



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	Catholic Charities of Kansas City-St. Joseph, Inc. 850 Main Street Kansas City, MO 64105	SDA48000830 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: DANIEL B. POWERS, CEO  
 Authorized Signature:  Date 5/10/16

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

6-2-16  
 Ellis McSwain, Jr., Board of Probation and Parole Chairman Date

**REQUEST FOR APPLICATION**

ORIGINAL

**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](mailto: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: **Workforce Development: St. Joseph**  
 Company Name: **Catholic Charities of Kansas City-St. Joseph, Inc.**  
 Mailing Address: **850 Main Street**  
 City, State, Zip: **Kansas City, Missouri 64105**  
 Telephone: **816-221-4377** Fax: **816-472-5423**  
 Federal EIN #: **43-0887779** State Vendor #: **43-0887779-00**  
 Email: **dpowers@ccharities.com**  
 Authorized Signer's Printed Name and Title: **Daniel B. Powers, Chief Executive Officer**

Authorized Signature: 

Application Date: **July 1, 2015**

**NOTICE OF AWARD:**

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

**In its entirety.**

Contract No. **SDA48000830**

**W-002**

  
 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.*

**REQUEST FOR APPLICATION**

ORIGINAL

**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](mailto:gary.stoll@doc.mo.gov)**

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 Federal EIN #: **43-0887779** State Vendor #: **43-0887779-00**  
 Email: **dpowers@ccharities.com**  
 Authorized Signer's Printed Name and Title: **Daniel B. Powers, Chief Executive Officer**

Authorized Signature:  Application Date: **July 1, 2015**

**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

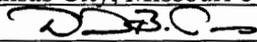
*The original cover page, including amendments, should be signed and returned with the application.*

**Application Summary Form**

**COMMUNITY REENTRY FUND APPLICATION SUMMARY FORM**  
**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>		<b>Amount of DOC Funds Requested:</b>
<input checked="" type="checkbox"/> <b>Western Region</b>	<b>City/County</b> <u>Buchanan County</u>	\$ 45000
<input type="checkbox"/> <b>Southwest Region</b>	<b>City/County</b>	
<input type="checkbox"/> <b>North Central Region</b>	<b>City/County</b>	
<input type="checkbox"/> <b>Eastern Region</b>	<b>City/County</b>	
<input type="checkbox"/> <b>Southeast Region</b>	<b>City/County</b>	

**Program Title:** Workforce Development: St. Joseph  
**Does this program complement another application? Yes** X **No**      **Name:** US DOL RexO Grant Award  
**Provide a unique name descriptive of service or program for EACH application submitted**

<b>Applicant Agency and Address:</b> <u>Catholic Charities of Kansas City-St. Joseph, Inc.</u> <u>850 Main Street</u> <u>Kansas City, Missouri 64105</u>  Signature/Title	<b>Project Director Name, Phone, Fax &amp; Email:</b> <u>Jan Motl</u> Direct: <u>816-659-8284</u> Agency: <u>816-221-4377 or 800-875-4377</u> FAX: <u>816-472-5423</u> Email: <u>jmotl@ccharities.com</u>
<u>July 1, 2015</u> Date	

<b>Anticipated Outputs: (number of offenders supervised by DOC to be served by the proposed project):</b> 258	<b>Estimated Cost per Offender:</b> \$ 174	<b># of Paid Staff:</b> 3 <b># of Volunteers:</b> 12
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**Summary of Proposed Project:** In a concise manner, provide a summary paragraph of your project.  
 The goal of Catholic Charities' Workforce Development services is to assist former offenders under Parole and Probation supervision transition successfully into their community. Workforce Development helps participants become productive, sustainable members of their communities, and promotes a safe, crime free lifestyle. Services provided by Workforce Development include housing stabilization, strengths-based case management, mentoring/guidance partnerships, basic necessities, emergency assistance, education/training for employment, employment outreach, and other comprehensive and holistic services to assist with individual needs of participants. Workforce Development is committed to enhancing and strengthening broad community participation in the reentry/reintegration process via active involvement by volunteer mentors, employers, landlords, community-based organizations, and faith-based organizations.

***In-Kind Contributions:*** Applicant must identify all in-kind contributions which include “contributions other than cash.” While these contributions usually add real value to a project, they do not require an additional cash outlay (e.g. donated labor, materials and services).

Applicants must provide in-kind and identify in-kind contributions their organizations will make to this project and how those contributions will help sustain the project. The funding resulting from an award of the RFA shall be considered seed funding to start initiatives with a strong sustainability plan indicated.

Attach a page identifying in-kind contributions.

***Catholic Charities-St. Joseph Workforce Development Program  
In-Kind Donations***

Clothing – both work related and everyday clothing	\$1,400
Food – nutrition basic essentials	\$1,000
Transportation assistance – bus passes and gas cards	\$0
Personal hygiene – personal basic essentials	\$350
Housewares – pots, pans, plates, eating utensils, bedding items (sheets, blankets)	\$0
Furniture/Furnishings	\$0
Volunteer services – donated service	\$1,750
<b>Subtotal</b>	<b><u>\$ 4,500</u></b>

Catholic Charities' in-kind donations sustainability plan ensures that sources of in-kind donations continue to assist Workforce Development. Every year generous donors provide basic essentials and volunteers donate their time to help service participants and the communities they are reentering. The in-kind donation strategy relies on the availability, generosity, and ongoing support of collaborative partners to provide in-kind, non-monetary resources in a coordinated, effective way. Catholic Charities strives for program excellence and fostering safe, efficient, and sustainable community-based services that are supported by collaborative partners, generous donors, volunteers, and clients in this specialized and needed service.

### 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%)
  - 1   % Local government
  - 8   % State government
  - 45  % Federal government
  - 17  % Direct donations from individuals
  - 2  % Corporate or foundation grants
  - 6  % Fee and charges for services, products, and sales
  - 1  % Endowment and interest income
  - 5  % Fundraisers or special events
  - 0  % Membership fees
  - 15  % Other sources (specify: Catholic Diocese of Kansas City-St. Joseph, United Way, other misc.)
  - 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) *N/A*
  - I.  Exhibit I – Participation Commitment (optional form) *N/A*
  - J.  Exhibit J – Documentation of Intent to Participate for MBE/WBE (optional form) *N/A*
  - 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](mailto:gary.stoll@doc.mo.gov).

**Application Narrative**

**Insertion**

### 3.1.1 Application Narrative

*1) Identify whether an existing program or service procedure is to be continued or replicated*

Catholic Charities of Kansas City-St. Joseph, Inc. is considered a leader in successful reentry/reintegration efforts for former offenders. The agency's TurnAround reentry program has provided services for former offenders since 1999, working closely with Missouri Probation and Parole, Missouri Department of Corrections, Missouri prison system staff, the US Department of Labor, and multiple community partners. This multifaceted model has successfully prepared former offenders for the workforce, assisted with attaining and maintaining employment, and reduced recidivism (12% recidivism—much lower than state and national rates). In 2015, Catholic Charities rebranded TurnAround as Workforce Development to appeal to a broader population of high-risk, high-need participants, but the program continues to provide vocational/workforce services for former offenders reentering their communities.

