



STATE OF MISSOURI
 MISSOURI DEPARTMENT OF CORRECTIONS
 CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN JUNE 03, 2016 TO:
 DIANA FREDRICK, CPPB
 PROCUREMENT OFFICER II

MISSOURI DEPARTMENT OF CORRECTIONS
 PURCHASING SECTION
 2729 PLAZA DRIVE, P.O. BOX 236
 JEFFERSON CITY, MISSOURI 65102
 FAX: 573-522-1562

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
05/06/16	FaithWalk Ministries, Inc. P.O. Box 119 Paris, MO 65275	SDA48000811 Amendment #001	COMMUNITY REENTRY FUNDING

THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.2.3 on page 7, the Missouri Department of Corrections hereby exercises its option to renew the above-referenced contract for the period of July 1, 2016 through June 30, 2017.

Renewal of the above contract is contingent upon final approval of the fiscal year 2017 budget by Governor Nixon.

All terms, conditions and provisions of the previous contract period, including awarded funds, shall remain and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Authorized Signer's Printed Name and Title: Harold G Long / CEO

Authorized Signature: Harold G Long Date May 9, 2016

THIS AMENDMENT IS ACCEPTED BY THE MISSOURI DEPARTMENT OF CORRECTIONS AS FOLLOWS: In its entirety.

Ellis McSwain, Jr., Board of Probation and Parole Chairman

6/2/16
Date

ORIGINAL**REQUEST FOR APPLICATION**

**Missouri Department of Corrections
Fiscal Management Unit
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102**

**Buyer of Record:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov**

RFA SDA480-008

Community Reentry Funding Statewide

**Contract Period: Date of Award through
06/30/2016**

Date of Issue: June 15, 2015

Page 1 of 57

**Applications Must Be Received No Later
Than:**

2:00 p.m., July 2, 2015

Sealed applications must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The applicant should clearly identify the RFA number on the lower right or left-handed corner of the container in which the application is submitted to the Department. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding agreement, as defined herein, shall exist. The authorized signer of this document certifies that the awardee (named below) and each of its principals are not suspended or debarred by the federal government.

Program Title: **FaithWalk Rural ReEntry Initiative**

Company Name: **FaithWalk Ministries, Inc.**

Mailing Address: **P.O. Box 119**

City, State, Zip: **Paris, MO 65275**

Telephone: **660-327-5752**

Fax: **660-327-6233**

Federal EIN #: **48-1115807**

State Vendor #: **481115807-0**

Email: **fwmdc@fwmdc.org**

Authorized Signer's Printed Name and Title: **Harold G. Long**

Authorized Signature: *Harold G. Long*

Application Date: 6-26-15

NOTICE OF AWARD:

This application is accepted by the Missouri Department of Corrections as follows:

In its entirety.

Contract No. **SDA48000811**

NC-006

[Signature]
Ellis McSwain, Chairman, Board of Probation and Parole

Date 7/29/15

The original cover page, including amendments, should be signed and returned with the application.

ORIGINAL**REQUEST FOR APPLICATION**

**Missouri Department of Corrections
Fiscal Management Unit
Purchasing Section
2729 Plaza Drive, P.O. Box 236
Jefferson City, MO 65102**

**Buyer of Record:
Gary Stoll, CPPB
Telephone: (573) 526-6402
gary.stoll@doc.mo.gov**

RFA SDA480-008

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Program Title: **FaithWalk Rural ReEntry Initiative**
 Company Name: **FaithWalk Ministries, Inc.**
 Mailing Address: **P.O. Box 119**
 City, State, Zip: **Paris, MO 65275**
 Telephone: **660-327-5752** Fax: **660-327-6233**
 Federal EIN #: **48-1115807** State Vendor #: **481115807-0**
 Email: **fwmdc@fwmdc.org**
 Authorized Signer's Printed Name and Title: **Harold G. Long**

Authorized Signature: *Harold G. Long*

Application Date: 6-26-15

NOTICE OF AWARD:

This application is accepted by the Missouri Department of Corrections as follows:

Contract No.

Ellis McSwain, Chairman, Board of Probation and Parole

Date

The original cover page, including amendments, should be signed and returned with the application.

