



**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	Journey to New Life Inc. 3144 Troost Avenue Kansas City, MO 64109	SDA48000835 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: Georgia K. Walker Executive Director  
 Authorized Signature: Georgia K Walker Date 5/8/16

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

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

## REQUEST FOR APPLICATION



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

**Buyer of Record:  
Gary Stoll, CPPB  
Telephone: (573) 526-6402  
[gary.stoll@doc.mo.gov](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:     Journey to New Life Housing for Sexual Offenders      
Company Name:     Journey to New Life Inc      
Mailing Address:     3144 Troost Ave      
City, State, Zip:     Kansas City MO 64109      
Telephone:     816-960-4808     Fax:     816-607-9127      
Federal EIN #:     46-3435417     State Vendor #:       
Email:     gkw.journeytonewlife@hotmail.com      
Authorized Signer's Printed Name and Title:     Georgia K Walker, Executive Director    

Authorized Signature:     Georgia K Walker     Application Date:     07/01/15    

### NOTICE OF AWARD:

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

**In its entirety.**

Contract No. **SDA48000835** W-008

  
Ellis McSwain, Chairman, Board of Probation and Parole

Date     7/21/15    

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

**REQUEST FOR APPLICATION**



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

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

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City, State, Zip:     **Kansas City MO 64109**      
Telephone:     **816-960-4808**     Fax:     **816-607-9127**      
Federal EIN #:     **46-3435417**     State Vendor #:       
Email:     **gkw.journeytonewlife@hotmail.com**      
Authorized Signer's Printed Name and Title:     **Georgia K Walker, Executive Director**    

Authorized Signature:     *Georgia K Walker*     Application Date:     **07/01/15**    

**NOTICE OF AWARD:**

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

Contract No. \_\_\_\_\_

\_\_\_\_\_  
Ellis McSwain, Chairman, Board of Probation and Parole

\_\_\_\_\_  
Date

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

**Application Summary Form**

**COMMUNITY REENTRY FUND APPLICATION SUMMARY FORM**  
**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> City/County <u>Kansas City/Jackson, Cass and Clay</u>	\$ 50,000
<input type="checkbox"/>	<b>Southwest Region</b> City/County _____	
<input type="checkbox"/>	<b>North Central Region</b> City/County _____	
<input type="checkbox"/>	<b>Eastern Region</b> City/County _____	
<input type="checkbox"/>	<b>Southeast Region</b> City/County _____	

**Program Title:** Journey to new Life Housing for Sexual Offenders  
**Does this program complement another application?** Yes \_\_\_ No X **Name:** \_\_\_\_\_  
**Provide a unique name descriptive of service or program for EACH application submitted**

<b>Applicant Agency and Address:</b> <u>Journey to New Life Inc</u> <u>3144 Troost Ave</u> <u>Kansas City MO 64109</u>	<b>Project Director Name, Phone, Fax &amp; Email:</b> <u>Rita Flynn</u> <u>816-960-4808</u> phone <u>816-607-9127</u> fax <u>rmf.journeynewlife@hotmail.com</u>
Signature/Title _____ Date _____	

<b>Anticipated Outputs:</b> (number of offenders supervised by DOC to be served by the proposed project): <u>15</u>	<b>Estimated Cost per Offender:</b> \$ 3,333	<b># of Paid Staff:</b> 6
		<b># of Volunteers:</b> 6

**Summary of Proposed Project:** In a concise manner, provide a summary paragraph of your project.  
 We propose to place 15 sex offenders in permanent housing. Using a "housing first" model which is called "Rapid Re housing" (RRH), we will secure housing for these offenders by paying the rental deposit and the first three months of rent. We will then provide wrap around supportive services for the intensive first three months and then follow up with less intensive service for the second three months.

**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.  
 We will make in kind donations that are equivalent to an amount greater than the grant award. See attached page.

Attach a page identifying in-kind contributions.

**MATCHING RESOURCES TO BE SUPPLIED BY JOURNEY TO NEW LIFE**

**Labor costs:**

0.40 FTE Case-Manager	\$ 16,000
Benefits for Case-Manager	\$ 4,000
In-kind 0.25 FTE volunteer re-entry specialist	\$ 7,500
0.10 FTE Program Manager	\$ 5,000
0.10 FTE Financial Administration of Grant & Data	\$ 5,000
Provision of additional products and services to meet That will support the re-entry process	\$ 11,250
Values of classes and support groups provided	\$ 15,000
Space rental, liability & property insurance, utilities, etc	4,000
	_____
Total matching resources provided by applicant	\$ 67,750

### 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%)
  - 3.2 % Local government
  - % State government
  - 24.0 % Federal government
  - 40.5 % Direct donations from individuals
  - 32.3 % Corporate or foundation grants
  - % Fee and charges for services, products, and sales
  - % Endowment and interest income
  - % Fundraisers or special events
  - % Membership fees
  - % Other sources (specify: \_\_\_\_\_)
  - 100% Total**
6.  **Supporting Documentation & Forms**
  - A.  Exhibit A – Prior Experience of Applicant (mandatory form)
  - B.  Exhibit B – Expertise of Personnel (mandatory form)
  - C.  Exhibit C – Legal/Cancellation Actions Against Applicant (mandatory form)
  - D.  Exhibit D – Performance Measures (mandatory form)
  - E.  Exhibit E – Timeline (mandatory form)
  - F.  Exhibit F – Budget Detail Worksheet (mandatory form)
  - G.  Exhibit G – Budget Narrative (mandatory form)
  - H.  Exhibit H – Missouri Service-Disabled Veteran Business Preference (optional form)
  - I.  Exhibit I – Participation Commitment (optional form)
  - J.  Exhibit J – Documentation of Intent to Participate for MBE/WBE (optional form)
  - K.  Documentation of Nonprofit Corporation under Chapter 355 RSMo. or Section 501(C)(3) of the Internal Revenue Code (documentation needed)

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

Journey To New Life was founded September 1, 2013 by Rita Flynn, Sr. Rose McLarney and Georgia Walker because we believed that at least four major categories of former offenders were being underserved by the social services agencies in Kansas City for housing: sex offenders, veterans with chronic disabilities, women, and those with serious mental illnesses who also suffered from addictions. Our vision was to create a welcoming service center in the central city where all would be welcome for emergency assistance and as many as possible would be assisted in finding housing. Since our founding we have served 941 emergency assistance clients and provided them with over \$ 200,000 worth of things such as food, clothing, prescription assistance, identification, personal hygiene, work related items such as uniforms, boots, tools, cell phones, and bus passes. At a cost of \$ 275,500, we have assisted 157 persons and their families attain and maintain permanent housing with financial resources and case-management. The proposed grant will target sex offenders to gain access to permanent housing.