The agency's staff continue to support former offenders, through direct services and resources, including direct prison access, extensive referral relationships, and coordination of comprehensive services addressing a range of needs, from emergency assistance (e.g., food, housing, transportation) to stability continuum tools (e.g., employment/workforce readiness and education and training). Services are "client centric" in that they are individualized to meet client needs and requests.

Workforce Development staff goals are to assist participants, including former offenders, to develop stable, productive, sustainable lives in the community, and promote crime-free lifestyles. The program design continues TurnAround's successful model, replicating core services and enhancing outcomes for former offenders returning to the St. Joseph metropolitan area

*2) Describe how the services will be provided, including screening, assessment or referral services.*

Workforce Development's design was created utilizing multiple workforce curricula, garnering from each a variety of strategies to meet the individual needs of high-risk, high-need clientele. Experienced and knowledgeable staff facilitate comprehensive services which include the following key components:

- 1) Meeting basic needs (e.g., food, clothing, rent/utilities, medications, personal care items, and transportation);
- 2) Employment preparation (e.g., resume development, acquiring interview skills, and job-seeking support groups);
- 3) Education and training; and
- 4) Connections with employers who have current job openings and are felon friendly.

Staff practices evidence-based methods in service delivery, including methods noted in *Eight Evidence-Based Principles for Effective Interventions* (US Department of Justice, National Institute of Corrections) to offer comprehensive supportive services, as appropriate per client assessed needs.

Services may begin upon release from incarceration and are often referred directly from the Western Reception, Diagnostic and Correctional Center. Others are referred to the program through Missouri Probation or Parole staff, other community partners and resources, and by word of mouth by former offenders.

Services initially begin with initial screening procedures to determine short-term and long-term needs and goals for each individual who requests assistance. Urgent needs such as food, clothing, housing, personal care items, and transportation are addressed immediately.

These procedures are well defined and tracked through the agency's customized database, Efforts to Outcomes (ETO), a nationally recognized software developed for social service agencies that documents

and measures outcomes. ETO is a fundamental data collection and reporting tool that helps staff interpret participant and programmatic needs, and to make service changes as needed.

**Basic Needs and Emergency Services** (e.g., food, clothing, and personal care items) are provided on a managed basis and as determined by the client's situation. Support may also include securing basic items such as state identifications, work clothes/tools, haircuts, medications, eye glasses, and transportation assistance. To support housing goals, assistance may be provided for initial rent and housing deposits. Basic needs may also be met through referrals with partner agencies and volunteer or in-kind community support. Clients may need only basic essentials, or may receive one of many complementary services provided.

**Employment Preparation:** Lack of employment is identified as the greatest reentry challenge for former offenders. Through Workforce Development services, clients are provided a menu of services including workshops and individual services relating to job preparation, building interview skills, and developing a resume.

**Education and Training:** Education and specific job training may be available depending on client need and request, either through program services or through referrals to alternate resources. If a client does not have a high school education or GED, obtaining a GED is strongly encouraged and guidance provided.

**Employer Connections:** Workforce Development staff continually reach out to area employers and educate them on the benefits of hiring agency clients (e.g., tax benefits). Staff track felon-friendly employers, job availabilities, and current employer contact information. Clients may meet with employer outreach staff (sessions typically last 30 minutes), or receive related information and referrals to companies/potential employers.

**Referrals:** Catholic Charities' staff are professionally trained and have expertise in assessing client needs as well as knowledge of community resources that are available to meet those needs. Routine

RFA-DA480-007 Narrative

communication with community partners is necessary to build and maintain relationships, and to stay abreast of resources as well as protocol for making referrals. If the agency does not provide a service needed by a client, an external referral is made with the goal of meeting this need. For example, mental health risks and substance abuse often coexist as layered issues for ex-offenders. Many individuals attempt to manage mental health issues through self-medication, combining alcohol and drugs to treat the problem, and spiral downward in poor decision making. Catholic Charities' staff utilize extensive knowledge in mental health/substance abuse and community resources to connect clients to appropriate services as needed.

Catholic Charities emphasis on client centric services promotes the provision of services based on individual client need and requests. Services are provided in a manner that honors individual characteristics, culture, gender, and other factors related to diversity. While a variety of services are offered through this service model, not all services are needed/requested by every client.

*3) Describe the amount (e.g. hours, days) of contact that each offender will receive from each type of anticipated service.*

The amount of contact for each former offender varies depending on program services each individual is receiving. Clients may begin receiving services after release from incarceration. Services begin with initial screening procedures. For walk-in clients visiting Catholic Charities, urgent needs such as food, clothing, housing, personal care items, and transportation are addressed immediately. Amount of contact that each client receives for each key component are:

**Basic Needs and Emergency Services** client interactions vary from one-time hourly interactions, to multiple hours over several weeks.

**Employment Preparation:** Job preparation workshops typically last two hours; support groups typically last 60-90 minutes; individual work with a client to build a resume typically takes 90 minutes. Services vary as some clients enroll in multiple services and others utilize only one or two services.

**Education and Training:** Individual and specific trainings may last from two days to six months.

**Employer Connections:** Clients may meet with staff regarding specific employers (sessions typically last 30 minutes), or receive related information and referrals to companies/potential employers.

**Referrals:** Regular communication is held with community partners in order to build relationships and stay abreast of resources as well as protocol for making referrals. If the agency does not provide a service needed by a client, an external referral is made with the goal of meeting this need.

*4) Describe the target audience that will receive the services, how the target audience will be verified and identify the process for referrals.*

Catholic Charities' Workforce Development proposes to serve a total of 258 former offenders with Missouri Department of Correction funding. Services are provided to former offenders currently under the supervision of the Missouri Board of Probation and Parole. Probation/parole status is verified utilizing the DOC number for each individual served. This information is obtained at service initiation, tracked through the use of the tracking form provided by DOC as well as an internal Catholic Charities database, and submitted to DOC per grant requirement.

Referrals to the program are made through the Missouri Probation and Parole staff, Missouri Department of Corrections facilities staff, other service providers (e.g., mental health and substance abuse organizations), and other agency and program partners. Catholic Charities' Workforce Development (previously known as TurnAround) for ex-offenders has existed for over a decade and is well known by agencies and organizations in the community as a skilled provider of services to this targeted population.

Referrals are made via phone, e-mail, or direct communication from the referent. Catholic Charities is centrally located in the St. Joseph metropolitan area and is easily accessible to the public.

### **3.1.2 Preference Points**

#### *a. Service Supported Housing*

Catholic Charities staff works with Probation and Parole staff at the Community Supervision Center to inform them of services available. When services are provided, they are geared toward attaining and maintaining employment. Social skill development and employment preparation are integral components of this service. Referrals to meet medical, mental health, and substance abuse and other needs are made as indicated. Benefit connections are also made, as indicated, to other state and/or federal benefits when needed. Housing assistance may be provided, either through this or alternate funding sources. When provided through this grant, housing assistance includes deposits for rent/housing and rent/lease payment.

#### *b. Sex Offender Housing*

Sex offenders may receive assistance through Catholic Charities' Workforce Development services. When housing is provided through this grant, it is for subsidy of rent/housing and rent/lease payment.