Application Summary Form

**COMMUNITY REENTRY FUND APPLICATION SUMMARY FORM
 THE ENTIRE APPLICATION SHOULD BE TYPED
 THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED TO BE CONSIDERED
 FOR AWARD.**

<i>Please select geographic area in accordance with the map attached: See Attachment 1</i>		Amount of DOC Funds Requested:
<input type="checkbox"/> Western Region	City/County _____	\$ 49,924.40
<input type="checkbox"/> Southwest Region	City/County _____	
<input checked="" type="checkbox"/> North Central Region	City/County <i>Paris/Monroe, Moberly/Randolph, Hannibal/Marion</i>	
<input type="checkbox"/> Eastern Region	City/County _____	
<input type="checkbox"/> Southeast Region	City/County _____	



Program Title: FaithWalk Rural ReEntry Initiative
 Does this program complement another application? Yes _____ No X Name: _____
 Provide a unique name descriptive of service or program for EACH application submitted

Applicant Agency and Address: FaithWalk Ministries, Inc. 514 Fox Street Paris, Missouri 65275 <i>Harold C. Berry C.E.O.</i> <u>6-26-15</u> Signature/Title Date	Project Director Name, Phone, Fax & Email: Maurice Berry Phone: 660-327-5752 Fax: 660-327-6233 Email: fwmdc@fwmdc.org
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Anticipated Outputs: (number of offenders supervised by DOC to be served by the proposed project): 80	Estimated Cost per Offender: \$ 418.75	# of Paid Staff: 2 # of Volunteers: 2
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Summary of Proposed Project: In a concise manner, provide a summary paragraph of your project.
 The FaithWalk Rural ReEntry Initiative will facilitate a structured community-based program that will reduce recidivism in rural disadvantage areas. By providing long-term re integration supportive services to 30 males and females offenders and sex offenders without discrimination, who are currently under the supervision of the Missouri Department of Corrections North Central Region. Supportive services will include: weekly case management and mentoring sessions in life skills, recovery support, employment, anger management and connections to other community resources. Benefit subsidies include: assistance for sex offender treatment, housing support, transportation, and basic care needs.

Checklist for Application Submission

REQUIRED FORM COMPLETED FORM TO BE RETURNED WITH APPLICATION

Check that all forms and narratives are complete and accurate. Submit the application narrative and forms in the following order to ensure credit for each of the categories as listed below.

NOTE: If narrative is not clearly marked by section, the evaluation team may not score the application.

1. **Request for Application Cover Page, including Cover Page(s) for any amendments** (see cover sheet)
2. **Checklist for Application Submission**
3. **Application Narrative** Not to exceed 10 pages. (see Part Three – Submission Requirements)
4. **Preference Points** (see 3.1 g)
 - Is service supported housing proposed? Yes No
 - Are sex offenders to receive rent/housing subsidy? Yes No
5. **Funding Sources** The applicant should identify on the Checklist for Application Submission the percentage of the applicant's total operating revenues which came from the following sources during the last fiscal year. (Total should equal 100%)

% Local government
 % State government
 % Federal government
 65 % Direct donations from individuals
 20 % Corporate or foundation grants
 % Fee and charges for services, products, and sales
 % Endowment and interest income
 15 % Fundraisers or special events
 % Membership fees
 % Other sources (specify: _____)
100% Total

6. **Supporting Documentation & Forms**

- A. Exhibit A – Prior Experience of Applicant (mandatory form)
- B. Exhibit B – Expertise of Personnel (mandatory form)
- C. Exhibit C – Legal/Cancellation Actions Against Applicant (mandatory form)
- D. Exhibit D – Performance Measures (mandatory form)
- E. Exhibit E – Timeline (mandatory form)
- F. Exhibit F – Budget Detail Worksheet (mandatory form)
- G. Exhibit G – Budget Narrative (mandatory form)
- H. Exhibit H – Missouri Service-Disabled Veteran Business Preference (optional form)
- I. Exhibit I – Participation Commitment (optional form)
- J. Exhibit J – Documentation of Intent to Participate for MBE/WBE (optional form)
- K. Documentation of Nonprofit Corporation under Chapter 355 RSMo. or Section 501(C)(3) of the Internal Revenue Code (documentation needed)

NOTE: Questions relating to the RFA must be directed to Gary Stoll, of the Department of Corrections at either (573) 526-6402 or gary.stoll@doc.mo.gov.

