



STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
BURL CAIN
COMMISSIONER

Notice of Intent to Award

January 29, 2025

Procurement Type and Number	IFB # 3160007102
Procurement Title	IFB for Transitional Housing Services
Opening Date and Time	January 22, 2025, at 2:00 pm CST

The following vendors submitted responses to the above solicitation:

- Luther Martin Evangelistic Association, Pearl, MS
- Sober Living Residential, LLC, Meridian, MS
- Crossroads Outreach Ministries, Inc., Ridgeland, MS
- New Way Mississippi, Inc., Ridgeland, MS

The above responding vendors have been listed in the order of overall price, lowest to highest. Since the vendors' bids included different numbers of available beds which made the overall price for bidders offering more beds higher, the per bed, per day price has been used as the overall price. All bid forms are attached as Exhibit A.

The following vendor was determined non-responsive and/or non-responsible and has been notified separately of the reason(s) therefor:

- Sober Living Residential, LLC, Meridian, MS

Responses were evaluated according to the criteria stated in the solicitation. We announce our intent to award a contract to the following vendors upon approval by the Public Procurement Review Board, contingent upon a certificate of insurance which outlines the coverage and limits defined in the solicitation and any exceptions being negotiated to the satisfaction of the MDOC:

- Luther Martin Evangelistic Association, Pearl, MS
- Crossroads Outreach Ministries, Inc., Ridgeland, MS
- New Way Mississippi, Inc., Ridgeland, MS

We would like to thank each vendor for your time and efforts in preparing a response to this solicitation.

We invite you to email Princess Hayes, Project Management Team Leader at procurement@mdoc.state.ms.us, with the subject IFB #3160007102, if you would like to request

a post-award vendor debriefing where we can share with you any applicable information about your response including significant weaknesses or deficiencies, technical ratings, and overall ranking specific to your company's response. This 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 debriefing must be received within three (3) business days after the issuance of this notice or no later than February 3, 2025, which is a change from the initial anticipated January 27, 2025 date included in the IFB. This date was amended due to the delayed date of bid opening on January 22, 2025 due to inclement weather, and is in accordance with requirements the OPSCR rules. 12 Miss. Admin. Code Part 9.

Vendors are reminded that any requests for reconsideration of this decision must be submitted to Princess R. Hayes and the Director of OPSCR, Amelia Gamble, within three (3) business days after the issuance of this notice or no later than February 3, 2025. Vendors may reference the *Public Procurement Review Board Office of Personal Service Contract Review Rules and Regulations*, Rule 5.6.3, for instructions on how to make a request for reconsideration. 12 Miss. Admin. Code Pt. 9, R. 5.6.3.

Vendors are reminded that the Agency Procurement File is available on the Agency website at www.mdoc.ms.gov/general-public/procurement.

The successful vendors are 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,



Amy Foster Tisdale, Esq.
Chief Procurement Officer
Legal Department
Mississippi Department of Corrections
301 North Lamar Street
Jackson, MS 39201
601-359-2496 (phone)
601-359-5735 (fax)
Amy.Tisdale@mdoc.state.ms.us

ATTACHMENT B

BID FORM

Company	Contact Person	Telephone Number
Luther Martin Evangelistic Asso.	Luther Martin	601-502-3065

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

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

All pricing for Transitional Housing Services should include all associated costs for the items with no additional or hidden fees.

Price quotes over \$20.00 per resident per day will not be considered.

Total Beds Currently Available (minimum is 10 beds)		120
Maximum Rate Per Bed Per Day is \$20.00	x	18.95 *
Bid calculation = Total Beds x Rate per Bed x 365	=	<u>\$ 830,010.00</u>

*Offerors may offer an amount less than \$20.00 per day per bed.

Acknowledgement of Amendments. All amendments shall be acknowledged by noting the Amendment Number and Date below and by signing this form with signature.

Amendment Number	Date
One	January 3, 2025
Two	January 17, 2025

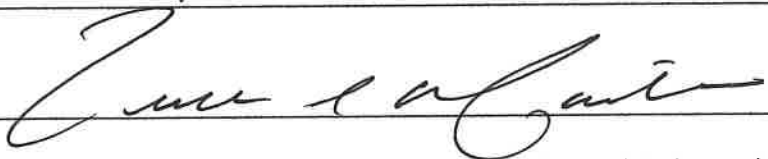
By signing below, the Contractor Representative certifies that he/she has authority to bind the company, and further acknowledges and certifies on behalf of the company:

- That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date.

Company Name: Luther Martin Evangelistic Association - Men of MORE

Printed Name of Representative: Luther E. Martin

Date: 1-22-2025

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 B

BID FORM

Company	Contact Person	Telephone Number
Sober Residential Living LLC	Viola Greene	601-527-9119

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

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

All pricing for Transitional Housing Services should include all associated costs for the items with no additional or hidden fees.

Price quotes over \$20.00 per resident per day will not be considered.

Total Beds Currently Available (minimum is 10 beds)		95
Maximum Rate Per Bed Per Day is \$20.00	x	<u>20</u> *
Bid calculation = Total Beds x Rate per Bed x 365	=	\$ <u>693,500.00</u>

*Offerors may offer an amount less than \$20.00 per day per bed.

Acknowledgement of Amendments. All amendments shall be acknowledged by noting the Amendment Number and Date below and by signing this form with signature.

Amendment Number	Date
Amend #1 3160007102	1/20/2025
Amend #2 316000702	1/21/2025

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

- That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date.

Company Name:

Sober Residential Living LLC

Printed Name of Representative: Viola Greene

Date: December 30, 2024

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 B

BID FORM

Company	Contact Person	Telephone Number
Crossroads Ministries	Vicki O'Mony	601-940-5417

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

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

All pricing for Transitional Housing Services should include all associated costs for the items with no additional or hidden fees.

Price quotes over \$20.00 per resident per day will not be considered.

Total Beds Currently Available (minimum is 10 beds)

Maximum Rate Per Bed Per Day is \$20.00

Bid calculation = Total Beds x Rate per Bed x 365

*Offerors may offer an amount less than \$20.00 per day per bed.

$$\begin{array}{r}
 \quad 25 \\
 \quad \underline{20} \quad * \\
 = \quad \$122,500
 \end{array}$$

Acknowledgement of Amendments. All amendments shall be acknowledged by noting the Amendment Number and Date below and by signing this form with signature.

Amendment Number	Date
#1 RFx 316 000 7102	1-22-25
#2 RFx 316 000 7102	1-17-25

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

- That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate, complete, and current as of the submission date.

Company Name:

Crossroads Ministries

Printed Name of Representative:

Vicki DeMoney

Date:

1-22-25

Signature:

Vicki DeMoney

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

BID FORM

Company	Contact Person	Telephone Number
New Way Mississippi, Inc	Larry Perry Phyllis Rhodes	601-506-4271 601-946-0484

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

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

All pricing for Transitional Housing Services should include all associated costs for the items with no additional or hidden fees.

Price quotes over \$20.00 per resident per day will not be considered.

$$\begin{array}{r}
 \text{Total Beds Currently Available (minimum is 10 beds)} \\
 \text{Maximum Rate Per Bed Per Day is } \$20.00
 \end{array}
 \times
 \begin{array}{r}
 \underline{80} \\
 \underline{\$20.00 * }
 \end{array}$$

$$\text{Bid calculation} = \text{Total Beds} \times \text{Rate per Bed} \times 365 = \underline{\$584,000.00}$$

*Offerors may offer an amount less than \$20.00 per day per bed.

Acknowledgement of Amendments. All amendments shall be acknowledged by noting the Amendment Number and Date below and by signing this form with signature.

Amendment Number	Date
1	1-3-2025
2	1-22-2025

New Way Mississippi, Inc.
Mississippi Department of Corrections, IFB RFx 3160007102

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

- That, to the best of its knowledge and belief, the cost or pricing data submitted is accurate complete, and current as of the submission date.

Company Name:

New Way Mississippi, Inc.

Printed Name of Representative:

Larry Perry

Date:

January 22, 2025

Signature:

Larry Perry

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.