#### RATIONALE FOR TARGETING SEX-OFFENDERS

There are specific reasons for developing a program to explicitly target sex-offenders for housing. First of all, a great many of the housing programs and the re-entry programs in Kansas City are unwilling or unable to serve this population adequately. Secondly, there is a significant reluctance of landlords to rent to sex offenders because of the stigma attached to sex offenders by other rental clients and neighbors. Therefore, the landlords fear that their properties will lose value if sex-offenders are permitted to occupy their rental units. Thirdly, there are so many areas of the city and properties that fall within the boundaries within which sex-offenders are excluded from living according to state and local laws. There are difficulties finding places sometimes which will meet these boundary exclusions. At any given time during the last two years, we have always had at least 20 to 30 sex-offenders on our housing case load. With the recent plans to close the Kansas City Community Release Center we have had a surge in demand for housing for all offenders who are being forced to find home plans as quickly as possible. But this is particularly true for the many sex offenders who have been housed at KCCRC for long periods of time because of inability to find a suitable home plan. Because of this closure, we have been receiving many calls from the various state institutions requesting home plans for persons due to be released. Finally, it does require some specialized expertise to handle a caseload of ex-offenders. While still at the Turnaround Program of Catholic Charities, Rita Flynn, Jeff Page and Georgia Walker all were accustomed to handling as many as 36 sex-offenders at a time. This expertise requires a willingness to provide acceptance and support for offenders who have seriously hurt very vulnerable victims. We feel that our staff has the willingness, sensitivity and cautious temperament to handle successful re-entry for this population. Rita Flynn, Program Director, will oversee this program and

supervise the staff efforts. Jeff Page will be the case manager for this project. Together the two of them each have decades of experience as parole officers and supervisors and as re-entry experts. In addition we have six very experienced volunteer re-entry specialists who will be assisting them.

### OUR HOUSING AND RE-ENTRY MODEL

We are constantly seeking resources to expand our capacity to do the housing piece of our program. We are passionate about using what is known as “the housing first” model which is the evidence-based practice of putting people into safe and affordable housing as rapidly as possible and then providing wrap-around services based upon the assessment of risks and needs of the individual client. This is a proven model which leads to positive outcomes such as:

- decreased use of addictive substances,
- increased compliance with mental health treatment,
- lower levels of criminal recidivism,
- decreased use of expensive emergency room visits,
- higher levels of life satisfaction,
- better management of chronic health conditions and
- lower risk of returning to homelessness or to prison.

We are enthusiastic about this evidence-based model from the housing service sector and have found that it works extremely well along with evidence-based practices from community corrections in order to reduce recidivism.

### ANTICIPATED TIMELINE FOR THE SERVICES

Upon first encountering an ex-offender who needs housing we utilize a HUD recommended assessment instrument which has proven to have high validity and reliability for predicting the best housing intervention strategy for a given individual or family. This instrument is called the Service Prioritization Decision Assistance Tool (SPDAT). This is a well-tested evidence-informed approach to assessing an individual’s or family’s acuity for attaining housing. Across multiple components, the tool prioritizes who to serve next and why, while concurrently identifying the areas in the person’s life where support is most likely necessary in order to avoid housing instability. It fosters the development of a system of agency triage so that more resources are directed to those most in need rather than just serving everyone with the same array of costly services.

The score on the SPDAT predicts whether the individual needs permanent housing with one of three different levels of support. Some will need long term supportive services to wrap around them and long-term financial support for that

housing (this is called Permanent Supportive Housing). Many will only need short term supportive services to become able to support themselves in permanent housing within three months with the benefit of earned income or some form of government economic support such as Social Security disability, SSI or regular pension income (this is called Rapid Re-Housing). Many others will simply need assistance in obtaining employment services and to find landlords willing to rent to ex-offenders and then they are able to access housing with less intensive assistance. The current grant will target those who score in the middle range on the SPDAT and are predicted to need short-term case-management support from three to six months and rental assistance for no more than three months. We have clients which fit into each of these three categories and we now have some city and federal grants to support the delivery of the first two types of housing. The proposed grant is designed to expand our capacity to serve 15 additional sex-offenders who score at the level of needing the Rapid Re-Housing program.

On that first day we will explain our programs, assess and address the client's basic needs for identification, food, clothing, personal hygiene, transportation, cell phone, prescription assistance, etc. These are critical things any human being will need to get started again with their new life. Of course all of these things are the type of first concerns anyone might reasonably expect to obtain even prior to finding their housing. I think most of our clients would describe our provision of emergency services as generous and very supportive.

In the first seven days of entering this program, we will assess the risks and needs and the strengths and weaknesses of the client. We will get started immediately on determining what level of rent that they will ultimately be able to pay on their own and begin providing them with housing options based upon their preferences of area within the city and type of housing. We have spent a great deal of time cultivating landlord willingness to support housing options for sex-offenders. We have been successful in finding willing landlords because they know that we will stay connected and supportive of our clients to insure their success. By the third day a housing unit will be selected, it will be inspected for suitability using a rigorous Housing Quality Inspection regime required HUD and a rent reasonableness comparison to insure that the landlord will only be charging a fair market price for the housing. A lease will be signed and our agency will move furniture and household items in to the residence to make it habitable and the client will move into the unit. During the first week, the client typically will have 10 to 15 hours of contact with his or her case-manager and re-entry specialist.

Immediately after the individual is housed, case-management will begin working with the client using a trauma-informed, strength-based model to help the client develop both short and longer term goals and the strategies needed to accomplish those goals. Our case-managers use a motivational interviewing strategy to enhance intrinsic motivation in offenders and offer a great deal of positive reinforcement. We have a very

definite welcoming atmosphere in our office and pride ourselves on treating each individual with great respect and confidentiality. During this next phase the case-manager and re-entry specialist will begin advocating for the client to attain re-instatement or application for benefits for which the individual may be qualified to receive (i.e., food stamps, Medicaid, SSI or SSDI, TANF, etc). This might be accomplished on-line or by personal visit to the appropriate office.

During these early first days referral appointments are set up, as suggested by assessed client risks and needs, for such services as employment support (work readiness, job coaching, and other employment services), substance abuse treatment, mental health treatment, sex-offender treatment, and medical care. Furthermore, during these early days the case-manager explains various classes and groups that we have available in our office to facilitate their successful re-entry into society and sign them up for mentoring or any other of our services they may wish to try. All of this needs to be tailored to client preferences for what goals they wish to pursue first and how much time they may have available after addressing service assignments given to them by their parole officer.

We have been cautious to not create services that other agencies are doing quite well. However, we have expanded our services to include other useful programs that we have found helpful to support the successful re-entry of our clients and to help them maintain their housing. We have established a one-year, one-on-one mentoring program, offer a weekly relapse prevention support group, provide a five week course in anger management and conflict resolution using a restorative justice model, offer a six week budgeting and personal finance course and now will be starting a cognitive-behavioral psychological support group. We have an on-site ophthalmologist who comes weekly to perform eye exams and then provides our clients with a free pair of glasses. We partner with many other area organizations which offer employment readiness, medical care, psychological/psychiatric care, substance abuse treatment, and domestic violence support and advocacy. Because of our existing agency relationships, we are frequently able to get appointments set up quickly for our clients. Our primary agency relationship for men is Benilde Hall, which is our resource for substance abuse treatment, psychological counseling and psychiatric care.