FaithWalk Rural ReEntry Initiative

RFA SDA 480-008

A. APPLICANT'S EXPERIENCE and EXPERTISE:

FaithWalk Ministries, Inc. (FWM) a 501(c)(3) faith-based federally recognized non-profit organization Located in the North Central Region of Rural Missouri in Monroe County; is seeking funding from the Department of Corrections in the Community ReEntry Statewide Project RFA SDA 480-008 in the amount of \$49,924.40 to serve 80 male and female ex-offenders who are currently on probation and parole. For over 17 years FaithWalk has implemented various programs and for the last 48 months have ran a successful ReEntry Program in the North Central Region of Rural Missouri. FWM, is currently located in Monroe, Marion, Randolph, and Ralls County providing services five times a week, to referrals from the Hannibal Council Alcohol Drug Administration (HCADA) who has a site location in Moberly, MO called Better Choices and HCADA Corporate location is in Hannibal, MO. The Probation and Parole District 3 and District 18. Referrals from each agency will receive Case management, Mentoring, Counseling, and transportation, to and from weekly sessions, medical subsidies to assist with prescriptions, doctor and dental appointments. We have received and assessed over 1600 referrals to date, and 50% clients received services such as medical assistance, transportation, employment services, received job training and assistance and now are maintaining employment, since they have been in our program. FaithWalk rural Reentry Initiative Program has positioned itself as a local and trusted faith-based organization, to assist ex-offenders. Through our weekly structured sessions both day and evening, participants are able to find balance and self-awareness outside their environment. Our certified trained staff are equipped, dedicated and committed to work with offenders without discrimination. FWM has had a contract and partnership with Missouri Department of Mental Health, Access to recovery Program (ATR), allowing us to provide several services to the clients including an

FaithWalk Rural ReEntry Initiative

RFA SDA 480-008

aftercare program. FaithWalk has also formed a solid collaboration with Probation and Parole in District 3 and District 18 by working with the Administrator, Unit Supervisors, and Officers of clients served.

B. PROGRAM DESIGN and IMPLEMENTATION

1). Project Summary:

FaithWalk is submitting an application to fulfill the unmet needs in the North Central region. The needs are as followed but not limited to basic essentials such as medications, utilities, hygiene, and housing assistance. Supportive recovery orientated services will be providing these Mental Health services through FaithWalk for (Anger management/Domestic Violence). FaithWalk has developed strong partnership Probation and Parole and the North Central Missouri Courts who are mandating Anger management/Domestic Violence services for the clients. The overall goal of the FaithWalk Rural Reentry Initiative is to assist, individuals, from all walks of life, to show them an ongoing process of breaking the cycle of addictive failures. The FaithWalk Rural Reentry Initiative, (FWRRI) is a program based on long-term support to offenders located in rural communities. By providing clients with case management, mentoring, staff support, housing supportive services, basic care needs and medical assistance. FWRRI targets the needs of high risk offenders returning to distressed communities. Clients will participate in an orientation of the program and assessment process with a certified staff member. Clients will be given a pre and post anger management test to track client's behaviors.

After the assessment is conducted case manager and mentoring staff will be assigned to assist clients with their needs. Clients will participate in a structured, highly motivated environment of peers in a group session.

FaithWalk Rural ReEntry Initiative

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FWRRI is available for 150 program hours a year with each client participating on an average of 70 hours. Clients will participate in weekly one or two hour sessions provided to them throughout the year. During this time clients will be able to access services provided by FWRRI to help offenders reenter and be an asset in their communities. The clients who receive services 60% will receive Anger Management services, 20% will receive Domestic Violence/Batterer services, 10% will receive Supportive housing services, and 10% will receive Basic Care Needs services. 100% of clients will complete the program taking advantage of all services and completing at least 70 hours of the program.

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The total number of clients who will receive services from the program year August 1, 2015 to July 31, 2015, is 80 of which 60 will have taken and completed Anger Management classes, these 60 clients will participate in Anger Management Classes in one hour session for twelve weeks over the program cycle. Of the 80 clients 20 clients will participate in Domestic Violence/Batterer Classes in two hour sessions for 26 weeks over the program cycle. 10 of the 80 will utilize supportive housing services, 5 of 80 will access utilities, 5 of 80 will access basic care (Hygiene) needs, and 5 of 80 will access medical assistance. These 80 Clients will be able to access services provided by FWRI to help offenders reenter and be an asset in their communities. 100% of clients will complete the program taking advantage of specified services.