This application specifically addresses funding for direct services that assist with basic needs and emergency services, housing, and transportation. All of these needs must be addressed in order for former offenders to make progress on goals relating to self-sustainability. DOC investment acknowledges and helps provide for these needs that are essential to the reentry, stabilization, and successful reintegration of former offenders.

Basic needs and emergency services include items such as food, clothing, birth certificates, and prescriptions. Catholic Charities plans to serve 96 individuals with this service, averaging \$100 per person

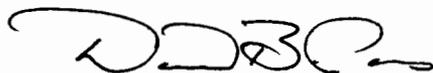
RFA-DA480-007 Narrative

for a total of \$9,600. Housing assistance (deposits for rent/housing and rent/lease payments) provided to 36 clients averages \$500 per person for a total expense of \$18,000. Transportation assistance provided to 126 individuals averages \$100 per person for a total expense of \$12,600. This need is met through bus passes or gas cards, and is often essential for former offenders to attain/maintain employment and stay on target with Parole/Probation appointments, legal meetings, and medical appointments. These three needs present serious gaps in service in the St. Joseph areas and are essential needs for former offenders who are job-seeking and striving to obtain stability. Additional needs for each client are met through services provided by Catholic Charities or through referrals to other agencies/organizations in the community. Working together with the Missouri Department of Corrections, Catholic Charities assists former offenders with needed services while they are on supervision with the goal of reducing their risk of returning to prison.

**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.

<b>Organization Name:</b>	Catholic Charities of Kansas City-St. Joseph, Inc.
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Corrections
Address of Reference Company:	2729 Plaza Drive, P.O. Box 236
	Jefferson City, MO 65102
Reference Contact Person Name:	Lisa Meyer
Contact Person Phone #:	573-526-6611
Contact Person e-mail address:	<a href="mailto:Lisa.meyer@doc.mo.gov">Lisa.meyer@doc.mo.gov</a>
Dates of Prior Services:	August 1, 2012 – July 31, 2013
Dollar Value of Prior Services:	\$50,000
Description of Prior Services Performed:	Catholic Charities' TurnAround program, an ex-offender reentry program, was awarded a Missouri Department of Corrections' Community grant (RFA SDA 480-004) for reentry participant housing/employment/wrap-around services to help participants in the Kansas City area successfully reintegrate into the community.



Authorized Signature of Applicant

July 1, 2015  
Date

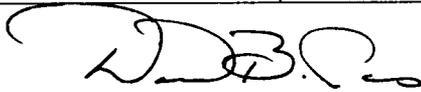
<b>Organization Name:</b>	Catholic Charities of Kansas City-St. Joseph, Inc.
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Corrections
Address of Reference Company:	2729 Plaza Drive, P.O. Box 236
	Jefferson City, MO 65102
Reference Contact Person Name:	Lisa Meyer
Contact Person Phone #:	573-526-6611
Contact Person e-mail address:	<a href="mailto:Lisa.meyer@doc.mo.gov">Lisa.meyer@doc.mo.gov</a>
Dates of Prior Services:	August 1, 2011 – July 31, 2012
Dollar Value of Prior Services:	\$50,000
Description of Prior Services Performed:	Catholic Charities' TurnAround program, an ex-offender reentry program, was awarded a Missouri Department of Corrections' Community grant (SDA 480-00431) for reentry participant basic essential services to help participants in the Kansas City area successfully reintegrate into the community.



\_\_\_\_\_  
Authorized Signature of Applicant

July 1, 2015  
Date

<b>Organization Name:</b>	Catholic Charities of Kansas City-St. Joseph, Inc.
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	United States Department of Labor
Address of Reference Company:	230 S. Dearborn St., 6 <sup>th</sup> Floor Kluczynski Federal Building
	Chicago, IL 60604
Reference Contact Person Name:	William Kea
Contact Person Phone #:	312-596-5517
Contact Person e-mail address:	<a href="mailto:kea.william@dol.gov">kea.william@dol.gov</a>
Dates of Prior Services:	July 1, 2012 – January 31, 2015
Dollar Value of Prior Services:	\$1,200,000
Description of Prior Services Performed:	Catholic Charities' TurnAround program was awarded a US Department of Labor grant to help ex-offenders reintegrate successfully into the community by participating in <i>Lives Empowered</i> . TurnAround offers men and women a new start within six (6) months of leaving prison and wanting to return to their communities in Jackson, Cass, Clay, Platte, and Buchanan counties. Services provided include strengths-based case management, employment services, wrap-around services, and help with reintegration needs.




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 Authorized Signature of Applicant

July 1, 2015  
Date

<b>Organization Name:</b>	Catholic Charities of Kansas City-St. Joseph, Inc.
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	United States Department of Labor
Address of Reference Company:	230 S. Dearborn St., 6 <sup>th</sup> Floor Kluczynski Federal Building
	Chicago, IL 60604
Reference Contact Person Name:	William Kea
Contact Person Phone #:	312-596-5517
Contact Person e-mail address:	<a href="mailto:kea.william@dol.gov">kea.william@dol.gov</a>
Dates of Prior Services:	July 1, 2011 – September 30, 2013
Dollar Value of Prior Services:	\$1,170,000
Description of Prior Services Performed:	Catholic Charities' TurnAround program was awarded a US Department of Labor grant to assist ex-offenders successfully reintegrate into the community. Services offered include strengths-based case management, employment services, wrap-around services, and help with reintegration needs.



\_\_\_\_\_  
Authorized Signature of Applicant

July 1, 2015  
Date

<b>Organization Name:</b>	Catholic Charities of Kansas City-St. Joseph, Inc.
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Metropolitan Community College
Address of Reference Company:	3201 Southwest Trafficway
	Kansas City, MO 64111
Reference Contact Person Name:	Barbara Friedman
Contact Person Phone #:	816-604-1571
Contact Person e-mail address:	
Dates of Prior Services:	July, 2011 – Present
Dollar Value of Prior Services:	
Description of Prior Services Performed:	Catholic Charities' TurnAround program collaborates with Metropolitan Community College to offer ex-offenders vocational/occupational training, as well as college courses.



\_\_\_\_\_  
Authorized Signature of Applicant

July 1, 2015  
Date

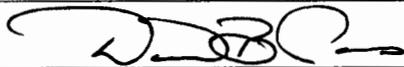
**EXHIBIT B**  
**SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Director, Workforce Development</u>	
<b>Name of Person:</b>	Jan Motl, MA, LCSW
<b>Educational Degree (s):</b> include college or university, major, and dates	BA, Sociology, Creighton University, Omaha, NE – 1969 MA, Psychology, University of St. Mary, Leavenworth, KS – 1997
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	Licensed Clinical Social Worker, State of Missouri Number 003145, Expires 09/30/2016
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	No required training
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Over forty (40) years of Social Work experience, including direct front-line, and management expertise
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Director of Workforce Development, Catholic Charities of Kansas City-St. Joseph, Inc., seventeen (17) years with Catholic Charities
Describe this person's responsibilities over the past 12 months.	Director of TurnAround Services; Director of Workforce Development services encompassing programs directly related to ex-offender reentry, including but not limited to housing, emergency and basic services assistance, health/medical/addiction referrals, financial literacy, strengths-based case management, and collaborative mentoring
Previous employer(s), positions, and dates.	Catholic Charities of Kansas City-St. Joseph, 2010-2013, Director of Community Services; Catholic Charities of Kansas City-St. Joseph, 1998-2010, Program Manager of Services for Young Families; Bethany Medical Center, 1990-1998, Assessment Specialist of Mental Health and Chemical Dependency Programs; Children's Advocacy Council, 1986-1990, Program Manager of Child Abuse and Neglect Prevention Programs; Previous Experience – Medical Social Work for general medical facilities
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	

