQUIREMENT	PASS (+) / FAIL (-)		COMMENTS
	VENDOR 1	VENDOR 2	
Is the bid cover sheet (Attachment A) included and filled out completely?	+	+	
Is the bid form (Attachment B) included, filled out completely with the pricing, and a signature?	+	+	
Are there at least three (3) legible references included on Attachment F?	+	+	
Is the Certifications and Assurances (Attachment D) included and completed?	+ (S)	+	
Is the E-Verification Registration included?	-	+	
Is the W-9 Form signed by Authorized Representative?	+	+	
Is the Bidder deemed Responsive?	-		
MINIMUM QUALIFICATIONS TO BE DEEMED RESPONSIBLE (per Section 4.2)			
Has the Bidder provided similar services in requirements and scale as described in the IFB?	+	+	
Has the Bidder received a minimum of six (6) points on two (2) Reference Score Sheets?	+	+	
Is the Bidder qualified to do business in MS or agrees to be registered within 7 days of Notice of Intent?	+	+	
Is the Bidder deemed Responsible?	+	+	Davis failed to provide enough information

Cost Analysis Phase. The lowest cost bid will receive the maximum 100 points allocated to cost. The point allocations for cost on the other bids will be evaluated according to the following formula:
$$\frac{\text{Price of the lowest responsive and responsible bid}}{\text{Price of the responsive and responsible bid being rated}} \times 100$$

The lowest bid will be determined by calculating the average of "Total Points Awarded". The Bidder with the highest average will be deemed the lowest responsive, responsible bids. Bids that did not meet the minimum qualifications to be deemed Responsive AND Responsible should not be evaluated in the Cost Analysis Phase.

BIDDER'S NAME	CATEGORY OF SERVICE	STATED COST	CALCULATED RATION (Use above formula)	Total Points Awarded	
Davis	UNARMED GUARD SERVICES				
	North Delta	40	.5 ✓	50	
	Northeast	40	.5 ✓	50	
	South Delta	40	.5 ✓	50	
	East Central	40	.5	100	
	Central	40	.5 ✓	50	
	Pinebelt	40	.5 ✓	50	
	Southwest	40	.5	100	
	Coastal	40	.5	100	
	ARMED GUARD SERVICES				
	North Delta	40	.625	72.66	
	Northeast	40	.625	72.66	
	South Delta	40	.625	72.66	
	East Central	40	.625	72.66	
	Central	40	100 - .625 = 99.375	72.66	
	Pinebelt	40	.625		
	Southwest	40	100		
	Coastal	40	100		
	AVERAGE OF TOTAL POINTS AWARDED				
	TOPPS	UNARMED GUARD SERVICES			
North Delta		20	1	100	

	Northeast	20	1		
	South Delta	20	1		
	East Central				
	Central	20	1		
	Pinebelt	20	1		
	Southwest				
	Coastal				
	ARMED GUARD SERVICES				
	North Delta	25	1		
	Northeast	25	1		
	South Delta	25	1		
	East Central				
	Central	25	1		
	Pinebelt	25	1		
	Southwest				
	Coastal				
	AVERAGE OF TOTAL POINTS AWARDED				

Mississippi Department of Corrections
 Bid Evaluation Form

Evaluator's Name: _____

Nathan Blevins

IFB Name & Number: Interstate and Intrastate Prisoner Transport Services, RFx: 3160007531

Bids Received	
Vendor 1	Davis Security Services, LLC
Vendor 2	Topps Private Investigation and Security Firm

Compliance Phase

This section is used to determine whether a vendor is responsive, responsible, and/or acceptable. Requirements are not assigned a point percentage and/or score. Evaluators simply record PASS or FAIL for each numbered item. In the event that any factor receives a FAIL or for some reason can not be evaluated, an explanation of the problem or concern and the corresponding question must be evaluated and made part of the record, to include any allowable waivers or resolutions. Bids with errors that do not alter the substance of the bid can be accepted, and the procurement officer may allow the bidder to correct the problem prior to review as long as the irregularities are insignificant mistakes that can be waived or corrected without prejudice to other bidders. If any component received a FAIL (a "NO" response on any item or contains an item which for some reason cannot be evaluated, it shall be deemed as non-responsive and/or non-responsible.