FWRI uses prevention and intervention which targets the needs of high risk offenders. While utilizing the 8 evidence based principles for effective intervention practices FWRI will provide the following direct services to each referral. **Drop-in Assistance:** this is for clients who may have questions about specific resources and need answers on how to acquire those resources. Information and resources guides

FaithWalk Rural ReEntry Initiative

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will be available on site or client can meet with a staff member. Materials that will be provided consist of county resource guides, reentry financial aid applications for immediate needs, educational material for GED or college, community service sites, emergency intervention (suicidal feelings, mental health first-aid need). **Case Management and engagement services:** These services are available on an ongoing basis for clients who need multiple meetings with staff to assist them in planning for substance abuse/use recovery support, basic support, and housing needs. This process allows staff to assess the needs of the client and place with proper resources to meet the specific needs.

FaithWalk will continue to provide activities which include evidence-based practices such as:

- 1) Client screenings and risk/needs assessments for substance abuse recovery support, and motivational interviews to define the client's temperament, high and low risk factors and gender specific needs; overseen and conducted by Program Director, Case Manager, and Mentors.
- 2) 1 hour weekly group of Mental Health (Anger Management) sessions will be provided day or evening by FaithWalk.
- 3) 2 hour weekly group of Mental Health (Domestic Violence) sessions will be provided day or evening by FaithWalk.
- 4) Supportive services which include providing assistance in utility payment, medical, housing, and hygiene subsidies will be managed by the Program Director, and Case Manager. Referrals from Probation and Parole and Better Choices, Burrell Behavioral, or Preferred Family Health will be provided to the staff on a continual basis. This will help provide successful reintegration of adult offenders from prison and parole back into society, Reduce re-incarceration rates of offenders served by the FWRRI, enhance offender self-sufficiency, and Improve community support programs for offenders. It takes the

FaithWalk Rural ReEntry Initiative

RFA SDA 480-008

communities to be an agent of change to be a part of the success process of the client that is returning back to it.

2) Target Client Summary:

FaithWalk Rural Reentry Initiative will target adult client's male and female that are currently under the jurisdiction of the Missouri Department of Corrections in the probation and parole systems of the North Central region. This includes individuals who meet the following minimum criteria: 18 years or older, offender, male or female, desire to become self-sufficient, and reside in District 18 and District 3. FWM anticipates serving a minimum of 80 individuals during the funding cycle of August 1, 2015 to July 31, 2016. The Probation and Parole Office provides a completed treatment referral form that indicates the current issues and needs of the client. This form is provided to the program director who, reviews and provides the case manager with needed information to set the client up with a motivational interview, intake and assessment appointment to best fit their needs for service. Clients can not receive any support assistance such as medical, utility, hygiene, housing assistance, and Mental Health services for (Anger Management and Domestic Violence/Batterer) without being referred and assessed. This ensures that proper information is captured to assist the client in responsible and healthier behaviors.

FaithWalk Rural ReEntry Initiative

RFA SDA 480-008

3-4. Output/Outcome Measurement: Services

(Anger Management)

Output – 80 of which 60 clients will have taken and completed Anger Management classes these 60 clients will participate in Anger Management Classes in one hour session for twelve weeks, Within 6 Months 30 offenders will receive Mental Health sessions, then the next 6 months remaining 30 offenders will receive Mental Health sessions.

. **Outcome** – 100% (60 out of 60) will have received Anger Management classes at the end of the program.

(Domestic Violence/Batterer)

Output – 80 of which 20 clients will participate in Domestic Violence/Batterer Classes in two hour sessions for 26 weeks, within 6 Months 10 offenders will receive Mental Health sessions, then the next 6 months remaining 10 offenders will receive Mental Health sessions.

. **Outcome** – 100% (20 out of 20) will have received Domestic Violence/Batterer at the end of the program.

(Housing)

Output – 10 offenders will receive housing assistance, within 6 months 5 offenders will have received housing assistance, then the next 6 remaining months 5 offenders will have received housing assistance.

Outcome – 100% (10 out of 10) will have received housing at the end of the program.