Title of Position: <u>Director, Workforce Development</u>	
✓ Reentry	
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

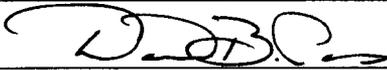


\_\_\_\_\_  
Authorized Signature of Applicant

July 1, 2015  
Date

<b>Title of Position: <u>Program Manager</u></b>	
<b>Name of Person:</b>	Kathy Ficcadenti
<b>Educational Degree (s):</b> include college or university, major, and dates	B.S. Psychology Sociology, Southwest Baptist University - 1982
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	Missouri Department of Corrections training from 1989-2012 including, but not limited to: Motivational Interviewing, Reality Therapy, Cognitive Behavior, Substance Abuse Treatment, Drug Courts, Defensive Tactics, Verbal Judo and Specialty supervision; Sex Offender, Mental Health
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Twenty-six (26) years of experience with ex-offender population; twenty-three (23) in Probation and Parole, retiring as Unit Supervisor with Missouri Probation and Parole; three (3) years of experience with Catholic Charities' TurnAround Program
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Program Manager, Catholic Charities of Kansas City-St. Joseph, Inc., three (3) years with the TurnAround Program
Describe this person's responsibilities over the past 12 months.	As Program Manager, supervise staff of six (6), oversee the supervision of case management offenders, and assist in the administration of grants, including Missouri Department of Corrections and U.S. Department of Labor grant projects
Previous employer(s), positions, and dates.	Missouri Division of Social Services, Case Manager 1984-1986 Missouri Division of Youth Services, Youth Specialist 1986-1987 Missouri Division of Child Support, Child Support Specialist 1987-1989 Missouri Division of Probation and Parole, Parole Officer 1989-1997; Unit Supervisor 1997-2012; Catholic Charities of Kansas City-St. Joseph, Inc., Program Manager 2012-Present
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	
✓ Reentry	Three (3) years of experience as Case Manager and Program Manager of Catholic Charities' TurnAround Program, assisting men and women ex-offenders reintegrating into the community; program provides housing, employment, transportation, basic essentials, strengths-based counseling, mentoring, and social support system
✓ Counseling	

<b>Title of Position: <u>Program Manager</u></b>	
✓ Criminal Justice	<p>Twenty-six (26) years of experience working with offenders and assisting in their reentry;</p> <p>Twenty-three (23) years of experience as Parole officer (1989-1997), and Unit Supervisor (1997-2012), with Missouri Probation and Parole; Retired from Missouri Division of Probation and Parole 2012;</p> <p>Three (3) years of experience with Catholic Charities of Kansas City-St. Joseph, Inc., as a Case Manager and Program Manager for the TurnAround Program (2012-Present)</p>
✓ Correctional Residential Facilities	<p>Three (3) years of experience at the Kansas City Community Release Center as a Unit Supervisor with Missouri Probation and Parole (2008- 2011); assisting with the reentry of offenders in a residential facility</p>

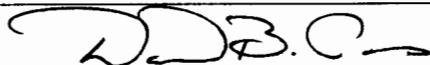


\_\_\_\_\_  
Authorized Signature of Applicant

July 1, 2015

Date

<b>Title of Position:</b> <u>Workforce Development Specialist</u>	
<b>Name of Person:</b>	Deborah A. Smith, BSW
<b>Educational Degree (s):</b> include college or university, major, and dates	BSW, Missouri Western State University, St. Joseph, MO 2008
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	Volunteers in Corrections Training – 2011 Understanding Methamphetamine Addiction – 2012 Structured Sensory Interventions Training – 2012 Communications Training – 2014
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Four (4) years of experience working with Catholic Charities' TurnAround Services as Case Manager, assisting men and women ex-offenders reintegrate into the community. Eighteen (18) months experience as a Probation/Parole Assistant with Missouri District 1 Probation and Parole, St. Joseph, MO.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Practicum Student, Missouri Western State University with Catholic Charities' TurnAround Services, 2008. Case Manager, Catholic Charities' St. Joseph TurnAround Program, four (4) years.
Describe this person's responsibilities over the past 12 months.	Perform assessments with applicants referred to TurnAround to determine eligibility; provide case management services, including assistance with finding/maintaining employment and continuing education, and meeting basic needs of clients while unemployed or underemployed.
Previous employer(s), positions, and dates.	Carpenter's Place, Case Manager for homeless population, 2011 Missouri Probation and Parole District 1, Probation/Parole Assistant, 2009-2010 Young Women's Christian Association (YWCA), Victim Advocate, 2007-2009
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	Worked as Case Manager for Carpenter's Place, a homeless day center, 2011
✓ Reentry	Four (4) years working with Catholic Charities
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	Probation Parole Assistant, Missouri District 1 Probation and Parole, 2009-2010



Authorized Signature of Applicant

July 1, 2015

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.

<b>Organization Name:</b>	Catholic Charities of Kansas City-St. Joseph, Inc.
<b>Legal/Cancellation Actions Information From:</b>	
Name of Company:	Catholic Charities of Kansas City-St. Joseph, Inc.
Address of Company:	850 Main Street
	Kansas City, Missouri 64105
Contact Person Name:	Daniel B. Powers
Contact Person Phone Number:	816-659-8201
Contact Person e-mail address:	<a href="mailto:dpowers@ccharities.com">dpowers@ccharities.com</a>
Date(s) of Legal Action or Cancellation:	No legal actions have been brought against Catholic Charities of Kansas City-St. Joseph, Inc., in the past five (5) years.
Reason for Cancellation of Contract:	Not applicable.
Description of Legal Action:	Not applicable.
Resolution of Legal Action:	Not applicable.

  
 \_\_\_\_\_  
 Authorized Signature of Applicant

July 1, 2015  
 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:*

<b>Category</b>	<b>Service</b>	<b>Proposed Clients</b>	<b>Outcome</b>	<b>Indicator</b> (How do you know you are achieving the outcome?)
Academic			Enhanced education	
Basic Needs and Emergency Services	Food, clothing, utilities, health/dental care, birth certificates, identification, hygiene products, basic needs for employment and education (e.g., supplies, tools), and other essential needs	96	Attainment of basic needs and emergency services	100% of clients who express a basic need will have that need addressed
Employment			Improved employment	
Family			Increased family support	
Housing	Rent and rental deposits	36 (includes sex offenders)	Attainment of housing	100% of those in need of housing will be assisted with safe, affordable housing
Mental Health			Reduced mental health risks	

Substance Abuse			Reduced substance abuse	
Transportation	Bus passes and gas cards	126	Attainment of transportation	100% of clients who express a transportation need will have that need addressed
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
Identify program representative to DOC point of contact	Within five (5) business days from program award date	Within five (5) business days from program award date	Program Manager
Provide program training to select staff, as needed	Within seven (7) business days from program start date	Within thirty (30) business days from program start date	Program Manager
Train staff for required data collection, including supportive documentation requirements (e.g., client information, program data, financial record-keeping)	Within seven (7) business days from program start date	Within thirty (30) business days from program start date	Program Manager, Case Managers
Implement and process program expenditures	Within seven (7) business days of receiving invoice and/or expenditure documentation	Ongoing process: within seven (7) business days of receiving invoice and/or expenditure documentation	Program Manager
Maintain administration of program records/documentation	Within seven (7) business days of receiving records/documentation	Ongoing process: within seven (7) days of receiving records/documentation	Program Manager
Complete and submit all required program reports and documentation for program compliance by reporting deadline dates (e.g., quarterly reports, detailed summary of expenditures, final summary report)	Within ninety (90) business days from program start date, as determined via state grant project administrator	Ongoing process: report to Missouri Department of Corrections on a quarterly basis, and/or as requested by state grant project administrator	Program Manager, Case Managers

**EXHIBIT F**

**SUBMISSION IS MANDATORY**

**BUDGET DETAIL WORKSHEET**

*All Expenses Must Be Reasonable and Necessary*

<b>COMPLETED FORM MUST BE RETURNED WITH APPLICATION</b>		
<b>A. Personnel (a breakdown in the number of hours each person is dedicated to the project is to be provided)</b>		
<b>Name/Position</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Basic Essentials Specialist	\$17.00 x 254	\$4,318
	<b>Subtotal</b>	<b>\$4,318</b>
<b>B. Fringe Benefits (must be capped at 12%)</b>		
<b>Name/Position</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Basic Essentials Specialist	11.16%	\$482
	<b>Subtotal</b>	<b>\$482</b>
<b>C. Staff Travel (mileage at \$0.37 /mile -- Conus rate for any other expenses)</b>		
<b>Purpose of Staff Travel (all staff travel must be for the <u>direct</u> benefit of the offender -- include location and type)</b>	<b>Calculation of Cost</b>	<b>Cost</b>
	<b>Subtotal</b>	
<b>D. Direct Services (i.e. housing rental/lease, GED Testing)</b>		
<b>****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****</b>		
	<b>Calculation of Cost</b>	<b>Cost</b>
Housing: Rent/Utilities (36 clients average @ \$500)	36 X \$500	\$18,000
Transportation Assistance (126 clients average @ \$100)	126 X \$100	\$12,600
Food, Clothing, Health/Dental Care, Birth Certificates, Identification, Hygiene Products, Basis Needs for employment and education (e.g., supplies, tools), and other essential needs (120 clients average @ \$80)	120 X \$80	\$9,600
	<b>Subtotal</b>	<b>\$40,200</b>
<b>E. Equipment/Supplies (Direct Services Only)</b>		
	<b>Calculation of Cost</b>	<b>Cost</b>



**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**

Direct financial support for former offenders is provided via part-time staff, experienced in working with former offenders. Position consists of 254 hours to oversee procurement and provision of essential, practical basic resources for clients regarding housing, transportation, individualized needs (e.g., work clothes/uniforms and shoes), healthcare, medication, food, clothing, and personal hygiene items.

**B. Fringe Benefits**

Fringe benefits for part-time staff include FICA, worker's compensation, disability, and liability insurance.

**C. Staff Travel**

Not applicable for this program.

**D. Direct Services to the Offenders**

Housing: Rent/Utilities (36 clients/participants average @ \$500) – assists with housing deposits, rent, and utility expenses.	36 X \$500	\$18,000
Transportation assistance (126 clients average @ \$100/month). Assistance may help clients/participants with employment searches, job training, GED testing, interviews, and may also assist with continued access to employment until clients/participants receive paycheck.	126 X \$100	\$12,600
Basic essentials assistance - food, clothing, utilities, health/dental care, birth certificates, identification, hygiene products, basic needs for employment and education (i.e. supplies, tools), and other essential needs (120 clients/participants average \$80 per client)	120 X \$80	\$9,600
	<b>Subtotal</b>	<b><u>\$40,200</u></b>

**E. Equipment/Supplies (Direct Services Only)**

Not applicable for this program.

Not Applicable

**EXHIBIT H**  
**PARTICIPATION COMMITMENT**

**Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment** – If the bidder is committing to participation by or if the bidder is a qualified organization for the blind/sheltered workshop and/or a qualified SDVE, the bidder must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the bidder’s bid.

<b>Organization for the Blind/Sheltered Workshop Commitment Table</b> By completing this table, the bidder commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract. (The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
<b>Name of Organization for the Blind or Sheltered Workshop Proposed</b>	<b>Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop</b> <i>The bidder should also include the paragraph number(s) from the RFA which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	Product/Service(s) proposed:  ----- RFA Paragraph References:
2.	Product/Service(s) proposed:  ----- RFA Paragraph References:

**Not Applicable**

**EXHIBIT H, continued**

<b>SDVE Participation Commitment Table</b>		
(The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
<b>Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed</b>	<b>Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)</b>	<b>Description of Products/Services to be Provided by Listed SDVE</b>  <i>The bidder should also include the paragraph number(s) from the RFA which requires the product/service the SDVE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1.	%	Product/Service(s) proposed: ----- RFA Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFA Paragraph References:
<b>Total SDVE Percentage:</b>	<b>%</b>	

**Not Applicable**

**EXHIBIT I**

**DOCUMENTATION OF INTENT TO PARTICIPATE**

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the RFA, the bidder must either provide a recently dated letter of intent, signed and dated no earlier than the RFA issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the bidder's bid.

*~ Copy This Form For Each Organization Proposed ~*

Bidder Name: \_\_\_\_\_

**This Section To Be Completed by Participating Organization:**

*By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.*

Indicate appropriate business classification(s):

_____	Organization for the Blind	_____	Sheltered Workshop	_____	SDVE
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Name of Organization: \_\_\_\_\_

(Name of Organization for the Blind or Sheltered Workshop or SDVE)

Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address (If SDVE, provide MO Address): \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ Fax #: \_\_\_\_\_

State/Zip: \_\_\_\_\_ Certification # \_\_\_\_\_

SDVE's Website Address: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_ (or attach copy of certification)

Service-Disabled Veteran's (SDV) Name: \_\_\_\_\_ SDV's Signature: \_\_\_\_\_

(Please Print)

**PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE**

Describe the products/services you (as the participating organization) have agreed to provide:

\_\_\_\_\_

**Authorized Signature:**

\_\_\_\_\_  
*Authorized Signature of Participating Organization  
(Organization for the Blind, Sheltered Workshop, or SDVE)*

\_\_\_\_\_  
*Date  
(Dated no earlier than the RFA  
issuance date)*

Not Applicable

EXHIBIT I, continued

**SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)**

If a participating organization is an SDVE, unless the Service-Disabled Veteran's (SDV) documents were previously submitted within the past five (5) years to the state agency, the bidder **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty); and
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The bidder should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified above to the state agency and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the state agency.

Date SDV Documents were Submitted: \_\_\_\_\_

Previous Bid/Contract Number for Which the SDV Documents were Submitted: \_\_\_\_\_  
(if known)

**FOR STATE USE ONLY**

SDV's Documents - Verification Completed By:

\_\_\_\_\_  
Procurement Officer

\_\_\_\_\_  
Date

**EXHIBIT J**

**BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION**

**BUSINESS ENTITY CERTIFICATION:**

**The applicant must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.**

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at [http://www.dhs.gov/files/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/files/programs/gc_1185221678150.shtm).
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term “**business entity**” shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term “**business entity**” shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term “**business entity**” shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

**Not Applicable**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFA Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative’s Name (Please Print)

\_\_\_\_\_  
Authorized Representative’s Signature

Company Name (if applicable)	Date
------------------------------	------

**EXHIBIT J, continued**

***(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)***

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that Catholic Charities of Kansas City-St. Joseph, Inc. (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Daniel B. Powers

Authorized Business Entity Representative's  
Name (Please Print)



Authorized Business Entity  
Representative's Signature

Catholic Charities of Kansas City-St. Joseph, Inc.  
Business Entity Name

July 1, 2015  
Date

dpowers@ccharities.com  
E-Mail Address

As a business entity, the applicant must perform/provide each of the following. The applicant should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/files/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/files/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the applicant's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the applicant's name and the MOU signature page completed and signed, at minimum, by the applicant and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the applicant's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

**EXHIBIT J, continued**

**AFFIDAVIT OF WORK AUTHORIZATION:**

The applicant who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

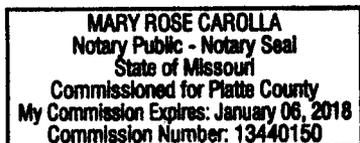
Comes now Daniel B. Powers (Name of Business Entity Authorized Representative) as Chief Executive Officer (Position/Title) first being duly sworn on my oath, affirm Catholic Charities of Kansas City-St. Joseph, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Catholic Charities of Kansas City-St. Joseph, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

	<u>Daniel B. Powers</u>
<i>Authorized Representative's Signature</i>	Printed Name
<u>Chief Executive Officer</u>	<u>July 1, 2015</u>
Title	Date
<u>dpowers@ccharities.com</u>	<u>149066</u>
E-Mail Address	E-Verify Company ID Number

Subscribed and sworn to before me this 1<sup>st</sup> of July 2015. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Platte, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 01-06-2018.  
(NAME OF STATE) (DATE)

Mary Rose Carolla 07-01-15  
Signature of Notary Date



**EXHIBIT J, continued**

***(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)***

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

**Not Applicable**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the applicant’s name and the MOU signature page completed and signed by the applicant and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency** or **Public University\*** to Which Previous E-Verify Documentation Submitted: \_\_\_\_\_

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: \_\_\_\_\_

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

\_\_\_\_\_  
Authorized Business Entity Representative’s  
Name (Please Print)

\_\_\_\_\_  
*Authorized Business Entity  
Representative’s Signature*

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Verify MOU Company ID Number

**FOR DEPARTMENT USE ONLY**

Documentation Verification Completed By:

\_\_\_\_\_  
Procurement Officer

\_\_\_\_\_  
Date

U.S. DEPARTMENT OF HOMELAND SECURITY  
E-VERIFY MOU

Company ID Number: 149066

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and Catholic Charities of Kansas City-St. Joseph, Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 149066

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 149066

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
  - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 149066

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (D)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 149066

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 149066

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 149066

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

##### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

##### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 149066

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

Employer Catholic Charities of Kansas City-St. Joseph, Inc.

Tammy L Clary

Name (Please type or print)

Title

*Electronically Signed*

09/02/2008

Signature

Date

Department of Homeland Security - Verification Division

**Company ID Number: 149066**

**USCIS Verification Division**

**Name (Please type or print)**

***Electronically Signed***

**Signature**

**Title**

**09/02/2008**

**Date**

Company ID Number: 149066

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Catholic Charities of Kansas City-St. Joseph, Inc.Company Facility Address: 1112 Broadway  
Kansas City, MO 64105Company Alternate Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_County or Parish: JACKSONEmployer Identification Number: 430887779North American Industry  
Classification Systems Code: 813

Parent Company: \_\_\_\_\_

Number of Employees: 100 to  
499 Number of Sites Verified for: 5

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- MISSOURI 5 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	<b>Tammy L Clary</b>	Fax Number:	<b>(816) 221 - 9116</b>
Telephone Number:	<b>(816) 221 - 4377 ext. 312</b>		
E-mail Address:	<b>tclary@ccharities.com</b>		
Name:	<b>George Haux</b>	Fax Number:	<b>(816) 221 - 9116</b>
Telephone Number:	<b>(816) 221 - 4377 ext. 337</b>		
E-mail Address:	<b>ghaux@ccharities.com</b>		

Internal Revenue Service

Date: May 10, 2004

Catholic Charities of KC ST Joseph Inc  
1112 Broadway  
Kansas City, MO 64105-1518

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
Ms. Dalton 31-07967  
Customer Service Representative  
Toll Free Telephone Number:  
8:00 a.m. to 8:30 p.m. EST  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
43-0887779  
Group Exemption Number:  
0928

Dear Sir or Madam:

This is in response to your request of May 10, 2004 regarding your organization's tax-exempt status.

Our records indicate your organization is exempt under section 501(c)(3) of the Internal Revenue Code. Your organization is included in the group ruling issued to the United States Conference of Catholic Bishops, which is not a private foundation within the meaning of 509(a) of the Code because it is described in sections 509(a)(1) and 170(b)(1)(A)(i).

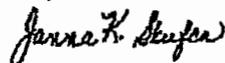
The United States Conference of Catholic Bishops is listed in Publication 78. Donors may deduct contributions to your organization under section 170 of the code.

As your organization is included in a group ruling, there is not an individual exemption letter for it. The group exemption letter applies to all of the subordinate organizations on whose behalf the United States Conference of Catholic Bishops has applied for recognition of exemption. If you want a copy of the group exemption letter, please contact your central organization.

If you are operating an educational organization that normally maintains a regular faculty and curriculum and normally has a regularly enrolled body of pupils or students in attendance at the place where its educational activities are regularly carried on, you are required to file Form 5578, *Annual Certification of Racial Nondiscrimination for a Private School Exempt From Federal Income Tax*. Form 5578 is due annually by the 15<sup>th</sup> day of the 5<sup>th</sup> month following the end of the organization's accounting period.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,



Jenna K. Skufca, Director, TE/GE  
Customer Account Services

**Internal Revenue Service  
P.O. Box 2508  
Cincinnati, OH 45201**

**Department of the Treasury**

**Date: June 4, 2014**

**Person to Contact:**

Roger Meyer ID# 0110429

**Toll Free Telephone Number:**

877-829-5500

**Employer Identification Number:**

53-0196617

**Group Exemption Number:**

0928

United States Conference of Catholic  
Bishops  
3211 4<sup>th</sup> Street, NE  
Washington, DC 20017-1194

Dear Sir/Madam:

This responds to your May 19, 2014, request for information regarding the status of your group tax exemption.