REQUIREMENT	PASS (+) / FAIL (-)		COMMENTS
	VENDOR 1	VENDOR 2	
Was the bid received by the deadline?	<i>+</i>	<i>+</i>	
Are there one original bid and two copies of the bid?	<i>+</i>	<i>+</i>	
Did the Bidder sign Amendment Acknowledgment form?	<i>+</i>	<i>+</i>	
MINIMUM QUALIFICATIONS TO BE DEEMED RESPONSIVE (per Section 4.3)			

REQUIREMENT	PASS (+) / FAIL (-)		COMMENTS
	VENDOR 1	VENDOR 2	
Is the bid cover sheet (Attachment A) included and filled out completely?	-	+	
Is the bid form (Attachment B) included, filled out completely with the pricing, and a signature?	-	+	
Are there at least three (3) legible references included on Attachment F?	+	+	
Is the Certifications and Assurances (Attachment D) included and completed?	+	+	
Is the E-Verification Registration included?	-	+	
Is the W-9 Form signed by Authorized Representative?	-	+	
Is the Bidder deemed Responsive?	-	+	<i>Failed to provide paperwork</i>
MINIMUM QUALIFICATIONS TO BE DEEMED RESPONSIBLE (per Section 4.2)			
Has the Bidder provided similar services in requirements and scale as described in the IFB?	+	+	
Has the Bidder received a minimum of six (6) points on two (2) Reference Score Sheets?	+	+	
Is the Bidder qualified to do business in MS or agrees to be registered within 7 days of Notice of Intent?	+	+	
Is the Bidder deemed Responsible?	+	+	

Cost Analysis Phase. The lowest cost bid will receive the maximum 100 points allocated to cost. The point allocations for cost on the other bids will be evaluated according to the following formula:
$$\frac{\text{Price of the lowest responsive and responsible bid}}{\text{Price of the responsive and responsible bid being rated}} \times 100$$

The lowest bid will be determined by calculating the average of "Total Points Awarded". The Bidder with the highest average will be deemed the lowest responsive, responsible bids. Bids that did not meet the minimum qualifications to be deemed Responsive AND Responsible should not be evaluated in the Cost Analysis Phase.

BIDDER'S NAME	CATEGORY OF SERVICE	STATED COST	CALCULATED RATION (Use above formula)	Total Points Awarded	
<i>Davis</i>	UNARMED GUARD SERVICES				
	North Delta	40	.5	50	
	Northeast	40	.5	50	
	South Delta	40	.5	50	
	East Central	40	1	100	
	Central	40	.5	50	
	Pinebelt	40	.5	50	
	Southwest	40	1	100	
	Coastal	40	1	100	
	ARMED GUARD SERVICES				
	North Delta	40	.65	62.5	
	Northeast	40	.65	62.5	
	South Delta	40	.65	62.5	
	East Central	40	.65	62.5	
	Central	40	.65	62.5	
	Pinebelt	40	1	100	
	Southwest	40	1	100	
	Coastal	40	1	100	
	AVERAGE OF TOTAL POINTS AWARDED				<i>72.66</i>
	<i>Topps</i>	UNARMED GUARD SERVICES			
		North Delta	20	1	

	Northeast	20	1	
	South Delta	20	1	
	East Central			
	Central	20	1	
	Pinebelt	20	1	
	Southwest			
	Coastal			
	ARMED GUARD SERVICES			
	North Delta	25	1	
	Northeast	25	1	
	South Delta	25	1	
	East Central			
	Central	25	1	
	Pinebelt	25	1	
	Southwest			
	Coastal			
AVERAGE OF TOTAL POINTS AWARDED				100

Mississippi Department of Corrections
 Bid Evaluation Form

Evaluator's Name: John Hunt

IFB Name & Number: Interstate and Intrastate Prisoner Transport Services, RFx: 3160007531

Bids Received	
Vendor 1	Davis Security Services, LLC
Vendor 2	Topps Private Investigation and Security Firm

Compliance Phase

This section is used to determine whether a vendor is responsive, responsible, and/or acceptable. Requirements are not assigned a point percentage and/or score. Evaluators simply record PASS or FAIL for each numbered item. In the event that any factor receives a FAIL or for some reason can not be evaluated, an explanation of the problem or concern and the corresponding question must be evaluated and made part of the record, to include any allowable waivers or resolutions. Bids with errors that do not alter the substance of the bid can be accepted, and the procurement officer may allow the bidder to correct the problem prior to review as long as the irregularities are insignificant mistakes that can be waived or corrected without prejudice to other bidders. If any component received a FAIL (a "NO" response on any item or contains an item which for some reason cannot be evaluated, it shall be deemed as non-responsive and/or non-responsible.