(Basic Care-Hygiene)

Output - 5 offenders will receive Basic Care-Hygiene assistance.

Outcome – 100% (5 out of 5) will have received Basic Care-Hygiene at the end of the program.

(Medical)

Output- 5 offenders will receive Medical assistance.

Outcome – 100% (5 out of 5) will have received Medical at the end of the program.

(Utilities)

Output - 5 offenders will receive Utility assistance.

Outcome – 100% (5 out of 5) will have received Utility assistance at the end of the program.

FaithWalk Rural ReEntry Initiative

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All information will be verified in the following manner:

- **By sign in forms clients will sign when they are provided services, and check into the office for scheduled appointments.**
- **Referral forms Probation and Parole on each client.**
- **Department of Corrections Completed Surveys and Client Tracking Log of Services for each client who received service from FaithWalk and what month they received it.**
- **Client/staff evaluations that will be completed after each session.**
- **Completed applications for assistance with receipts of services provided.**
- **Intake and assessments and pre and post anger management tests.**

FaithWalk Rural Sex Offender Initiative

RFA SDA 480-008

Core Performance Measures:

Please See EXHIBIT D

SUSTAINABILITY:

FaithWalk plans to apply for other state and federal grants as well as continue to use volunteers to ensure that the program continues after the funding period. FaithWalk has sustained over the years with this program even in the year that funding wasn't received from DOC. FaithWalk continues to help ex-offenders of the community get to the resources they need as well as assist them in mentoring. FaithWalk will use resources from other outlets as well as pouring into the program what it has to contribute along with our in-kind donations. FaithWalk believes it can continue to provide a successful program to the North Central Region.

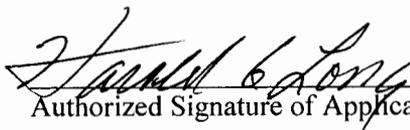
IN-KIND DONATIONS:

FaithWalk utilizes volunteers, office space, and partnerships of others to successfully keep the program running. These things are not paid for by the grant but FaithWalk and partners who agree to contribute their services for free. The totals for in-kind donations are \$8,891.16, (Categories) the staff alone is \$3840.00, Office space is \$1680.00, Equipment is \$378.44, and Utilities-(Phone/Internet) is \$1379.20, and (Electric) is \$1613.52 for a twelve month period.

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

The applicant shall copy and complete this form for each reference being submitted as demonstration of the applicant's prior experience. In addition, the applicant is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Organization Name:	FaithWalk Ministries, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Marion/Monroe and Ralls County District 3 Probation and Parole
Address of Reference Company:	2002 Warren Barrett Drive
	Hannibal, MO 63401
Reference Contact Person Name:	Jill Perry
Contact Person Phone #:	573-248-2450
Contact Person e-mail address:	Jill.Perry@doc.mo.gov
Dates of Prior Services:	2008 to Present
Dollar Value of Prior Services:	N/A
Description of Prior Services Performed:	FaithWalk has developed a strong partnership with the Marion County Probation and Parole. By processing referrals of offenders daily for supportive services in recovery support, life skills, housing, medical support, transportation, employment, financial budgeting, and education FaithWalk currently provides weekly group sessions on the CSC site in Hannibal, Missouri. Communication is provided weekly from staff to officers and offenders on their progress and needs.



 Authorized Signature of Applicant

6-26-15
 Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

The applicant shall copy and complete this form for each reference being submitted as demonstration of the applicant's prior experience. In addition, the applicant is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Organization Name:	FaithWalk Ministries, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Marion/Monroe and Ralls County District 18 Probation and Parole
Address of Reference Company:	1150 South Morley
	Moberly, MO 65270
Reference Contact Person Name:	Brad Ayers
Contact Person Phone #:	660-263-3762
Contact Person e-mail address:	Brad.Ayers@doc.mo.gov
Dates of Prior Services:	2008 to Present
Dollar Value of Prior Services:	N/A
Description of Prior Services Performed:	FaithWalk has developed a strong partnership with the Marion County Probation and Parole. By processing referrals of offenders daily for supportive services in recovery support, life skills, housing, medical support, transportation, employment, financial budgeting, and education FaithWalk currently provides weekly group sessions on the CSC site in Hannibal, Missouri. Communication is provided weekly from staff to officers and offenders on their progress and needs.