During the first three months, the client will meet weekly with their case-manager and re-entry specialist. Typically, these meetings may be of one to two hours in length, depending on what is being accomplished. Frequently, there will be two to three phone contacts with the client and case-manager to help support the client. At least once per month, the meeting will take place within the home of the client and this will involve both the case manager and the re-entry specialist in the out of the office contacts. During the fourth thru the six month, the clients will meet one to two times per month with the re-entry specialist under the guidance and supervision of the case-manager. If any

problem or new issue arises during the second three-month period, the case manager will re-engage more closely and will be the one to remain in contact with the parole officer if any issue arises.

Part of the success of our agency has been due to the excellent employment services offered to ex-offenders by the Employment Program at Bishop Sullivan Center here in Kansas City. They have the best employment success we have experienced in getting people employed in the best jobs imaginable. Over the years, they have developed such a wide assortment of "felon-friendly" employers who are willing to give our clients a chance when they meet their high expectations for reliable, responsible work for a just wage. We absolutely require those who wish to be in one of our housing programs to work with Bishop Sullivan for attaining employment if they are able to work. We have had good success in getting people into employment relatively quickly so that they can reasonably be able to take over all of their own rental expenses on their own after three months.

For those with developmental or mental illness conditions, we often refer our clients to the Missouri Vocational Rehabilitation services offered by the State of Missouri. A number of our clients have been able to gain employment through the help provided by this service. For those who are judged by this agency to be unemployable we become advocates for gaining them access to mainstream benefits which will make it possible for them to financially support their own housing after three months. To speed up this process of getting re-instated with SSI or other program or to apply for the first time, our agency is working to develop the capacity through the SOAR program to facilitate the application process. In this program the case-manager does much of the leg-work to accumulate the medical records of the client and build the evidence for their need for assistance. This is proving to be a very successful program in Kansas City. This length of time required for certification for SSI has been reduced to an average of three months, the percentage of first-time claim denials have dramatically been reduced, and the need for hiring expensive legal representation has been reduced significantly. We will soon be providing this service for our clients at Journey To New Life.

The model we have developed includes case-management over the course of the first three critical months of approximately 45-50 hours of case-management time for direct visits, phone calls, and home visits and much of that time is matched by 25-30 hours of re-entry specialist time in the first three months. In the fourth thru sixth months the experienced re-entry specialist will spend another 15-20 hours of direct contact with the client by in person visits and phone visits. Furthermore, the client also has regular contact throughout the six month program with his or her mentor in one-on-one visits and in monthly mentor-mentee gatherings. We have several former offenders who are no longer on supervision who provide helpful support and guidance to our clients.

**BUDGET REQUEST:**

The primary request for money in this grant is to ask for \$ 9,750 to pay for rental deposits for 15 clients (\$ 650 X 15) and \$ \$29,250 to pay for 3 months of rent for 15 clients (\$ 650 X 3 X 15). Housing is the main service that we are offering to these clients. However, in addition this grant requests funding for what we consider to be three critical services: phone, monthly bus passes and food. Providing a cell phone is essential to maintain frequent contact between the staff and the client. Furthermore, it is almost impossible to get a job without a way for employers to contact you to set up interviews and/or make job offers. Therefore, we request \$ 150 per client to provide a cell phone to the client for the first three critical months. We also consider that the monthly bus passes are essential for attaining a job, for getting to appointments, and staying in contact with the case-management staff. Therefore, we request \$ 150 per client to purchase three monthly bus passes. Third, we believe that it is critical to have food in the first months when you lack the resources to pay for it. Therefore, we request \$ 433 to purchase food for the client for three months. So our request in this grant is for \$ 50,000 which would provide us with an average of \$ 3,300 per client to help them get started on the journey to a new life. While other services and products will be supplied to the clients during the time they are in the program at no cost to the grant. However, these five things we are budgeting for are so important to their success in the program that we are requesting grant funds in order to provide them to our clients.

**MATCHING RESOURCES SUPPLIED BY AGENCY**

Journey To New Life will supply all of the labor and employee benefits for this program and no cost to the grant. The model requires the utilization of a 0.40 FTE case-manager at an average annual cost of \$ 16,000 plus an additional \$ 4,000 in benefits. The agency will also be supplying the expertise of a 0.25 FTE experienced volunteer re-entry specialist at an average annual value of \$ 7,500. During the months that these clients will be in our program, we can conservatively estimate that they will receive an additional array of products and services that total at least \$ 750 to pay for household furnishings, utilities, personal hygiene, medical and dental co-pays, prescriptions, and work-related things such as uniforms, tools, and work clothes/boots. These items will be expected to total at least \$ 11,250 in agency funds over the course of the year for 15 clients served in this program. The value of other classes and services provided by our agency will depend entirely on the needs of the clients and in which programs which they choose to participate. The cost of these services collectively will exceed \$ 15,000. When we add in the overhead of space rental, liability and property insurance, maintenance, utilities, etc; it is clear that the agency will more than match the \$ 50,000 we are requesting in this grant in what we are contributing to this project.

**CORE PERFORMANCE MEASURES**

Of course our primary desired outcomes are for each individual client to successfully complete their re-entry into society, not return to prison and maintain their placement in permanent housing beyond the grant project. However, there are a number of important performance measures that we will be tracking to help insure that individual clients will have the support they need to succeed. We utilize the Mid-America Assistance Coalition (MAAC) database to track the outcome indicators which we feel are important to measure. The following indicators are listed in Exhibit D:

**Basic Needs and Emergency Services**

**Outcome: Attainment of basic needs and emergency services**

Birth Certificate/ID	15 clients	100% will have basic needs met
Personal hygiene	15 clients	"
Food	15 clients	"

**Employment**

**Outcome: Improved employment**

Cell phone	10 clients	100% of the ten clients who are employable will find full-time work
Job readiness	10 clients	
Work clothes/tools	10 clients	

**Housing**

**Outcome: Attainment of housing**

Rental assistance	15 clients	100% will attain permanent housing 90% will maintain housing for 6 months
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**Mental Health**

**Outcome: Reduced mental health risks**

Sex offender treatment	15 clients	100% will receive assist with payment for sex offender tx & assessment
Anger management	10 clients	80% will complete courses in anger Management & conflict resolution
Conflict Resolution	10 clients	

**Substance Abuse**

**Outcome: Reduced substance abuse**

Relapse prevention	10 clients	70% of clients will complete 3 months of Weekly relapse prevent support groups
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**Transportation**

**Outcome: Attainment of transportation**

Monthly bus pass	15 clients	100% of clients will receive Transportation for three months
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## APPLICANT'S EXPERIENCE AND EXPERTISE

Rita Flynn has 45 years of experience working with this population including 26 years with Missouri Department of Corrections Probation and Parole and retired in 2000 as District Administrator. Next she worked for two years as a Kansas City, KS parole officer. She then worked as a substance abuse counselor at WRDCC. She worked for 10 years as Program Manager at Catholic Charities Turnaround Program. She then co-founded Journey To New Life with Sr. Rose McLarney and Georgia Walker. For the past two years she has served at Program Director for Journey To New Life.

Jeff Page has 40 years of experience working with this population including 33 years with Department of Corrections in Connecticut and Iowa working in Probation and Parole and retired in 2006 as Division Manager of Iowa Probation and Parole. He then worked as Case Manager and Job Developer for Catholic Charities Turnaround Program for 7 years. For the past year he has been a Case-Manager for Journey To New Life.