Our records indicate that you were issued a determination letter in March 1946, that you are currently exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, and are not a private foundation within the meaning of section 509(a) of the Code because you are described in sections 509(a)(1) and 170(b)(1)(A)(i).

With your request, you provided a copy of the *Official Catholic Directory for 2014*, which includes the names and addresses of the agencies and instrumentalities and the educational, charitable, and religious institutions operated by the Roman Catholic Church in the United States, its territories, and possessions that are subordinate organizations under your group tax exemption. Your request indicated that each subordinate organization is a non-profit organization, that no part of the net earnings thereof inures to the benefit of any individual, and that no substantial part of their activities is for promotion of legislation. You have further represented that none of your subordinate organizations is a private foundation under section 509(a), although all subordinates do not all share the same sub-classification under section 509(a). Based on your representations, the subordinate organizations in the *Official Catholic Directory for 2014* are recognized as exempt under section 501(c)(3) of the Code under GEN 0928.

Donors may deduct contributions to you and your subordinate organizations as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to them or for their use are deductible for federal estate and gifts tax purposes if they meet the applicable provisions of section 2055, 2106, and 2522 of the Code.

Subordinate organizations under a group exemption do not receive individual exemption letters. Most subordinate organizations are not separately listed in Publication 78 or the EO Business Master File. Donors may verify that a subordinate organization is included

in your group exemption by consulting the *Official Catholic Directory*, the official subordinate listing approved by you, or by contacting you directly. IRS does not verify the inclusion of subordinate organizations under your group exemption. See IRS Publication 4573, *Group Exemption*, for additional information about group exemptions.

Each subordinate organization covered in a group exemption should have its own EIN. Each subordinate organization must use its own EIN, not the EIN of the central organization, in all filings with IRS.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

A handwritten signature in black ink that reads "Tamera Ripperda". The signature is written in a cursive style with a large, prominent initial "T".

Tamera Ripperda  
Director, Exempt Organizations

HOLLOWAY, Sec. & Treas.; JAMES HART, B.A., M.A., Retired Priests' Representative (Retired); KARL BARMANN, O.S.B.; MARK YATES, C.P.P.S.; Very Rev. WILLIAM T. OULVEY, S.J.

Deans—Revs. ERNEST P. DAVIS, Deanery I; JOSEPH POWERS, Deanery II; JASON KOCH, L.C., Deanery III; DONALD P. FARNAM, Deanery IV; DAVID L. HOLLOWAY, Deanery V; MICHAEL CLARY, Deanery VI; THOMAS W. HERDMAN, Deanery VII; J. KENNETH CHIUQU, Deanery VIII; BENJAMIN KNEIB, Deanery IX; KARL BARMANN, O.S.B., Deanery X; ROBERT STONE, Deanery XI; MATTHEW ROTZEL, Deanery XII; JUSTIN E. HOTE, Deanery XIII; VINCENT M. ROGERS, Deanery XIV.

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 Bishop Helmsing Institute—SCOTT MCKELLAR, Dir.  
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 Catholic Charities Foundation—VINCENT ANCH, Exec. Dir., 20 W. 9th St., Ste. 650, Kansas City, 64105. Tel: 816-221-4377; Fax: 816-472-5423.  
 Catholic Charities of Kansas City-St. Joseph, Inc., Caritas Center—20 W. 9th St., Ste. 600, Kansas City, 64105. Tel: 816-221-4377; Fax: 816-472-5423.  
 Deacon DAN POWERS, CEO, Northwest Missouri Branch Office: VACANT, 902 Edmond, Ste. 204, St. Joseph, 64501. Tel: 816-282-2895.  
 Turnaround Program - Community Re-Entry After Prison—KIM LOWKEY, Asst. Dir., 3100 Main St., Ste. 10, Kansas City, 64111. Tel: 816-561-1835.  
 The "Catholic Key" Diocesan Newspaper—JACK SMITH, Editor.  
 Cemeteries (Catholic Cemeteries Associated, Diocese of Kansas City-St. Joseph, Inc.)—JOSEPH W. HARRIS,

7601 Blue Ridge, Kansas City, 64138.  
 Cemeteries: Kansas City, Mt. Olivet; Mt. St. Mary; Resurrection; St. Joseph, Mt. Olivet.  
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 St. Vincent de Paul Particular Council—DAN KOENIG, Moderator.  
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 Stewardship and Development—STEPHEN HILLIARD, Dir.; GREG FRANKER, Assoc. Dir. Planned Giving.  
 Vocation Office—Rev. RICHARD D. ROCHA, Vocation Dir.; GREGORY J. LOCKWOOD, Administrative Dir.  
 Sacred Worship and Diocesan Special Events Office—Deacon RALPH L. WEHNER, Dir. & Master of Ceremonies; KATIE BEYERS, Assoc. Dir.  
 Young Adult and Campus Ministry—DAVID DENUZZO, Dir.  
 Youth Office—JON SCHAFFHAUSEN, Dir.

## CLERGY, PARISHES, MISSIONS AND PAROCHIAL SCHOOLS

### KANSAS CITY

#### (JACKSON COUNTY)

- 1—CATHEDRAL OF IMMACULATE CONCEPTION (1882) Rev. Joseph Powers, Rector; Deacon Stephen W. Livingston. In Res., Rev. Kenneth A. Riley, Judicial Vicar. Res.: 416 W. 12th St., 64105. Tel: 816-842-0416; 816-842-0416, Ext. 112 Cathedral Social Services; Fax: 816-842-3849.
- 2—ST. ALOYSIUS (1886), (Hispanic), Closed. For inquiries for parish records contact Archives, Catholic Chancery.
- 3—ST. ANTHONY (1991) Rev. Paul Turner. Res.: 318 Benton Blvd., 64124. Tel: 816-231-5445; Fax: 816-231-5446.  
 Catechesis/Religious Program—Students 82.
- 4—ST. BERNADETTE'S (1968) Rev. David L. Holloway, Deacon Emory Corrigan, (Retired). Mailing Address: 9020 E. 51st Ter., 64133. Res.: 9021 E. 51st Ter., 64133. Tel: 816-356-3700; Fax: 816-737-3447. Email: stbernadette@kc.rr.com. Web: www.stbernadettekcmo.com.  
 Catechesis/Religious Program—Students 19.
- 5—BLESSSED SACRAMENT, Closed. For inquiries for parish records contact Archives, Catholic Chancery.
- 6—ST. CATHERINE OF SIENA (1926) Rev. Robert Karr; Deacon William Markey, (Retired); Veronica Ward, Pastoral Assoc. Tel: 816-761-5483, Ext. 110. Res.: 4101 E. 106th Ter., 64137-1649. Tel: 816-761-5483; Fax: 816-761-8795. Web: www.saintcatherine.com.  
 Catechesis/Religious Program—Tel: 816-761-5483, Ext. 110.
- 7—ST. CHARLES BOROEMBO (1947) Rev. Joseph Totton; Deacons Jerry Williams; Frank Peak; Joseph Whiston. Res.: 900 N.E. Shady Lane Dr., 64118-4742. Tel: 816-436-0880; Fax: 816-436-0103. Web: www.stcharleskcc.com.  
 School—904 N.E. Shady Lane Dr., Oakview, 64118. Tel: 816-436-1009; Fax: 816-436-6293. Lay Teachers 25; Students 270.  
 Catechesis/Religious Program—Students 93.
- 8—CHRIST THE KING (1938) Rev. Gregory J. Lockwood. Mailing Address: 8510 Wornall Rd., 64114. In Res., Rev. Richard D. Rocha. Res.: 504 W. 85th Ter., 64114. Tel: 816-363-4888; Fax: 816-363-2315. Web: www.chkcmo.org.  
 Preschool—Tel: 816-984-8768. (Infant/Toddler & Preschool) Lay Teachers 13; Students 49.  
 Catechesis/Religious Program—Susan Dietzman, D.R.E. Students 3.
- 9—CHURCH OF THE HOLY MARTYRS (1991), (Vietnamese), Rev. Joseph Phan Trong Hanh. Res.: 7801 Paseo, 64131. Tel: 816-333-3214; Fax: 816-523-8168. Email: hphan43@bcglobal.net.

- Catechesis/Religious Program—Tel: 816-333-5349. Students 300.
- 10—ST. ELIZABETH'S (1917) Rev. Gregory Haskamp; Deacon Donald Schmit, (Retired). Office: 2 E. 76th St., 64114. Tel: 816-523-2405; Fax: 816-444-9858.  
 Rectory—7444 Main St., 64114. Tel: 816-523-2155.  
 School—(Grades PreSchool-8), 14 W. 76th St., 64114. Tel: 816-523-7100; Fax: 816-523-2566. Email: pikolasch@stekc.org. Lay Teachers 83; Students 483.  
 Catechesis/Religious Program—Students 29.
- 11—ST. FRANCIS SERAPH, Closed. For inquiries for parish records contact St. Anthony, Kansas City.
- 12—ST. FRANCIS XAVIER (1909) Revs. Rafael Garcia, S.J.; A. James Blumeyer, S.J. Res.: 1001 E. 52nd St., 64110. Tel: 816-523-5115; Fax: 816-333-0082. Email: parish@stfx-kc.org. Web: www.stfxkc.org.  
 Catechesis/Religious Program—Tel: 816-523-5115, Ext. 204. Students 64.
- 13—ST. GABRIEL ARCHANGEL (1956) Rev. Joseph M. Sharbel; Deacon Larry West. Res.: 4737 N. Cleveland Ave., 64117. Tel: 816-453-1183; Fax: 816-453-8254. Web: www.stgabriels-kc.org.  
 School—Tel: 816-453-4443. Lay Teachers 14; Students 145.  
 Early Childhood Learning Center—Tel: 816-453-4555. Lay Teachers 13.  
 Catechesis/Religious Program—Tel: 816-453-1183, Ext. 217. Students 170.
- 14—GUARDIAN ANGELS (1909) Margaret Lima, Pastoral Admin.; Rev. Robert A. Hagan, S.J. Parish Office—1310 Westport Rd., 64111. Tel: 816-931-4351; Fax: 816-531-6896. Web: guardianangelskcc.org.  
 School—Our Lady of the Angels School, 4232 Mercier, 64111. Tel: 816-931-1893; Fax: 816-931-6718. Email: mcdelac@yahoo.com. Web: www.olakc.org.  
 School—Our Lady of Guadalupe School, 2310 Madison, 64108. Tel: 816-221-2539; Fax: 816-283-3315. Email: jechramp@aol.com. Web: olgkc.org.  
 Catechesis/Religious Program—Students 23.
- 15—HOLY CROSS (1902) Rev. Jason Koch, L.C.; Deacon Daniel Esteban. Res.: 5106 St. John Ave., 64123. Tel: 816-231-4845; Fax: 816-483-0900.  
 Catechesis/Religious Program—Students 145.
- 16—HOLY FAMILY (1980) Rev. Philip Egan. Res.: 919 N.E. 96th St., 64155. Tel: 816-436-9200; Fax: 816-436-9049. Web: www.holyfamily.com.  
 Catechesis/Religious Program—Students 360.
- 17—HOLY ROSARY (1890), (Italian), Rev. Ariel Durian, C.S. In Res., Revs. Livio Stella, C.S.; Jesus Olivares, C.S. Res.: 911 Missouri Ave., 64106. Tel: 816-842-5440;

- Fax: 816-474-3806. Web: www.hrkcmo.org.  
 Catechesis/Religious Program—Tel: 816-842-5440. Students 6.
- 18—HOLY TRINITY, Closed. For inquiries for parish records contact Our Lady of Peace, Kansas City.
- 19—ST. JAMES (1908) Rev. Ernest P. Davis, Admin. Res.: 3909 Harrison St., 64110. Tel: 816-561-8512; Fax: 816-561-7950. Email: stjames.kc@bcglobal.net. Web: www.stjkc.org.  
 Catechesis/Religious Program—Students 20.
- 20—ST. JOHN FRANCIS REGIS (1964) Rev. Sean P. McCaffery. Res.: 8941 James A. Reed Rd., 64138. Tel: 816-761-1608; Fax: 816-966-1350. Email: cmelchior@regischurch.org. Web: www.regischurch.org.  
 School—Tel: 816-763-5837. Email: jsmith@regisschool.org. Lay Teachers 15; Students 180.  
 Catechesis/Religious Program—Email: sduerr@regischurch.org. Students 20.
- 21—ST. JOHN THE BAPTIST, Closed. For inquiries for parish records contact St. Anthony, Kansas City, Tel: 816-231-5446.
- 22—ST. LOUIS (1919), (African American), Rev. Carito Saballo, S.O.L.T. Church & Rectory: 6930 Swope Pkwy., 64130. Tel: 816-444-6535; Fax: 816-444-6027. Email: saintlouis@bcglobal.net. Web: www.solt3.org.  
 Catechesis/Religious Program—Fax: 816-444-6027.
- 23—ST. MATTHEW APOSTLE (1964) Rev. Adam Johnson. Res.: 8001 Longview Rd., 64134. Tel: 816-763-0308; Fax: 816-765-2617. Web: www.stmatthewapostle.com.  
 Catechesis/Religious Program—Students 12.
- 24—ST. MICHAEL ARCHANGEL, Closed. For inquiries for parish records contact Our Lady of Peace, Kansas City, Tel: 816-231-0963.
- 25—ST. MONICA (1910), (African American), Rev. Thomas K. Ludwig; Deacons Kenneth Greene; Darwin Dupree. Res.: 1616 Paseo Blvd., 64108. Tel: 816-471-3696; Fax: 816-471-1111. Email: stmonica1616kc@hotmail.com. Web: stmonica1616kc@hotmail.com.  
 Catechesis/Religious Program—Maxine G. Myers, D.R.E.
- 26—ORATORY OF OLD ST. PATRICK (2005), Traditional Latin Mass Community. Rev. Canon William E. Avia, I.C.R.S.S., Rector; Rev. Canon Glenn Gardner, I.C.R.S.S., Vice-Rector. Mailing Address: P.O. Box 414237, 64141-4237. 806 Cherry St., 64106. Tel: 816-931-5612. Email: oldstpatrick@institute-christ-king.org. Web: www.institute-christ-king.org/kansascity/.  
 Catechesis/Religious Program—Students 15.