Harold B. Long

 Authorized Signature of Applicant

6-26-15

 Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

The applicant shall copy and complete this form for each reference being submitted as demonstration of the applicant's prior experience. In addition, the applicant is advised that if the contact person listed for the reference is unable to be reached during the evaluation, the listed experience may not be considered.

Organization Name:	FaithWalk Ministries, Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Hannibal Council Alcohol and Drug Administration, (HCADA)
Address of Reference Company:	146 Communications Drive
	Hannibal, MO 63401
Reference Contact Person Name:	Jennifer Wilson
Contact Person Phone #:	573-248-1196
Contact Person e-mail address:	jwilson@hcada.org
Dates of Prior Services:	2009 to Present
Dollar Value of Prior Services:	N/A
Description of Prior Services Performed:	FaithWalk has developed a strong partnership with Hannibal Council Alcohol and Drug Administration, (HCADA). By processing referrals of offenders daily for supportive services in recovery support, life skills, housing, medical support, transportation, employment, financial budgeting, and education FaithWalk currently provides weekly group sessions on the CSC site in Hannibal, Missouri. Communication is provided weekly from staff to officers and offenders on their progress and needs.


 Authorized Signature of Applicant

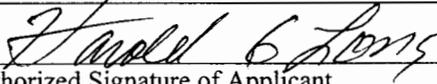

 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: <u>Program Director</u>	
Name of Person:	Maurice Berry
Educational Degree (s): include college or university, major, and dates	High School Diploma/GED or Experience Required, Training in this Field Required, Bachelor Degree Preferred
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Trained and Certified in Counseling, MRSS Addictions specialist through the Statewide ATR project with the Department of Mental Health and the Missouri Credentialing Board.
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	N/A Not required
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Maurice has worked directly in ReEntry and Mental Health recovery for 7 years.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Harold the Founder of the organization since 1984.
Describe this person's responsibilities over the past 12 months.	As Program Director Maurice has been a Case Manager and has the knowledge and skills oversee the general operation of the program.
Previous employer(s), positions, and dates.	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	Over 10 years of experience in Family Management/Engagement
✓ Reentry	7 years in ReEntry supportive services
✓ Counseling	Over 10 years of experience
✓ Criminal Justice	Preferred Knowledge
✓ Correctional Residential Facilities	Preferred Knowledge


Authorized Signature of Applicant

6-26-15
Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position: Case Manager	
Name of Person:	Rita Washington
Educational Degree (s): include college or university, major, and dates	High School Diploma/GED or Experience Required, Training in this Field Required, Bachelor Degree Preferred
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Rita is trained and certified family management, and addictions specialist through the Statewide ATR project with the Department of Mental Health.
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	N/A, Not required.
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Rita has worked with offenders and clients in substance use and mental health recovery for 7 years.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Currently applicant is a case manager for the organization in the reentry support program. Rita has worked in this capacity of case manager in the reentry program since 2009.
Describe this person's responsibilities over the past 12 months.	To assist Program Director and reentry mentors in providing intakes assessments, coordinating, community and program services and accessing subsidies for clients in need.
Previous employer(s), positions, and dates.	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	5 years of experience in parenting classes and senior services.
✓ Reentry	7 years in reentry supportive services
✓ Counseling	Over 7 years of experience
✓ Criminal Justice	Preferred knowledge
✓ Correctional Residential Facilities	Preferred knowledge

Harold S Long
Authorized Signature of Applicant

6-26-15
Date

EXHIBIT C

SUBMISSION IS MANDATORY

LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT

The applicant shall copy and complete this form for each legal action or cancellation of contract brought against the organization in the past 5 years. In addition, the applicant is advised that if such information is obtained by Department that is not included in the application, the application may not be considered.

Organization Name:	FaithWalk Ministries, Inc.
Legal/Cancellation Actions Information From:	
Name of Company:	N/A- Not Applicable
Address of Company:	
Contact Person Name:	
Contact Person Phone Number:	
Contact Person e-mail address:	
Date(s) of Legal Action or Cancellation:	
Reason for Cancellation of Contract:	
Description of Legal Action:	
Resolution of Legal Action:	

Harold G Long

 Authorized Signature of Applicant

6-26-15

 Date

Exhibit D
Performance Measures

Instructions for how to complete this form and a sample can be found the next page.