Georgia Walker has 15 years experience working with this population. For 8 years she served in various positions at the Center for Women in Transition and for the last 4 years as the Assistant Director. With Sr. Rose McLarney she established a Residential Release Center for women in St. Louis with Department of Corrections funding. She helped co-found a coalition of St Louis re-entry agencies to serve persons who were released to the St Louis area after maxing out their sentences. She served as the administrator of a \$ 1,000,000/year grant from the Department of Corrections to serve 200 persons who had returned to St. Louis after they had 12-12'd . While in St. Louis she made monthly visits to Vandalia to conduct re-entry classes with women in the re-entry unit. When she moved to Kansas City she began working for two years with Catholic Charities Turnaround Program as a Case-Manager. There she made regular monthly visits to Chillicothe to the women's prison and to WMCC in Cameron to conduct re-entry classes for persons soon to be released to the Kansas City area. She then worked for 3 years as the Program Specialist for the Homeless Services Coalition of Greater Kansas City where she monitored the performance of more than 40 homeless agencies on their HUD grants. In that capacity she also provided technical support and education to those agencies and established a data quality control program for monitoring performance standards of the agencies throughout the metropolitan KC area. For the past two years she has been the Executive Director of Journey To New Life.

Sr. Rose McLarney has 15 years experience working with this population. For 10 years she was the Director of the Center for Women in Transition. During her tenure she

worked closely with Nancy McCarthy to develop a coalition of re-entry agencies and also founded the statewide organization called Missouri Restorative Justice Association. With Georgia Walker she founded a transitional housing program for women coming out of prison and the separate Release Center for Women. She then worked for 2 years at Catholic Charities Turnaround Program where she administered four \$ 100,000 Missouri Department of Corrections Re-Entry grants to establish mentor programs for offenders in four P&P Districts in the Western Region. In that capacity she worked closely with Tim Wolfe, Lisa Weisman, Sherry Morlang and Collin Smith. For the past two years she has been co-founder of the Journey To New Life and serves as the Chair of the Board of Directors.

All four of these principal employees of Journey To New Life have had extensive contact with persons in Jeff City Central Office, Regional Directors, District Administrators and Probation & Parole officers both in St Louis and Kansas City. All of us have been involved with Institutional Parole Officers and other institutional workers to help individuals transition to the outside. Our two other Case-Managers, Administrative Assistant and six experienced volunteer re-entry specialists have additional years of experience delivering social services. Two of the re-entry specialists are retired physicians, two of the specialists are former ex-offenders who have completed their time of supervision and two others are retired professionals.

Journey To New Life currently is sub-contractor on three HUD housing grants: one to serve Case-Management and Housing Placement in a Rapid Re-Housing Program and two to serve Case-Management and Housing Placement in Permanent Supportive Housing Programs for disabled persons. The clients in all three grants are ex-offenders and they are the only HUD grants in the Kansas City metropolitan area that are targeted to ex-offenders. In addition we are the recipient of a local City of Kansas City Emergency Solutions Grant (ESG) to Rapidly Re-House homeless ex-offenders.

#### PREFERENCES OF DEPARTMENT OF CORRECTIONS

We believe that that we should receive the total of 10 points for preferences. This grant request targets services for supported housing for sex offenders. Our Case Management follows the principles of "Trauma Informed Care" and all three of our Case Managers have received training in recognizing trauma as a core component in designing treatment services. Furthermore, all of our service delivery utilizes evidence-based principles both from the world of community corrections and the world of housing providers.

**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>	Journey to New Life	
<b>Reference Information (Prior Services Performed For:)</b>		
<b>Name of Reference Company:</b>	Benilde Hall and City of Kansas City, MO	
<b>Address of Reference Company:</b>	3220 E 23 <sup>rd</sup> St Kansas City MO 64127	
<b>Reference Contact Person Name:</b>	Benilde: William Kent Jewell; City of Kansas City MO Kimberly Harris	
<b>Contact Person Phone #:</b>	816-842-5836	816-513-4516
<b>Contact Person e-mail address:</b>	<a href="mailto:kjewell@mail.benildehall.org">kjewell@mail.benildehall.org</a>	<a href="mailto:Kimberly.Harris@kcmo.org">Kimberly.Harris@kcmo.org</a>
<b>Dates of Prior Services:</b>	1 <sup>st</sup> year 09/01/2013-08/31/2014 2 <sup>nd</sup> year 09/01/2014-08/31/2015	
<b>Dollar Value of Prior Services:</b>	1 <sup>st</sup> year \$136,445 subcontract JTNL \$27,078 Rent \$100,620 2 <sup>nd</sup> year \$140,427 subcontract JTNL \$28,158 Rent \$103,522	
<b>Description of Prior Services Performed:</b>	HUD Permanent Supportive Services grant; perform case management and housing placement services for persons with disabilities; targeting persons who have formerly been incarcerated or who now are on probation.	

Georgia K Walker  
Authorized Signature of Applicant

6/29/15  
Date

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

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<b>Organization Name:</b>	Journey to New Life	
<b>Reference Information (Prior Services Performed For:)</b>		
Name of Reference Company:	Benilde Hall and City of Kansas City, MO	
Address of Reference Company:	3220 E 23 <sup>rd</sup> St Kansas City MO 64127	
Reference Contact Person Name:	Benilde: William Kent Jewell; City of Kansas City MO Kimberly Harris	
Contact Person Phone #:	816-842-5836	816-513-4516
Contact Person e-mail address:	<a href="mailto:kjewell@mail.benildehall.org">kjewell@mail.benildehall.org</a>	<a href="mailto:Kimberly.Harris@kcmo.org">Kimberly.Harris@kcmo.org</a>
Dates of Prior Services:	1 <sup>st</sup> year 02/01/2014-01/31/2015 2 <sup>nd</sup> year 02/01/2015-01/31/2016	
Dollar Value of Prior Services:	1 <sup>st</sup> year \$174,578 subcontract JTNL \$56,708 Rent assistance \$106,176 2 <sup>nd</sup> year \$176,954 subcontract JTNL \$56,708 Rent assistance \$108,552	
Description of Prior Services Performed:	HUD Rapid Rehousing grant; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting persons who have formerly been incarcerated or now are on probation. .	

Georgia K Walker  
Authorized Signature of Applicant

6/29/15  
Date

**EXHIBIT A**

**SUBMISSION IS MANDATORY**

**PRIOR EXPERIENCE OF APPLICANT**

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<b>Organization Name:</b>	Journey to New Life
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	City of Kansas City
Address of Reference Company:	Mohart Center 3200 Wayne Kansas City MO 64109
Reference Contact Person Name:	Florence Wilson
Contact Person Phone #:	816-513-4515
Contact Person e-mail address:	Florence.Wilson@kcmo.org
Dates of Prior Services:	05/01/2015-04/30/2016
Dollar Value of Prior Services:	\$92,360
Description of Prior Services Performed:	Emergency Services Grant (ESG) for Rapid Re Housing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting persons who have formerly been incarcerated or now are on probation

Georgia X Walker  
 Authorized Signature of Applicant

6/29/15  
 Date

**EXHIBIT A**

**SUBMISSION IS MANDATORY**

**PRIOR EXPERIENCE OF APPLICANT**

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

<b>Organization Name:</b>	Journey to New Life
<b>Reference Information (Prior Services Performed For:)</b>	
<b>Name of Reference Company:</b>	Benilde Hall
<b>Address of Reference Company:</b>	3220 E 23 <sup>rd</sup> St Kansas City MO 64127
<b>Reference Contact Person Name:</b>	Benilde: William Kent Jewell;
<b>Contact Person Phone #:</b>	816-842-5836
<b>Contact Person e-mail address:</b>	<a href="mailto:kjewell@mail.benildehall.org">kjewell@mail.benildehall.org</a>
<b>Dates of Prior Services:</b>	1 <sup>st</sup> year 10/01/2014-09/30/2015
<b>Dollar Value of Prior Services:</b>	1 <sup>st</sup> year \$240,943 subcontract JTNL \$59,824 Rent assistance \$181,119
<b>Description of Prior Services Performed:</b>	HUD Permanent Supportive Services for Veterans grant; perform case management and housing placement services for persons who are veterans (with any discharge status) with disabilities; targeting persons who have formerly been incarcerated or who now are on probation.

George K Walker  
 Authorized Signature of Applicant

06/29/15  
 Date

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

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<b>Organization Name:</b>	Journey to New Life
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Sisters of St Joseph of Carondelet
Address of Reference Company:	6400 Minnesota Ave St Louis, MO 63111
Reference Contact Person Name:	Sister Maureen Freeman CSJ
Contact Person Phone #:	314-481-8800
Contact Person e-mail address:	mfreeman@csj.org
Dates of Prior Services:	Year 1 06/01/2014-05/31/2015    Year 2 06/01/2015-05/31/2016
Dollar Value of Prior Services:	Year 1 \$25,000    Year 2 \$15,000
Description of Prior Services Performed:	Emergency Assistance for persons released from prison: shoes, clothes, bus passes, personal hygiene, food, ID's, etc.

Georgia K Walker  
Authorized Signature of Applicant

07/01/2015  
Date

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

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: President, Chair of Board of Directors</b> _____	
<b>Name of Person:</b>	Sister Rose McLarney
<b>Educational Degree (s):</b> include college or university, major, and dates	BSN Avila University Kansas City MO 1958-62; MSN St Louis University St Louis MO 1965-68; MBA partial completion August College Augusta Georgia 1975-77
<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:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	10 years as Executive Director of Center for Women in Transition St Louis MO a re entry program for women coming from prison. 2 years Mentor Coordinator Catholic Charities TurnAround program for men and women returning from prison.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Charter/founding member of Board of Directors JTNL. President and Chair of Board
Describe this person's responsibilities over the past 12 months.	Created Articles of Incorporation, Bylaws, State Incorporation, IRS Tax exempt status, Board and agency policies and procedures, hired Executive Director, recruited and oriented Board members, and conducted monthly board meetings. Assist with development and marketing.
Previous employer(s), positions, and dates.	Currently adjunct instructor Restorative Justice Avila University Kansas City MO. Previously Mentor Coordinator Catholic Charities TurnAround, Executive Director Center for Women in Transition, Vice President Planning and Marketing St Joseph Medical Center Kansas City MO
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	Mentor Coordinator Catholic Charities TurnAround 2008-10; Executive Director Center for Women in Transition 1999-2008
✓ Counseling	
✓ Criminal Justice	Teach Restorative Justice Avila University 2010-current
✓ Correctional Residential Facilities	

*Sister Rose McLarney*

*07/01/15*

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Executive Director</u>	
<b>Name of Person:</b>	Georgia K Walker
<b>Educational Degree (s):</b> include college or university, major, and dates	B.A. Sociology-U. Of MO-Columbia; MA Sociology-U of MO-KC; M. Phil. Sociology-U. of Kansas; Ph.D U of Kansas (A.B.D)
<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:	HUD Housing Quality Standards (HQS) Inspector Certification 2014
Number of years experience in area of service proposed to provide. Experience in working with offenders?	10 years re entry Assistant Director Center for Women in Transition St Louis; 2 years re entry Case Manager Catholic Charities; 3 years housing-Program Specialist-Homeless Services Coalition; 2 years re entry Executive Director JTNL
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee-Executive Director-2 years
Describe this person's responsibilities over the past 12 months.	Administrative; Direct Services of case managers and as an instructor in various re entry subjects for clients
Previous employer(s), positions, and dates.	Center for Women in Transition St Louis 08/00-08/08; Catholic Charities of KC/St Joseph 08/08-05/10; Serendipity Community Services 05/10-05/11; Homeless Services Coalition of KC 01/11-12/13; JTNL 08/13-present
Identify specific information about experience in:	
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	Have managed residential facility for women; mentoring programs in St Louis for persons who 12-12ed; case management of sex offenders, housing placement for offenders of all types
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	
<input checked="" type="checkbox"/> Correctional Residential Facilities	

Georgia K Walker  
Authorized Signature of Applicant

07/01/15  
Date



1855 Gillespie Way El Cajon, CA 92020  
800.783.3100 ■ www.nanmckay.com

# HCV Housing Quality Standards Specialist

Be it known by this certificate that

## Georgia K. Walker

Has fulfilled the certification requirements of  
Nan McKay & Associates, Inc. and NMA  
University, by successful completion of the  
HCV Housing Quality Standards Examination



Nan McKay & Associates has been reviewed and approved as an Authorized Provider by the International Association of Continuing Education and Training. (IACET), 8405 Greensboro Drive, Suite 800, McLean, VA 22102.

*Nan McKay*  
Nan McKay, President

5/12/2011

Date

Continuing Education Units: 1.9



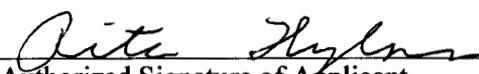
Nan McKay & Associates is registered with the National Association of State Boards of Accountancy (NASBA) as a sponsor of continuing professional education on the National Registry of CPE Sponsors. State boards of accountancy have final authority on the acceptance of individual courses for CPE credit. Complaints regarding registered sponsors may be addressed to the National Registry of CPE Sponsors, 150 Fourth Avenue North, Suite 700, Nashville, TN, 37219-2417. Web site: www.nasba.org. In accordance with the standards of the National Registry of CPE Sponsors, CPE credits have been granted based on a 50-minute hour. CPE Sponsor ID# 101539

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: <u>Program Director</u></b>	
<b>Name of Person:</b>	Rita Flynn
<b>Educational Degree (s):</b> include college or university, major, and dates	B.A. University of California at Long Beach June 1960
<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:	Years of training as probation and parole officer, Defensive tactics, verbal Judo, Reality therapy, cocaine, cognitive thing, firearms
Number of years experience in area of service proposed to provide. Experience in working with offenders?	45 years re entry work. 33 years in p and parole in CA, MO, and KS. Retiring as District Administrator for MO P&P in 2000. 10 years as program manager Catholic Charities TurnAround. Started JTNL re entry program 2013. 2 years as Program Director managed 4 housing HUD grants. Supervised 2 case managers & Adm Assis. & 8 volunteers
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Program Director 2 years
Describe this person's responsibilities over the past 12 months.	Managed 4 HUD housing grants; supervised 3 case managers, an adm assis & 8 volunteers
Previous employer(s), positions, and dates.	
Identify specific information about experience in:	
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	Program Manager Catholic Charities TurnAround 2003-13 Program Manager 2013-present JTNL
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	WRDCC Riverside Co CA Prob 1970-71; MO P&P officer 1980-2000; Buch Co Juvenile 1971-77 LEAA 1978-80; KS parole 2001-03
<input checked="" type="checkbox"/> Correctional Residential Facilities	Jan 2003-June 03 WRDCC Substance Abuse Counselor in therapeutic community

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

6/29/15  
 \_\_\_\_\_  
 Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: <u>Case Manager</u></b>	
<b>Name of Person:</b>	Jeffrey Page
<b>Educational Degree (s):</b> include college or university, major, and dates	1971 University of Miami, BA Human Relations 1973 Southern Connecticut State College, M.S. Guidance and Counseling
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	CPR June 2015
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	40 Years working with ex offenders; As parole officer then re entry.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee Case Manager
Describe this person's responsibilities over the past 12 months.	Develop a professional relationship with people who qualify for our programs to assist them in securing a stable residence; provide help/referrals for employment and treatment programs as needed
Previous employer(s), positions, and dates.	1973-75 State of Connecticut Adult Probation officer 1975-2006 State of Iowa Adult Parole Officer (2yrs) office manager (18 yrs); Division Mgr (11 years)
Identify specific information about experience in:	
✓ Social Work	All positions noted above involve aspects of these 5 areas
✓ Reentry	
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Jeffrey Page  
Authorized Signature of Applicant

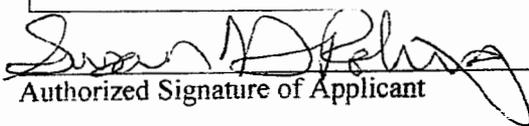
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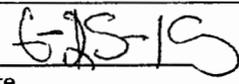
**EXHIBIT B**  
**SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: <u>Case Manager</u></b>	
<b>Name of Person:</b>	Susie Roling
<b>Educational Degree (s):</b> include college or university, major, and dates	MSW May 2006 BSW May 2003
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	License does not expire
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	Trauma Informed Care 2013 Framework for understanding poverty Strengths Based Case Management yearly since 2003
Number of years experience in area of service proposed to provide. Experience in working with offenders?	17 years of service working with Death Penalty cases and offenders
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee Case Manager 7 months
Describe this person's responsibilities over the past 12 months.	Case management; social/emotional support; admin support; connect clients to services e.g. mental health, drug treatment etc.
Previous employer(s), positions, and dates.	Operation Breakthrough Social Worker 2004-2014; Chicato Legal Aid to Incarcerated Mothers 2003-04
Identify specific information about experience in:	
✓ Social Work	12 years of clinical social work
✓ Reentry	7 months case manager JTNL
✓ Counseling	12 years of therapeutic clinical case management
✓ Criminal Justice	17 years involvement with death row offenders
✓ Correctional Residential Facilities	1 year

  
Authorized Signature of Applicant

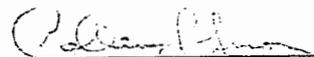
  
Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Case Manager</u>	
<b>Name of Person:</b>	Colleen P Simon
<b>Educational Degree (s):</b> include college or university, major, and dates	B.A. College of William & Mary in Virginia 1979; Govt/Philosophy double major 1978-81 Master of Education
<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:	MAAC Training August 2013 MAAC Training May 2015
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Approximately 2 years worked with ex offenders in Medicine Cabinet/Food Pantry/Emergency Assistance Prison Ministry Program for Catholic Diocese of Richmond 2 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee Case Manager 6 months
Describe this person's responsibilities over the past 12 months.	Process identifies ex offenders that qualify for our grant based home programs. Provide case management & emergency assistance
Previous employer(s), positions, and dates.	Nov 2014-15 Director of Senior Commodities program Cross Line Com Outreach; July 2014-Oct 2014 Bitterman Candy sales; July 2013-14 St Francis Xavier Pastoral Assoc for Justice
Identify specific information about experience in:	
✓ Social Work	
✓ Reentry	
✓ Counseling	July 2013-May 2014 Emergency Assistance/counseling
✓ Criminal Justice	
✓ Correctional Residential Facilities	

  
Authorized Signature of Applicant

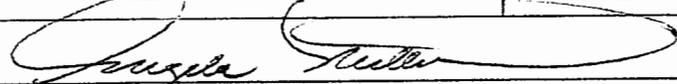
6/25/2015  
Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Administrative Assistant</u>	
<b>Name of Person:</b>	Angela Millwood
<b>Educational Degree (s):</b> include college or university, major, and dates	Bushwick High School
<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:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	8 years working as admin assis in re entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee Administrative Assist Sept 2014-present
Describe this person's responsibilities over the past 12 months.	Data Entry; schedule appts Answer phone
Previous employer(s), positions, and dates.	Catholic Charities of Kansas City/St Joseph Accts Payable, scheduling, TurnAround 1992-2014
Identify specific information about experience in:	
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	8 years admin assis
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	
<input checked="" type="checkbox"/> Correctional Residential Facilities	

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

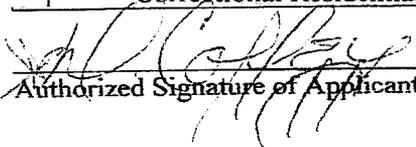
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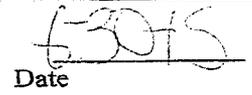
**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Board Member, mentor, budget class, office manager</u>	
<b>Name of Person:</b>	Darrell Coffey
<b>Educational Degree (s):</b> include college or university, major, and dates	Bushwick High School
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	GED Business Management Marketing Degree
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	31 years experience, first as an inmate, then volunteering with re entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer
Describe this person's responsibilities over the past 12 months.	Board member, mentor, conduct budtget class, receptionist, counselor
Previous employer(s), positions, and dates.	
Identify specific information about experience in:	
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	9 years volunteering with re entry program
<input checked="" type="checkbox"/> Counseling	9 years mentoring ex offenders
<input checked="" type="checkbox"/> Criminal Justice	3 years as an inmate
<input checked="" type="checkbox"/> Correctional Residential Facilities	3 years as an inmate

  
Authorized Signature of Applicant

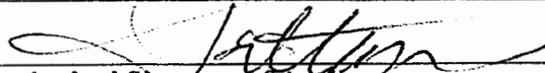
  
Date

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

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Volunteer Re entry specialist</u>	
<b>Name of Person:</b>	Tom Cotton
<b>Educational Degree (s):</b> include college or university, major, and dates	BA University of Illinois 1962 MD U of Illinois 1965
<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:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	2008 to present
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer Re entry specialist Board Member
Describe this person's responsibilities over the past 12 months.	Assess client needs; refer to case managers for long term needs & goals; mentor
Previous employer(s), positions, and dates.	
Identify specific information about experience in:	
✓ Social Work	
✓ Reentry	7 years volunteering with re entry program
✓ Counseling	7 years mentoring ex offenders
✓ Criminal Justice	
✓ Correctional Residential Facilities	

  
Authorized Signature of Applicant

6-30-15  
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>Volunteer Re-Entry Specialist</u>	
<b>Name of Person:</b>	James Deeken, M.D.
<b>Educational Degree (s):</b> include college or university, major, and dates	University of Missouri Medical School
<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:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	2008 to present at Catholic Charities Turnaround Program and for the past two years at Journey To New Life, Inc
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer—Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client needs. Fulfill client's acute basic needs for emergency assistance. Refer to Journey To New Life Case Managers for long-term needs and housing goals.
Previous employer(s), positions, and dates.	
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	
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Authorized Signature of Applicant

*James Deeken MD*

Date

*06/30/2015*

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Volunteer Re-Entry Specialist</u>	
<b>Name of Person:</b>	Judy Mann
<b>Educational Degree (s):</b> include college or university, major, and dates	A.A.—Harper College, Schaumberg, IL B.A.—Park College, Parkville, MO M.A.—University of Missouri Kansas City
<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:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	14 years. Interned at Missouri Correctional Institute. The was Volunteer and Mentor at Catholic Charities Turnaround Program from 2994-2013. 2013 to present Volunteer Re-Entry Specialist at JTNL
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer—Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client needs. Fulfill client's acute basic needs for emergency assistance. Refer to Journey To New Life Case Managers for long-term needs and housing goals. Board member of JTNL
Previous employer(s), positions, and dates.	
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	15 years at Leisure Care Corp
✓ Reentry	2004 to present re-entry specialist
✓ Counseling	M.A. degree in counseling
✓ Criminal Justice	Presentations at Criminal Justice Day with Parole Officers
✓ Correctional Residential Facilities	V.I.C. at WRDCC, Crossroads, Cameron SMCC and Chillicothe

Judy Mann  
Authorized Signature of Applicant

6-30-15  
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>Volunteer Re-Entry Specialist</u>	
<b>Name of Person:</b>	Sandy Metzger
<b>Educational Degree (s):</b> include college or university, major, and dates	L.P.N.—Penn Valley and L.P.N.-I.C.U at JCCC
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	LPH License State of Missouri expires in 2016
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	1 year Volunteer re-entry specialist at Journey To New Life
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer—Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client needs. Fulfill client's acute basic needs for emergency assistance. Refer to Journey To New Life Case Managers for long-term needs and housing goals. Board member of JTNL
Previous employer(s), positions, and dates.	Catholic Charities—Senior Program for 22 years
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	1 year volunteer as re-entry specialist
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	

Authorized Signature of Applicant Sandy Metzger

Date 6/30/15

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

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Volunteer Re-Entry Specialist</u>	
<b>Name of Person:</b>	Dee M. Baker
<b>Educational Degree (s):</b> include college or university, major, and dates	1986—KC Business College Received a Certificate for Business
<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:	Always completing training with C.A.C.C every year. It is required to receive certificate
Number of years experience in area of service proposed to provide. Experience in working with offenders?	1 year Volunteer re-entry specialist at Journey To New Life
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer—Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client needs. Fulfill client's acute basic needs for emergency assistance. Accompany Case Managers on home visits to clients. Work on client files to document services provided
Previous employer(s), positions, and dates.	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	1 year volunteer as re-entry specialist at Journey To New Life
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	
<input checked="" type="checkbox"/> Correctional Residential Facilities	VIC for Caldwell Dention Ctr VIC and CACC in Cameron 2003--2015

Dee Baker  
Authorized Signature of Applicant

6/30/15  
Date

**EXHIBIT C**

**SUBMISSION IS MANDATORY**

**LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT**

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

<b>Organization Name:</b>	N/A
<b>Legal/Cancellation Actions Information From:</b>	
<b>Name of Company:</b>	
<b>Address of Company:</b>	
<b>Contact Person Name:</b>	
<b>Contact Person Phone Number:</b>	
<b>Contact Person e-mail address:</b>	
<b>Date(s) of Legal Action or Cancellation:</b>	
<b>Reason for Cancellation of Contract:</b>	
<b>Description of Legal Action:</b>	
<b>Resolution of Legal Action:</b>	

Georgia K Walker  
 Authorized Signature of Applicant

07/01/15  
 Date

**Exhibit D**  
**Performance Measures**

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

**Total Number of Clients Agency Proposes to Serve:** 15

Category	Service	Proposed Clients	Outcome	Indicator * (How do you know you are achieving the outcome?)
Academic			Enhanced education	ALL PERFORMANCE INDICATORS ARE TRACKED IN MID AMERICA ASSISTANCE COALITION DATA BASE..
Basic Needs and Emergency Services	Birth Certificate/ID	15	Attainment of basic needs and emergency services	100% will have basic needs addressed
	Personal Hygiene	15		
	Food	15		
Employment	Cell phone	10	Improved employment	100% of 10 clients that are employable will find full time employment
	Job readiness	10		
	Work Clothes/tools	10		
Family			Increased family support	
Housing	Rental assistance	15	Attainment of housing	100% of clients will attain permanent housing 90% will maintain housing for six months or more
Mental Health	Anger management	10	Reduced mental health risks	100% will receive assistance with payment for sex offender treatment & assessment. 80% will complete five week courses in anger management and conflict resolution
	Conflict resolution	10		
	Sex Offender TX Access	15		
Substance Abuse	Relapse prevention	10	Reduced substance abuse	70% of clients will complete 3 months of relapse prevention support groups
Transportation	Monthly bus pass	15	Attainment of transportation	100% of clients will receive transportation services for 3 months

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
Needs Assessment	8/1/2015	Ongoing	Jeff Page
Addressing Basic Needs	8/1/2015	Ongoing	Jeff Page
Housing Counseling	8/1/2015	Ongoing	Jeff Page
+ Finding desirable Housing	8/2/2015	Ongoing	Jeff Page
Performing Housing Inspection	8/3/2015	Ongoing	Jeff Page
Signing lease	8/4/ 2015	Ongoing	Jeff Page
Moving in furniture	8/4/2015	Ongoing	Jeff Page
Supplying household items	8/4/2015	Ongoing	Jeff page
Making referrals for employment prep	8/5/ 2015	Ongoing	Jeff Page
Making referrals for benefits (food stamps, Medicaid, SSI etc	8/5/2015	Ongoing	Jeff Page
*Scheduling anger management	8/6/2015	Ongoing	Jeff Page
*Scheduling anger management	8/6/2015	Ongoing	Jeff Page
*Scheduling conflict resolution	8/6/2015	Ongoing	Jeff Page
*Scheduling relapse prevention	8/6/2015	Ongoing	Jeff Page
*Scheduling mental and medical appts	8/6/2015	Ongoing	Jeff Page
*Scheduling sex offender treatment	8/6/2015	Ongoing	Jeff Page
Establishing regular case management	8/6/2015	Ongoing	Jeff Page
August 1 thru Oct 31: 5 clients would be taken through the three month intensive program and then would have monthly contact for 3 additional months		Nov 1 thru Jan 31: 5 new clients would be brought in to same program	Feb thru Apr 30: 5 new clients would be brought in to same program; would finish program by July 31, 2016
• This will vary depending on client's assessed needs	+Timeline follows "Housing First"	getting client into affordable housing	Quickly then wrap around services

**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>
	<b>Subtotal</b>	
<b>B. Fringe Benefits (must be capped at 12%)</b>		
<b>Name/Position</b>	<b>Calculation of Cost</b>	<b>Cost</b>
	<b>Subtotal</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>
<b>Rental Deposit@\$650 per client</b>	<b>\$650 x 15</b>	<b>9,750</b>
3 months rent @ \$650 per client for three months	$650 \times 3 \times 15$	29,250
3 months bus pass @ \$50 per client/month	$50 \times 3 \times 15$	2,250
3 months phone @ \$50/month	$50 \times 3 \times 15$	2,250
3 months food @ \$144/month	$144 \times 3 \times 15$	6,500
	<b>Subtotal</b>	<b>\$50,000</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**

**None paid by this grant**

**B. Fringe Benefits**

**None paid by this grant**

**C. Staff Travel**

**None paid by this grant**

**D. Direct Services to the Offenders**

**Our rapid re-housing model includes the following direct services:**

- 1. Case management for six months: first three months is intensive and is provided by experienced case managers. The second three months is provided by our experienced re entry specialists under the supervision of the case managers**
- 2. Client need assessment using the HUD recommended assessment instrument called the Service Prioritization Decision Assistant Tool (S.P.D.A.T) This tool determines whether client needs: housing with long term supportive services (PSH, rapid rehousing with short term intensive support (RRH) or just primarily needs contacts with employers and landlords to get started in independent living. This assessment and housing counseling determines whether client is appropriate for this proposed RRH program that assumes that within three months the client will be able to pay their own rent through gainful employment or an economic assistance program like SSI or SSDI.**
- 3. Basic needs: food, clothing, identification, shoes, transportation, phone, etc**
- 4. Referrals to appropriate services (health care, mental health care, substance abuse treatment, employment readiness and placement services.**
- 5. Referrals to appropriate mainstream benefit streams (Medicaid, food stamps, etc.**
- 6. As appropriate for client needs, we offer on site programs in our office for anger management, conflict resolution, budgeting, relapse prevention support groups, and mentoring.**

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

**None paid by this grant**

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

*NA*

**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:

**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>	

**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
_____	_____	_____

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 (or attach copy of certification)  
Expiration  
Date: \_\_\_\_\_

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)*

**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**

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 Journey To New Life (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Georgia K. Walker  
Authorized Business Entity Representative's Name (Please Print)

Georgia K. Walker  
Authorized Business Entity Representative's Signature

Journey To New Life, Inc  
Business Entity Name

6/30/15  
Date

gkw.journeytonewlife@hotmail.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.



Company ID Number: 862686

## Information Required for the E-Verify Program

### Information relating to your Company:

Company Name	Journey To New Life, Inc
Company Facility Address	3144 Troost Avenue Kansas City, MO 64109
Company Alternate Address	
County or Parish	JACKSON
Employer Identification Number	463435417
North American Industry Classification Systems Code	624
Parent Company	
Number of Employees	5 to 9
Number of Sites Verified for	1



Company ID Number: 862686

Approved by:

<b>Employer</b> Journey To New Life, Inc	
<b>Name (Please Type or Print)</b> Georgia Walker	<b>Title</b> Executive Director
<b>Signature</b> Electronically Signed	<b>Date</b> 03/18/2015
<b>Department of Homeland Security – Verification Division</b>	
<b>Name (Please Type or Print)</b> USCIS Verification Division	<b>Title</b>
<b>Signature</b> Electronically Signed	<b>Date</b> 03/18/2015

**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 Georgia Walker (~~Journey To New Life~~) (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Journey To New Life (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 Journey To New Life (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.)*

Georgia K Walker  
Authorized Representative's Signature  
Executive Director  
Title  
gkw.journeytonewlife@hotmail.com  
E-Mail Address

Georgia K. Walker  
Printed Name  
6/30/15  
Date  
862686  
E-Verify Company ID Number

Subscribed and sworn to before me this 30 (DAY) of June, 2015 (MONTH, YEAR). I am commissioned as a notary public within the County of Jackson (NAME OF COUNTY), State of Missouri (NAME OF STATE), and my commission expires on Nov. 29, 15 (DATE)

Gabrielle Smits  
Signature of Notary

6/30/15  
Date



GABRIELLE SMITS  
My Commission Expires  
November 29, 2015  
Jackson County  
Commission #11517942

**EMPLOYEE ELIGIBILITY VERIFICATION AFFIDAVIT**

(Required for any contract with the City of Kansas City, Missouri in excess of \$5,000.00)

STATE OF Missouri  
COUNTY OF Jackson )

On this 1st day of May, 2015, before me appeared Georgia K. Walker, personally known by me or otherwise proven to be the person whose name is subscribed on this affidavit and who, being duly sworn, stated as follows:

I am of sound mind, capable of making this affidavit, and personally swear or affirm that the statements made herein are truthful to the best of my knowledge. I am the Executive Director (title) of Journey To New Life, Inc (business entity) and I am duly authorized, directed or empowered to act with full authority on behalf of the business entity in making this affidavit.

I hereby swear or affirm that the business entity does not knowingly employ any person in connection with the contracted services who does not have the legal right or authorization under federal law to work in the United States as defined in 8 U.S.C. § 1324a(h)(3).

I hereby additionally swear or affirm that the business entity is enrolled in an electronic verification of work program operated by the United States Department of Homeland Security (E-Verify) or an equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, under the Immigration Reform and Control Act of 1986, and that the business entity will participate in said program with respect to any person hired by the business entity to perform any work in connection with the contracted services. I have attached hereto documentation sufficient to establish the business entity's enrollment and participation in the required electronic verification of work program.

I am aware and recognize that unless certain contractual requirements are satisfied and affidavits obtained as provided in Section 285.530, RSMo, the business entity may face liability for violations committed by its subcontractors, notwithstanding the fact that the business entity may itself be compliant.

I acknowledge that I am signing this affidavit as the free act and deed of the business entity and that I am not doing so under duress.

Georgia K. Walker  
Affiant's signature

Subscribed and sworn to before me this 1 day of May, 2015

Gabrielle Smits  
Notary Public

My Commission expires:



GABRIELLE SMITS  
My Commission Expires  
November 29, 2015  
Jackson County  
Commission #11517942

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: JUL 18 2014

JOURNEY TO NEW LIFE INC  
3144 TROOST AVE  
KANSAS CITY, MO 64109-1844

Employer Identification Number:  
46-3435417  
DLN:  
17053045357014  
Contact Person:  
JUANITA M HERALD ID# 31979  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
August 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990 Required:  
Yes  
Effective Date of Exemption:  
August 29, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

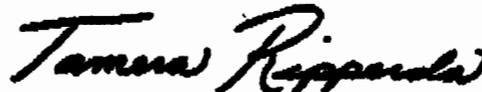
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947