REQUIREMENT	PASS (+) / FAIL (-)		COMMENTS
	VENDOR 1	VENDOR 2	
Was the bid received by the deadline?	+	+	
Are there one original bid and two copies of the bid?	+	+	
Did the Bidder sign Amendment Acknowledgment form?	+	+	
MINIMUM QUALIFICATIONS TO BE DEEMED RESPONSIVE (per Section 4.3)			

REQUIREMENT	PASS (+) / FAIL (-)		COMMENTS
	VENDOR 1	VENDOR 2	
Is the bid cover sheet (Attachment A) included and filled out completely?	-	+	
Is the bid form (Attachment B) included, filled out completely with the pricing, and a signature?	-	+	
Are there at least three (3) legible references included on Attachment F?	+	+	
Is the Certifications and Assurances (Attachment D) included and completed?	+	+	
Is the E-Verification Registration included?	-	+	
Is the W-9 Form signed by Authorized Representative?	-	+	
Is the Bidder deemed Responsive?	-	+	
MINIMUM QUALIFICATIONS TO BE DEEMED RESPONSIBLE (per Section 4.2)			
Has the Bidder provided similar services in requirements and scale as described in the IFB?	+	+	
Has the Bidder received a minimum of six (6) points on two (2) Reference Score Sheets?	+	+	
Is the Bidder qualified to do business in MS or agrees to be registered within 7 days of Notice of Intent?	+	+	
Is the Bidder deemed Responsible?	+	+	① Failed to provide complete cover sheet & additional requested information w/ w9; therefore not responsive the same

Cost Analysis Phase. The lowest cost bid will receive the maximum 100 points allocated to cost. The point allocations for cost on the other bids will be evaluated according to the following formula:
$$\frac{\text{Price of the lowest responsive and responsible bid}}{\text{Price of the responsive and responsible bid being rated}} \times 100$$

The lowest bid will be determined by calculating the average of "Total Points Awarded". The Bidder with the highest average will be deemed the lowest responsive, responsible bids. Bids that did not meet the minimum qualifications to be deemed Responsive AND Responsible should not be evaluated in the Cost Analysis Phase.

BIDDER'S NAME	CATEGORY OF SERVICE	STATED COST	CALCULATED RATION (Use above formula)	Total Points Awarded	
Vendor 1 Davis Security Services	UNARMED GUARD SERVICES				
	North Delta	\$40.00	.5	50	
	Northeast	\$40.00	.5	50	
	South Delta	\$40.00	.5	50	
	East Central	\$40.00	1	100	
	Central	\$40.00	.5	50	
	Pinebelt	\$40.00	.5	50	
	Southwest	\$40.00	1	100	
	Coastal	\$40.00	1	100	
	ARMED GUARD SERVICES				
	North Delta	\$40.00	.625	62.5	
	Northeast	\$40.00	.625	62.5	
	South Delta	\$40.00	.625	62.5	
	East Central	\$40.00	1	100	
	Central	\$40.00	.625	62.5	
	Pinebelt	\$40.00	.625	62.5	
	Southwest	\$40.00	1	100	
	Coastal	\$40.00	1	100	
	AVERAGE OF TOTAL POINTS AWARDED				72.66
	Topps Private	UNARMED GUARD SERVICES			
North Delta		\$20.00	1		

	Northeast	\$ 20.00	1	
	South Delta	\$ 20.00	1	
	East Central			
	Central	\$ 20.00	1	
	Pinebelt	\$ 20.00	1	
	Southwest			
	Coastal			
	ARMED GUARD SERVICES			
	North Delta	\$ 25.00	1	
	Northeast	\$ 25.00	1	
	South Delta	\$ 25.00	1	
	East Central			
	Central	\$ 25.00	1	
	Pinebelt	\$ 25.00	1	
	Southwest			
	Coastal			
AVERAGE OF TOTAL POINTS AWARDED				100

REFERENCE CHECKS

Attachment G: Reference Score Sheet

[To Be Completed by MDOC Only]

Bidder Name: Dans Security Services, LLC

Reference Name: TBL Security

Person Contacted, Title/Position: ~~Megan Turner~~ Don Larson, Regional mgr.

Date/Time Contacted: 09/23/25 @ 2:03 pm.

Service From/To Date: 5/2025 - 8/2025

Were they able to provide the services when called?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were you satisfied with the services provided, if any? If not, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was the vendor easy to work with when scheduling services?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services provided on time and within budget? P/A	<input type="radio"/> Yes	<input type="radio"/> No
Did the vendor listen and readily offer a solution if you had an issue? (If you never had an issue, please check here ___).	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Each "yes" is one point; each "no" is zero points. Bidder must have a minimum average score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: PASS or FAIL

Do you have any professional or personal interest in the bidder's organization? If yes, please explain.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
---	---------------------------	-------------------------------------

A "yes" to the above question may result in an automatic disqualification of the provided reference, therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes:

Was always on time and easy to work with. Works part-time w/ this reference as an overnight guard.

Called by:

Crystal T. [Signature]
Signature

Project Mgr II
Title

9/23/25
Date

Attachment G: Reference Score Sheet

[To Be Completed by MDOC Only]

Bidder Name: Davis Security Services, LLC

Reference Name: Mississippi State Hospital

Person Contacted, Title/Position: Katrina Fields

Date/Time Contacted: 09/23/2025 @ 1:54 p.m.

Service From/To Date: _____

Were they able to provide the services when called?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were you satisfied with the services provided, if any? If not, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was the vendor easy to work with when scheduling services?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services provided on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Did the vendor listen and readily offer a solution if you had an issue? (If you never had an issue, please check here ____).	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Each "yes" is one point; each "no" is zero points. Bidder must have a minimum average score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: PASS or FAIL

Do you have any professional or personal interest in the bidder's organization? If yes, please explain.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
---	---------------------------	-------------------------------------

A "yes" to the above question may result in an automatic disqualification of the provided reference, therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes:

Reference was very satisfied with service

Blank lined area for notes or additional information.

Called by: Crystal T. Zhang Project Manager II 9/23/25
Signature Title Date

Attachment G: Reference Score Sheet

[To Be Completed by MDOC Only]

Bidder Name: Topps Private Investigation and Security Firm

Reference Name: Mississippi Department of Human Services

Person Contacted, Title/Position: Kimberly Hendrix, Procurement Team Lead

Date/Time Contacted: 09/23/25 @ 2:40 pm

Service From/To Date: Oct. 2023

Were they able to provide the services when called?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were you satisfied with the services provided, if any? If not, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was the vendor easy to work with when scheduling services?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services provided on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Did the vendor listen and readily offer a solution if you had an issue? (If you never had an issue, please check here ___).	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract with them again?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Each "yes" is one point; each "no" is zero points. Bidder must have a minimum average score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: PASS or FAIL

Do you have any professional or personal interest in the bidder's organization? If yes, please explain.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
---	---------------------------	-------------------------------------

A "yes" to the above question may result in an automatic disqualification of the provided reference, therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes:

Called by:

Crystal T. Zeman Project Manager II 09/23/25
Signature Title Date

Attachment G: Reference Score Sheet

[To Be Completed by MDOC Only]

Bidder Name: Topps Private Investigation and Security Firm

Reference Name: Mississippi Department of Employment Security

Person Contacted, Title/Position: Misty Vonell, Security Director

Date/Time Contacted: 09/23/25 @ 2:44 pm

Service From/To Date: 01/2024 - CURRENT

Were they able to provide the services when called?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were you satisfied with the services provided, if any? If not, please explain.	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Was the vendor easy to work with when scheduling services?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Were the services provided on time and within budget?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Did the vendor listen and readily offer a solution if you had an issue? (If you never had an issue, please check here ___).	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Would you enter into a contract with them again?	<input type="radio"/> Yes	<input checked="" type="radio"/> No
Would you recommend them?	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Each "yes" is one point; each "no" is zero points. Bidder must have a minimum average score of "6" from two references (total of "12" points) to be considered responsible and for its bid to be considered.

Score: PASS or FAIL

Do you have any professional or personal interest in the bidder's organization? If yes, please explain.	<input type="radio"/> Yes	<input checked="" type="radio"/> No
---	---------------------------	-------------------------------------

A "yes" to the above question may result in an automatic disqualification of the provided reference, therefore, resulting in a score of zero as responses to previous questions become null and void.

Notes:

No, but could not state why. Only that she likes trying new things.

Called by:

Crystal T. Zheng
Signature

Project Manager II
Title

09/23/25
Date

**NOTICE
OF
INTENT TO
AWARD**



**STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
BURL CAIN
COMMISSIONER**

Notice of Intent to Award

October 15, 2025

Procurement Type and Number	Invitation for Bid RFx 3160007531
Procurement Title	Invitation for Bids (IFB) for Hospital/Clinic Visits and Hospitalization of State Inmates
Opening Date and Time	August 8, 2025, at 2:00 pm CST

The following vendors submitted responses to the above solicitation:

- Davis Security Services, LLC
- Topps Private Investigation and Security Firm

The Mississippi Department of Correction announce our intent to award a contract to the following vendor upon approval by the Public Procurement Review Board and completion of successful contract negotiations:

- Topps Private Investigation and Security Firm

We would like to sincerely thank each vendor for your time and efforts in preparing a response to this solicitation. We appreciate your hard work and patience you all demonstrated during the solicitation process.

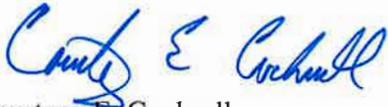
We invite you to contact Crystal T. Henry, Ph.D., Project Manager II at procurement@mdoc.state.ms.us, with the subject RFx 3160007531, if you would like to request a post-award vendor debriefing, you may have a debriefing where we can provide any applicable information about your response including significant weaknesses or deficiencies, technical ratings, and overall ranking specific to your company's response. The debriefing is a meeting and not a hearing; therefore, legal representation is not required. However, if you prefer to have legal representation present, you must provide notification prior to the scheduled meeting so that we can also have legal representation present. Your request for a debriefing must be received within three (3) business days after the issuance of this notice or no later than close of business on Monday, October 20, 2025.

Vendors are reminded that any requests for reconsideration of this decision must be submitted to Crystal T. Henry, Ph.D., Project Manager II and Amy Gamble, Director of OPSCR, within three (3) business days following issuance of the Notice of Intent to Award. Vendors may reference the *Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*, 12 Miss. Admin. Code Pt. 9, R. 5.6.3 for instructions on how to make a request for reconsideration. Vendors are reminded that the Agency Procurement File is available on the Agency website at www.mdoc.ms.gov/general-public/procurement.

The successful vendor is instructed not to begin work, purchase materials, or enter into subcontracts relating to the project or services until execution of the contract.

We appreciate your interest in doing business with the State of Mississippi.

Sincerely,

A handwritten signature in blue ink that reads "Courtney E. Cockrell". The signature is written in a cursive style with a large initial "C".

Courtney E. Cockrell
Deputy General Counsel
Mississippi Department of Corrections
301 N. Lamar Street
Jackson, MS 39201

Ignore Delete Archive Reply Reply All Forward More Meeting

Move to: ? To Manager Team Email Done Reply & Delete Create New Quick Steps

Rules OneNote Move Actions Mark Unread Categorize Tags Follow Up Translate Editing Find Related Select Read Aloud Speech Zoom

Wed 10/15/2025 2:03 PM

P Procurement

RFx 3160007531 - Guard Services Medical

To 'ldavisj1@yahoo.com'

 Intent to Award-RFx3160007531 Guard Services Medical.pdf
96 KB

Good afternoon,

Please see the attached communication regarding the abovementioned RFx. Thank you.

Crystal T. Henry, Ph.D.
Project Management Team Lead, Legal Department
 Mississippi Department of Corrections
 301 N. Lamar Street
 Jackson, MS 39201
 (P) 601-359-5655
 (F) 601-359-5735



Ignore Delete Archive Reply Reply All Forward More Meeting

Move to: ? To Manager Team Email Done Reply & Delete Create New

Rules OneNote Move Actions Mark Unread Categorize Tags Follow Up Translate Find Related Select Read Aloud Speech Zoom

Wed 10/15/2025 2:04 PM

P Procurement

RFx 3160007531 - Guard Services Medical

To 'Ophelia Topps'

 Intent to Award-RFx3160007531 Guard Services Medical.pdf
96 KB

Good afternoon,

Please see the attached communication regarding the abovementioned RFx. Thank you.

Crystal T. Henry, Ph.D.
Project Management Team Lead, Legal Department
 Mississippi Department of Corrections
 301 N. Lamar Street
 Jackson, MS 39201
 (P) 601-359-5655
 (F) 601-359-5735