Total Number of Clients Agency Proposes to Serve:

Category	Service	Proposed Clients	Outcome	Indicator (How do you know you are achieving the outcome?)
Academic			Enhanced education	
Basic Needs and Emergency Services	Prescriptions	5	Attainment of basic needs and emergency services	100% of program participants will have accessed these services within 12 months.
	Hygiene	5		
	Utility Assistance	5		
Employment			Improved employment	
Family			Increased family support	
Housing	Rental Assistance	10	Attainment of housing	100% of program participants will have accessed these services within 12 months.
Mental Health	Anger Management	60	Reduced mental health risks	80% of program participants for Anger Management and Domestic Violence/Batterer participants will have accessed these services within 12 months.
	Domestic Violence/Batterer	20	Reduce domestic violence behaviors	
Substance Abuse			Reduced substance abuse	
Transportation	Taxi Vouchers	50	Attainment of transportation	100% of program participants will have receive transportation assistance by the end of the program.
Vocational			Improved employment	

EXHIBIT E**SUBMISSION IS MANDATORY****TIMELINE**

The applicant shall complete this form to include each detailed step that will need to be taken to implement the project and to provide services during the entire contract period.

Task or Event	Start Date	Date to be Completed	Assigned Personnel
Enroll and assess 80 referrals	August 1, 2015	July 31, 2016	Program Director – Maurice Berry Case Manager- Rita Washington Support Staff - TBA
Provide 80% enrolled referrals with weekly mentoring sessions, case management and community resources.	August 1, 2015	July 31, 2016	Program Director – Maurice Berry Case Manager- Rita Washington Support Staff - TBA
Provide services for Anger Management Classes	August 1, 2015 Needs Assessment to be conducted first	July 31, 2016	Program Director – Maurice Berry Case Manager- Rita Washington
Provide services for Domestic Violence/Batterer Classes	August 1, 2015 Needs Assessment to be conducted first	July 31, 2016	Program Director – Maurice Berry Case Manager- Rita Washington
Provide housing/rental assistance	August 1, 2015 Needs Assessment to be conducted first	July 31, 2016	Case Manager – Rita Washington Support Staff-TBA
Provide Basic Care Needs: Hygiene products, clothing, utility assistance, etc.	August 1, 2015 Needs Assessment to be conducted first		Case Manager – Rita Washington Support Staff-TBA
Provide transportation for clients to get to sessions, treatment, medical appointments and mandated court appointments	August 1, 2015 Needs Assessment to be conducted first	July 31, 2016	Case Manager – Rita Washington Support Staff-TBA

EXHIBIT F

SUBMISSION IS MANDATORY

BUDGET DETAIL WORKSHEET

All Expenses Must Be Reasonable and Necessary

COMPLETED FORM MUST BE RETURNED WITH APPLICATION		
A. Personnel (a breakdown in the number of hours each person is dedicated to the project is to be provided)		
Name/Position	Calculation of Cost	Cost
Program Director: Maurice Berry 20% FT	583.33 X 12	7000.00
Case Manager: Rita Washington 30-35 hours a week	600 X 12	7200.00
	Subtotal	14200.00
B. Fringe Benefits (must be capped at 12%)		
Name/Position	Calculation of Cost	Cost
Program Director: Maurice Berry	7000 X 12%	840.00
Case Manager: Rita Washington	7200 X 12%	864.00
	Subtotal	1704.00
C. Staff Travel (mileage at \$0.37 /mile -- Conus rate for any other expenses)		
Purpose of Staff Travel (all staff travel must be for the <u>direct</u> benefit of the offender -- include location and type)	Calculation of Cost	Cost
For staff to meet with clients for weekly sessions and services/transport clients to and from weekly appointments and sessions.	.37 X 1000	370.00
North Central Region-Monroe, Marion, and Randolph Counties and surrounding townships.		
	Subtotal	370.00
D. Direct Services (i.e. housing rental/lease, GED Testing)		
****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****		
	Calculation of Cost	Cost
Anger Management Classes	180 X 60	10800.00
Domestic Violence/Batterer Classes	910 X 20	18200.00
Rental Assistance	200 X 10	2000.00
Basic Care Needs: Utility Assistance, Prescriptions, Hygiene Products	100 X 15	1500.00
Public Transportation for Clients	50 X 20	1000.00
	Subtotal	33500.00

E. Equipment/Supplies (Direct Services Only)	Calculation of Cost	Cost
Office Supplies: (Paper, pens, pencils, file folders, postage, and food)	150 X 1	150.00
	Subtotal	150.00
Summary		
A. Personnel	14200.00	
B. Fringe Benefits	1704.00	
C. Staff Travel	370.00	
D. Direct Services	33500.00	
E. Equipment/Supplies (Direct Services Only)	150.00	
TOTAL PROJECT COSTS	49,924.40	

By signing below, the applicant hereby declares understanding, agreement and certification of compliance to provide the services or project in accordance with all the requirements and specifications contained herein and in the Terms and Conditions. The applicant further agrees that the language of this RFA shall govern in the event of a conflict of terms with his/her application.

Applicant Company Name Faith Walk Ministry Inc

Authorized Signature of Applicant Harold G Long Date 6-26-15

Printed Name Harold G Long

EXHIBIT G**SUBMISSION IS MANDATORY****BUDGET NARRATIVE**

Applicant must provide justification and detailed description of all budget items listed in Exhibit E. NOTE: All expenses must be reasonable and necessary.

A. Personnel: Program Director will guide and plan overall services for offenders, assess each individual situation and assist Case Manager and mentor staff in making the appropriate referrals of services. The Case Manager will provide on-going individual services to each offender overseeing their connections to trainings in Mental Health services such as Anger Management, Domestic Violence/Batterer classes, housing subsidies, basic care needs, and transportation.

B. Fringe Benefits: Benefits of 12% are included for Program Director and Case Management positions only. The 12% includes the FICA match, Medicare match, and Workman's Compensation.

C. Staff Travel: Travel reimbursement is included for program Director, Case Manager and support staff to provide direct services to offenders on a weekly basis. Staff may transport offenders to appointments if public transportation is not available. The calculation for this is 1000 miles a program year to cover North Central Region with an average 85 miles per month at the State and Federal Rate of \$.37 a mile.

D. Direct Services to the Offenders

\$10,800 for Anger Management Classes, \$18,200 for Domestic Violence Classes, \$2,000 for Housing subsidies for offenders, \$1,000 for public transportation for offenders, and \$1500 for Basic Care Needs.

E. Equipment/Supplies (Direct Services Only)

\$150 will help with program supplies of copy paper, pens/pencils, file folders, envelopes, postage, ink these items will provide client assessment and forms that need to be filled out.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
VENDOR INPUT/ACH-EFT APPLICATION

*REQUIRED FIELDS

*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN FaithWalk Ministries, Inc. 514 Fox St., P.O. Box 119 Paris, MO 65275	*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER 48-1115807
	*TYPE OF ENTITY <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Individual <input type="checkbox"/> State Employee <input type="checkbox"/> Other _____
	DATE OF CHANGE
REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE	PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER
	PREVIOUS NAME
	PREVIOUS ADDRESS
	COMMENTS
PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE	

TO BE COMPLETED BY FINANCIAL INSTITUTION

NAME/ADDRESS OF FINANCIAL INSTITUTION The Paris National Bank 118 N. Main St. Paris, MO 65275	<input checked="" type="checkbox"/> I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law. This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.
DEPOSITOR ROUTING NUMBER 81504266	<input type="checkbox"/> I (We) hereby cancel my (our) ACH/EFT authorization.
DEPOSITOR ACCOUNT NUMBER 0132089001	*VENDOR SIGNATURE <i>Harold G. Long</i>
NAME ON ACCOUNT FaithWalk Ministries, Inc.	*PRINT NAME Harold G. Long
TYPE OF ACCOUNT <input checked="" type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	*TITLE President/CEO
SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION <i>Cheryl Shatzer</i>	EMAIL ADDRESS fwmdc@fwmdc.org
PRINT NAME Cheryl Shatzer	*TELEPHONE (660) 327-5752
TITLE Assistant Cashier	*DATE 6/29/15
TELEPHONE NUMBER 660-327-4181	*DATE 6-26-15

Exempt from Backup Withholding

CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)
Under penalties of perjury, I certify that:
I. 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
II. 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
III. I am a U.S. person (including a U.S. resident alien).
Certification Instructions. You must cross out item II 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 all real estate transactions, item II 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 W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE