



NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing>

CONTRACT NUMBER C314319002	CONTRACT TITLE Residential Facility Services
AMENDMENT NUMBER Amendment #001	CONTRACT PERIOD July 1, 2016 through June 30, 2017
REQUISITION/REQUEST NUMBER NR 931 YYY16708452	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID: 4306526570 0 / MB00090637
CONTRACTOR NAME AND ADDRESS MERS MISSOURI GOODWILL IND 1727 LOCUST ST SAINT LOUIS MO 63103	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole 2729 Plaza Drive Jefferson City MO 65101
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: Contract C3145319002 is hereby amended pursuant to the attached Amendment #001 dated 05/06/16.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: julie.kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 5.11.16
DIRECTOR OF PURCHASING  Karen Boeger	



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING
CONTRACT RENEWAL

AMENDMENT NO.: 001
CONTRACT NO.: C314319002
TITLE: Residential Facility Services
ISSUE DATE: 05/04/16

REQ NO.: NR 931 YYY16708452
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: julie.kleffner@oa.mo.gov

TO: MERS MISSOURI GOODWILL IND
1727 LOCUST ST
SAINT LOUIS MO 63103

RETURN AMENDMENT BY NO LATER THAN: 05/18/16 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	Julie.kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo 65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
Division of Probation and Parole
2729 Plaza Drive
Jefferson City MO 65101

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME MERS/Missouri Goodwill Industries		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MERS/Missouri Goodwill Industries	
MAILING ADDRESS 1727 Locust Street		IRS FORM 1099 MAILING ADDRESS 1727 Locust Street	
CITY, STATE, ZIP CODE St. Louis, MO 63103		CITY, STATE, ZIP CODE St. Louis, MO 63103	
CONTACT PERSON Jeff Cartnal, M.S., M.B.A.		EMAIL ADDRESS jcartnal@mersgoodwill.org	
PHONE NUMBER 314-982-8809		FAX NUMBER 314-241-1588	
TAXPAYER ID NUMBER (TIN) 43-0652657	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) 43065265700	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE May 6, 2016	
PRINTED NAME David Kutchback		TITLE Interim President/Chief Executive Officer	

AMENDMENT #001 TO CONTRACT C314319002

CONTRACT TITLE: Residential Facility Services

CONTRACT PERIOD: July 1, 2016 through June 30, 2017

The contractor is advised efforts are underway to replace the above referenced contract but are unfinished. As a result, the State of Missouri hereby exercises its option to renew contract C314319002 in order to provide continuing and uninterrupted contract services; however, the State of Missouri reserves the right to terminate the contract at any time, for the convenience of the state, without penalty or recourse, by giving written notice to the contractor at least thirty (30) calendar days prior to the effective date of such termination, pursuant to paragraph 2.20.4 of the contract.

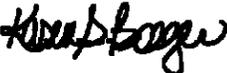
All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.

The contractor shall sign and return this document, on or before the date indicated, signifying acceptance of the amendment.



NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing And Materials Management
PO Box 809
Jefferson City, MO 65102-0809
<http://oa.mo.gov/purchasing-materials-management>

SOLICITATION NUMBER B3Z14319	CONTRACT TITLE Residential Facility Services
CONTRACT NUMBER C314319002	CONTRACT PERIOD January 1, 2015 through June 30, 2016
REQUISITION NUMBER NR 931 YYY14708182	VENDOR NUMBER 43065265700
CONTRACTOR NAME AND ADDRESS MERS MISSOURI GOODWILL IND 1727 LOCUST ST SAINT LOUIS MO 63103	STATE AGENCY'S NAME AND ADDRESS Department of Corrections Division of Probation and Parole 2729 Plaza Drive Jefferson City MO 65101
ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS: The proposal submitted by MERS/Missouri Goodwill Industries in response to B3Z14319 is accepted in its entirety for 36 residential slots.	
BUYER Julie Kleffner	BUYER CONTACT INFORMATION Email: Julie.Kleffner@oa.mo.gov Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER 	DATE 12-30-14
DIRECTOR OF PURCHASING AND MATERIALS MANAGEMENT  Karen S. Boeger	



December 9, 2014

Attention: Julie Kleffner
 Division of Purchasing and Materials Management
 301 West High Street, Truman Building, Room 630
 Jefferson City, MO 65101-1517

Dear Ms. Kleffner:

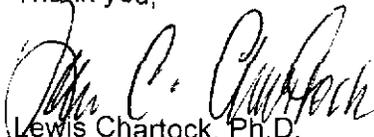
Please find enclosed with this letter MERS/Missouri Goodwill Industries' BAFO response for B3Z14319. Our response includes:

- BAFO #001 Form (Signed)
- Pricing Page (For reference only; unchanged from original submission)
- Exhibit C (Revised titles for some staff)
- Exhibit D (Revised titles for some staff)
- Exhibit H (Revised titles for some staff)
- Exhibit I (Revised minimum and maximum number of residential slots to 35 and 36, respectively, per Request List items seeking clarification)
- Organizational Chart (Revised titles for some staff)
- Sample Monthly Personnel Plan

Further, MERS/Missouri Goodwill Industries (MMGI) acknowledges the revised language and requirements resulting from BAFO changes to paragraphs 2.10.13 b. and 2.12.9 a. and Exhibit F. If awarded this contract, MMGI will incorporate any changes not directly addressed by the enclosed documents above into its implementation of these services.

If you have any further questions or issues concerning the BAFO process with MMGI, please contact Jeff Cartnal, Vice President of Program Development, immediately at jcartnal@mersgoodwill.org or (314) 982-8809.

Thank you,


 Lewis Chartock, Ph.D.
 President/CEO

BOARD OF DIRECTORS

Officers

- Jay Summerville
Chairperson
- Christopher Tabourne
1st Vice Chairperson
- Kraig Kreikemeier
2nd Vice Chairperson
- Louis Loebner
Treasurer
- Barry Ginsburg
Assistant Treasurer
- Pamela Meanes
Secretary
- Tani Wolff
Assistant Secretary

DIRECTORS

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- Scott Brooks
- Laura Ellenhorn
- Judith Gall
- Elizabeth Green
- Julie Heller Rosenfeld
- Michael Iskiwitch
- Darryl Jones
- Diana Kander
- Gerald Kretmar
- Robert Lefton
- Lucy Lopata
- Stacy McMurray
- Jack Minner
- Harry Moppins, Jr.
- James Mosqueda
- Milton Movitz
- David Naunheim
- Joan Newman
- George Phillips
- David Roberts

Lewis C. Chartock, Ph.D.
President/CEO



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR BEST AND FINAL OFFER (BAFO)
FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001
RFP NO.: B3Z14319
TITLE: Residential Facility Services
ISSUE DATE: 12/2/14
BAFO RESPONSE SHOULD BE RETURNED BY: December 11, 2014 AT 5:00 PM CENTRAL TIME

REQ NO.: NR 931 YYY14708182
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN BAFO RESPONSE TO: (U.S. Mail) DPMM or (Courier Service) DPMM
PO BOX 809 301 WEST HIGH STREET, RM 630
JEFFERSON CITY MO 65102-0809 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Division of Probation and Parole
2720 Plaza Drive
Post Office Box 236
Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME MERS/Missouri Goodwill Industries		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MERS/Missouri Goodwill Industries	
MAILING ADDRESS 1727 Locust Street		IRS FORM 1099 MAILING ADDRESS 1727 Locust Street	
CITY, STATE, ZIP CODE St. Louis, MO 63103		CITY, STATE, ZIP CODE St. Louis, MO 63103	
CONTACT PERSON Jeff Cartnal, M.S., M.B.A.		EMAIL ADDRESS jcartnal@mersgoodwill.org	
PHONE NUMBER 314-982-8809		FAX NUMBER 314-241-1588	
TAXPAYER ID NUMBER (TIN) 43-0652657	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) 43065265700	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE December 9, 2014	
PRINTED NAME Lewis C. Chartock, Ph.D.		TITLE President/Chief Executive Officer	

BEST AND FINAL OFFER (BAFO) #001 to RFP B3Z14319

TITLE: Residential Facility Services

CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

RFP B3Z14319 is hereby revised as follows:

1. The following paragraphs contain changes:

2.10.13 b.

2.12.9 a.

2. Exhibit F is revised.

1. PRICING PAGE

1.1 Residential Facility Services - The offeror shall provide the following firm, fixed price per residential slot (one bed for twenty-four (24) hours each day of the contract period which shall be reserved for the exclusive use of the state agency and which is actually utilized by an offender) in the table below for providing residential facility services in accordance with the provisions and requirements of this RFP. (C/S Code: 95236)

Firm, Fixed Price Per Residential Slot: \$ 65.29

1.1.1 Proposed Number of Slots - The offeror must quote the minimum number of residential slots, which shall not be less than 10, and the maximum number of residential slots for which the firm, fixed price per residential slot is applicable. The offeror shall not submit multiple prices ("sliding scale") within a range of residential slots. A sliding scale shall not be accepted.

The prices quoted shall be applicable to a minimum of 35 (must not quote less than 10) residential slots through a maximum of 36 residential slots.

1.1.2 Price Breakdown - The offeror must provide an itemized price breakdown, for analysis purposes, of the above quoted firm, fixed price per residential slot. The total of the components below must equal the firm, fixed price per residential slot stated above. In the event of a discrepancy, the above quoted firm, fixed price per residential slot shall govern. "Included in base" shall not be an acceptable entry.

Security	\$ 20.45
Drug Testing	\$ 1.41
Room and Board	\$ 32.47
Case Management Services	\$ 6.35
Administrative/Other	\$ 4.61
FIRM, FIXED PRICE PER RESIDENTIAL SLOT	\$ 65.29

1.2 Renewal Option Pricing - The offeror must indicate below the maximum allowable percentage of price increase or guaranteed minimum percentage of price decrease applicable to the above pricing for the renewal option years. If a percentage is not proposed (e.g. left blank, page not returned, etc.), the state shall have the right to execute the option at the same price(s) proposed for the original contract period. Statements such as "a percentage of the then-current price" or "consumer price index" are NOT ACCEPTABLE.

All increases or decreases shall be calculated against the original contract price, not against the previous year's price. A cumulative calculation shall not be utilized. The offeror shall not quote a maximum increase to exceed 5% for the first renewal period, 10% for the second renewal period, and 15% the third renewal period.

Potential Renewal Period	Maximum Increase		Minimum Decrease
First Renewal Period	Original Price + <u>5</u> %	or	Original Price - _____ %
Second Renewal Period	Original Price + <u>10</u> %	or	Original Price - _____ %
Third Renewal Period	Original Price + <u>15</u> %	or	Original Price - _____ %

~ Do not complete both a maximum increase and a minimum decrease for the same renewal period. ~

EXHIBIT C**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each case manager proposed)

Title of Position: CASE MANAGER	
Name of Person:	Cortney Steinmann
Educational Degree (s): include college or university, major, and dates	University of Missouri- St. Louis B.S. Criminology & Criminal Justice- 5/11
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed. Include dates and documentation of completion:	Adult First Aid/ CPR- 2 year certification- 1/31/2013
# of years experience in area of service proposed to provide:	4 years experience in fields of Criminal Justice and Reentry
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	1 ¼ years as Case Manager in State Halfway House
Describe this person's responsibilities over the past 12 months.	State Halfway House Case Manager- Resident orientation, needs assessments, reentry plan development and monitoring, job readiness and development assistance, crisis intervention, maintaining community resource directory, regular communication with Probation and Parole and treatment teams.
Previous employer(s), positions, and dates	Missouri Department of Corrections, Division of Probation and Parole- Probation and Parole Officer I- 4/12 - 1/13 Missouri DOC Division of Probation and Parole- Probation and Parole Intern/Volunteer- 9/10 to 4/12 JCPenney, Inc.- Loss Prevention Officer- 9/10 - 5/14 JCPenney, Inc.- Customer Service Associate- 5/08-8/10
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	
✓ Counseling	
✓ Criminal Justice	Missouri Probation and Parole Officer I- 4/12-1/13- supervised residents of the MERS/Goodwill State Halfway House program State of Missouri Probation and Parole Intern/Volunteer- 9/10-4/12- learned and performed functions of Probation and Parole Officer including client meetings, intake assessments, and supervision planning
✓ Correctional Residential Facilities	State Halfway House Case Manager- 1/13- present Missouri Probation and Parole Officer I- 4/12-1/13- supervised residents of the MERS/Goodwill Halfway House program

EXHIBIT C

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each case manager proposed)

Title of Position: CASE MANAGER	
Name of Person:	Kristen Colyer
Educational Degree (s): include college or university, major, and dates	University of Missouri- St. Louis B.S. Criminology and Criminal Justice- 12/13
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed. Include dates and documentation of completion:	Adult First Aid/ CPR- 2 year certification- 1/31/2013
# of years experience in area of service proposed to provide:	1 ¾ years experience in Reentry field
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	¾ year as Case Manager in State Halfway House 1 year as Security Monitor in State Halfway House
Describe this person's responsibilities over the past 12 months.	State Halfway House Case Manager- Resident orientation, needs assessments, reentry plan development and monitoring, job readiness and development assistance, crisis intervention, maintaining community resource directory, regular communication with Probation and Parole and treatment teams.
Previous employer(s), positions, and dates	MERS/Goodwill Halfway House- Security Monitor- 1/13- 1/14 Three Monkeys- Hostess- 3/10 – 1/13 Babies R Us- Cashier- 8/11 – 10/12
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"/> Counseling <input checked="" type="checkbox"/> Criminal Justice	
<input checked="" type="checkbox"/> Correctional Residential Facilities	Case Manager in State Halfway House- 1/14 – present (see responsibilities above) Security Monitor in MERS/Goodwill State Halfway House and Residential Reentry Center- 1/13 – 1/14- monitored residential facility to ensure safety and security, supervised interaction of residents, monitored sign-in/out activities, completion of reports, conducted drug testing/ breathalyzer testing

EXHIBIT C, continuedEXPERTISE OF KEY PERSONNEL, OTHER KEY PERSONNEL

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

Title of Position: DIRECTOR	
Name of Person:	Jessica Spitzer
Educational Degree (s): include college or university, major, and dates	Texas A&M University B.S. Sociology, Minor in Women's Studies- 8/04
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed. Include dates and documentation of completion:	Adult First Aid/ CPR- 2 year certification- 4/17/14
# of years experience in area of service proposed to provide:	9 years experience in Criminal Justice and Reentry
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	2 ½ years as Director of MERS/Goodwill State Halfway House
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and dates	Missouri Department of Corrections, Division of Probation and Parole- Probation and Parole Officer II- 11/07 - 3/12 University of Chicago Survey Research Lab- Assistant Supervisor- 3/06 – 9/06 Community Supervision and Corrections Department, Tarrant County, Texas- Probation Officer- 2/05 – 8/06
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	
✓ Counseling	
✓ Criminal Justice	Missouri Probation and Parole Officer II- 11/07-3/12- supervised MERS/Goodwill program caseload, IAP caseload, 7S weapons caseload, 8C REACT caseload Probation Officer- Tarrant County, Texas Community Supervision and Corrections Department- 2/05-8/06
✓ Correctional Residential Facilities	Missouri Probation and Parole Officer II- MERS/Goodwill State Halfway House officer (11/11 – 3/12) MERS/Goodwill State Halfway House Director- 4/12 – present (see responsibilities above)

EXHIBIT D**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
1. <u>Terrie Woods</u> (Name) <u>Security Monitor Supervisor</u> (Title) <u>Security Monitor Supervisor</u> (Proposed Role/Function)	High School Diploma Security Monitor Supervisor of MERS/Goodwill Residential Program, 2006 – present Security Monitor in MERS/Goodwill Residential Program, 2001-2006
2. <u>Octavia Brankley</u> (Name) <u>Security Monitor- Lead</u> (Title) <u>Security Monitor- Lead</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2008 - present
3. <u>Antwanna Briggs</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 1/13 – present Property owner/ manager- Self-employed- 2002- present Poker Dealer- Ameristar Casino- 3/06-8/08 Security Officer- Whelan Security- 2/05-3/06
4. <u>Drucilla Caldwell</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 7/12 - present
5. <u>Ericia Clark</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2010 - present
6. <u>Dedra Davis</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	B.S. Criminology Criminal Justice- University of Missouri- St. Louis- 2008 Security Monitor in MERS/Goodwill Residential Program, 5/13 – present Community Support Specialist- Preferred Family Healthcare- 2012-2013 Security Officer- Secure VIP- 2010-2012

EXHIBIT D**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
7. <u>Briah Dotson</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 5/11 - present
8. <u>Anthony Hill</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2009 - present
9. <u>Julie Hunt</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2010 - present
10. <u>Andre McFadden</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	B.S. Criminology and Criminal Justice- University of Missouri- St. Louis- 5/14 Security Monitor in MERS/Goodwill Residential Program, 10/12 – present
11. <u>Lavonda Mickles</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2011 - present
12. <u>Antoinette Roberts</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 3/14 – present Store Associate- MERS/Goodwill, 10/13-3/14 Social Service Aide- Hillside Manor- 9/12-8/13 Receptionist- Days Inn- 1/12-9/12 Sales Associate- Walmart- 3/11-1/12

EXHIBIT D**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
13. <u>Arlivia Ross</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	B.S. Business Administration- Harris Stowe State University- 12/11 Security Monitor in MERS/Goodwill Residential Program, 1/13 – present Social Service Assistant- Delhaven Manor- 8/11 – present Dietary Cook- Delhaven Manor- 1/10 – 1/11
14. <u>Rosalyn Ross</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2010 - present
15. <u>Cherri Sargent</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 4/14 – present Program Manager- Call For Help, Inc.- 3/10 – 6/13 Unit Coordinator- Call For Help, Inc.- 2002-2010
16. <u>Latoya Smith</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2/14 – present Hostess- The Docket- 7/13-2/14 Corps Member- City Year San Jose/ Silicon Valley- 8/12-6/13 Hostess- Tavernita- 12/11 – 7/12
17. <u>Mae Willingham</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 12/13 – present Office Assistant- MERS/Goodwill- 5/12-12/13
18. <u>Jasmine Wright</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 8/14 – present Payment Processor- Alliance Data- 11/13-6/14 Application Support Technician- Maximus- 6/11-6/13

EXHIBIT D**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
19. <u>Brian Young</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 8/14 – present Loss Prevention Security Officer- Safe Environment Business Solutions- 4/14-8/14 Floor Guard- Fun Spot Skating Center- 10/12-1/14 Site Supervisor- Allied Barton Security- 8/10-11/11

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
1. Jessica Spitzer	Director	a. Implement policies and procedures b. Conduct annual performance appraisals c. Generate monthly billing and reports d. Recruitment, hiring, training e.	a. 40% b. 20% c. 30% d. 10% e.
2. Cortney Steinmann	Case Manager	a. Develop and execute treatment plan b. Maintain financial accounts c. Refer clients to community contacts d. Counsel residents e. Maintain resident files and records	a. 40% b. 10% c. 20% d. 20% e. 10%
3. Kristen Colyer	Case Manager – 40% Security Monitor – 60%	a. Develop and execute treatment plan b. Maintain financial accounts c. Refer clients to community contacts d. Counsel residents e. Maintain resident files and record f. Ensure physical area is secure g. Sign clients in/out, resident accountability h. Collect urine samples	a. 16% b. 4% c. 8% d. 8% e. 4% f. 6% g. 51% h. 3%
4. Terrie Woods	Security Monitor Supervisor	a. Ensure physical area is secure b. Maintains health and safety logs c. Hire and train new staff d. Evaluate employee progress e. Sign clients in/out of facility	a. 10% b. 20% c. 30% d. 20% e. 20%
5. Octavia Brankley	Security Monitor - Lead	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
6. Antwanna Briggs	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
7. Drucilla Caldwell	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
8. Ercia Clark	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
9. Dedra Davis	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
10. Briah Dotson	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
11. Anthony Hill	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.
12. Julie Hunt	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
13. Andre McFadden	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.
14. Lavonda Mickles	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
15. Antoinette Roberts	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
16. Arlivia Ross	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
17. Rosalyn Ross	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
18. Cheri Sargent	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
19. Latoya Smith	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
20. Mae Willingham	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
21. Jasmine Wright	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
22. Brian Young	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.

EXHIBIT I**EMPLOYEE EXPENSE CHARGED TO CONTRACT**

The information provided below is applicable to the firm, fixed daily slot price for a minimum of 35 slots through a maximum of 36 slots.

Complete the following table for every and each person and administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF PERSON OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Jessica Spitzer (Director)	\$41,496.00	100%	\$41,496.00
Cortney Steinmann (Case Manager)	\$32,019.00	100%	\$32,019.00
Kristen Colyer (C.M. / S.M.)	\$29,016.00	100% (40% C.M./60% S.M.)	\$29,016.00
Terrie Woods (Security Monitor Supervisor)	\$33,280.00	50%	\$16,640.00
Octavia Brankley (Security Monitor Lead)	\$22,318.40	50%	\$11,159.20
Antwanna Briggs (Security Monitor)	\$30,243.20	25%	\$7,560.80
Drucilla Caldwell (Security Monitor)	\$22,318.40	50%	\$11,159.20
Ericia Clark (Security Monitor)	\$22,318.40	50%	\$11,159.20
Dedra Davis (Security Monitor)	\$30,243.20	25%	\$7,560.80
Briah Dotson (Security Monitor)	\$30,243.20	25%	\$7,560.80
Anthony Hill (Security Monitor)	\$30,243.20	25%	\$7,560.80
Julie Hunt (Security Monitor)	\$22,318.40	50%	\$11,159.20
Andre McFadden (Security Monitor)	\$30,243.20	25%	\$7,560.80
Lavonda Mickles (Security Monitor)	\$30,243.20	25%	\$7,560.80
Antoinette Roberts (Security Monitor)	\$22,318.40	50%	\$11,159.20
Arlivia Ross (Security Monitor)	\$22,318.40	50%	\$11,159.20
Rosalyn Ross (Security Monitor)	\$22,318.40	50%	\$11,159.20
Cherri Sargent (Security Monitor)	\$30,243.20	25%	\$7,560.80
Latoya Smith (Security Monitor)	\$22,318.40	50%	\$11,159.20

EXHIBIT I

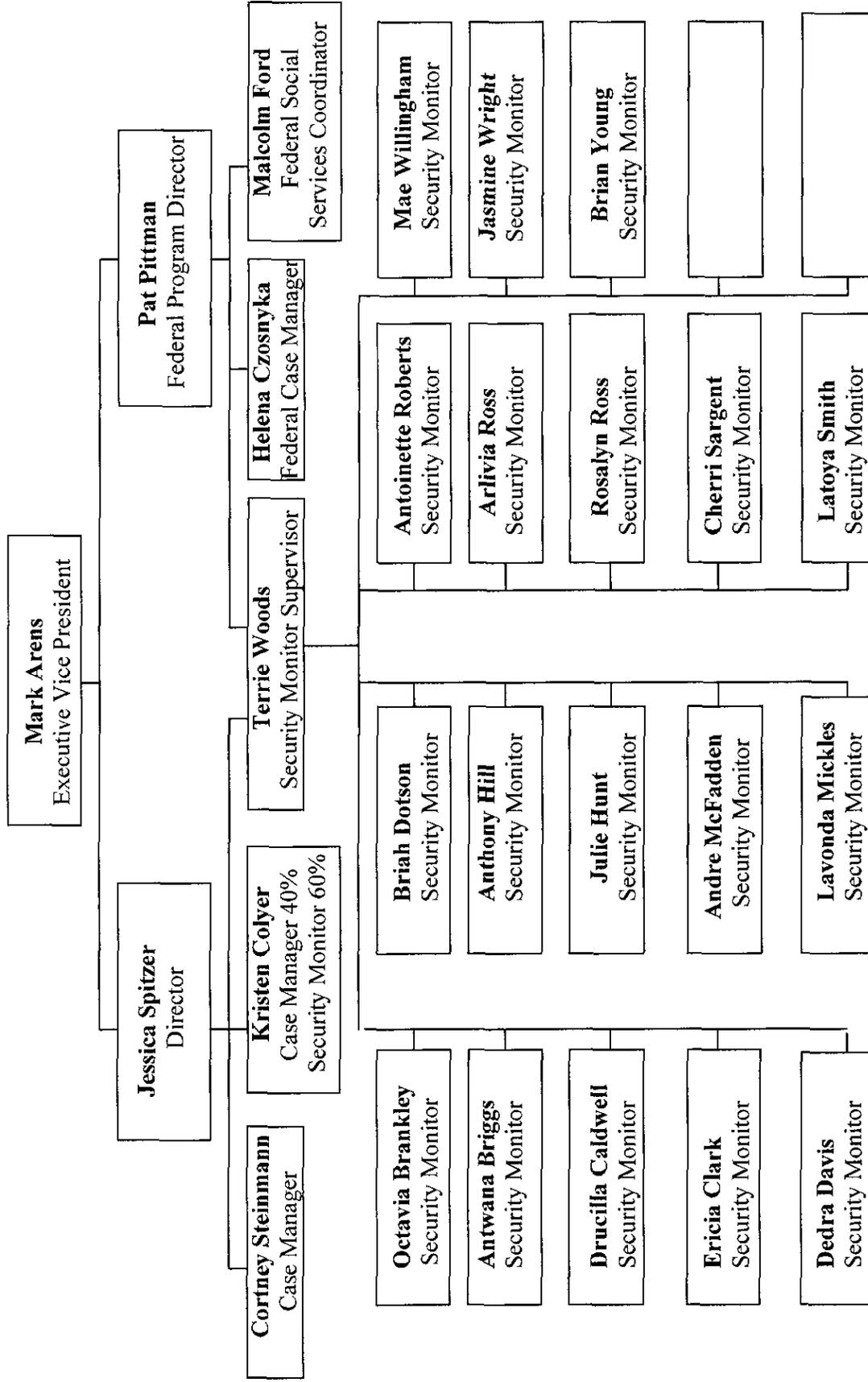
EMPLOYEE EXPENSE CHARGED TO CONTRACT

The information provided below is applicable to the firm, fixed daily slot price for a minimum of 35 slots through a maximum of 36 slots.

Complete the following table for every and each person and administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF PERSON OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Mae Willingham (Security Monitor)	\$30,243.20	25%	\$7,560.80
Jasmine Wright (Security Monitor)	\$30,243.20	25%	\$7,560.80
Brian Young (Security Monitor)	\$30,243.20	25%	\$7,560.80

State and Federal Halfway House Organizational Chart



State Halfway House Weekly Schedule- Week 1

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Young- Security Monitor	7am-3pm	Caldwell- Security Monitor
Sargent- Security Monitor	Woods- Security Monitor Supervisor	Roberts- Security Monitor											
	Steinmann- Case Manager (8am-4pm)	Steinmann- Case Manager (8am- 8pm)	Steinmann- Case Manager (8am-4pm)	Steinmann- Case Manager (8am-12pm)	Steinmann- Case Manager (8am-12pm)								
	Colyer- Case Manager (11am-3pm)	Colyer- Case Manager (11am-2pm)	Colyer- Case Manager (11am-2pm)	Colyer- Case Manager (11am-2pm)									
	Spitzer- Director (8am-4pm)												
3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm
A. Ross- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Smith- Security Monitor	Smith- Security Monitor	Smith- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Roberts- Security Monitor	Roberts- Security Monitor	Roberts- Security Monitor	Wright- Security Monitor
Willingham- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Smith- Security Monitor	Smith- Security Monitor	Smith- Security Monitor	A. Ross- Security Monitor	A. Ross- Security Monitor	A. Ross- Security Monitor	Mickles- Security Monitor
	Steinmann- Case Manager (8am-8pm)	Steinmann- Case Manager (8am-8pm)	Steinmann- Case Manager (8am-8pm)										
11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am
Hill- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Hill- Security Monitor
Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor

State Halfway House Weekly Schedule- Week 2

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Young- Security Monitor	7am-3pm	Caldwell- Security Monitor
	Sargent- Security Monitor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Roberts- Security Monitor
			Steinmann- Case Manager (8am-4pm)		Steinmann- Case Manager (8am-4pm)		Steinmann- Case Manager (8am-4pm)		Steinmann- Case Manager (8am-4pm)		Steinmann- Case Manager (8am-12pm)		
			Colyer- Case Manager (11am-8pm)		Colyer- Case Manager (11am-3pm)		Colyer- Case Manager (11am-3pm)		Colyer- Case Manager (11am-4pm)		Colyer- Case Manager (11am-4pm)		
			Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		
3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm	3pm-11pm
A. Ross- Security Monitor	Caldwell- Security Monitor		Caldwell- Security Monitor		Smith- Security Monitor		Smith- Security Monitor		Caldwell- Security Monitor		Roberts- Security Monitor		Wright- Security Monitor
Willingham- Security Monitor	A. Ross- Security Monitor		Colyer- Security Monitor		Colyer- Security Monitor		Colyer- Security Monitor		Smith- Security Monitor		A. Ross- Security Monitor		Mickles- Security Monitor
			Colyer- Case Manager (11am-8pm)		Steinmann- Case Manager (8am-8pm)								
11pm-7am		11pm-7am		11pm-7am		11pm-7am		11pm-7am		11pm-7am		11pm-7am	11pm-7am
Hill- Security Monitor	Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Hill- Security Monitor
Briggs- Security Monitor	Briggs- Security Monitor		Briggs- Security Monitor		Briggs- Security Monitor		Briggs- Security Monitor		Briggs- Security Monitor		Wright- Security Monitor		Briggs- Security Monitor

State Halfway House Weekly Schedule- Week 3

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Young- Security Monitor	7am-3pm	Caldwell- Security Monitor
Sargent- Security Monitor	Woods- Security Monitor Supervisor	Roberts- Security Monitor											
	Steinmann- Case Manager (8am-4pm)	Steinmann- Case Manager (8am-8pm)	Steinmann- Case Manager (8am-4pm)	Steinmann- Case Manager (8am-12pm)	Steinmann- Case Manager (8am-12pm)	Steinmann- Case Manager (8am-12pm)							
	Colyer- Case Manager (11am-3pm)												
	Spitzer- Director (8am-4pm)												
3pm-11pm	Caldwell- Security Monitor	3pm-11pm	Caldwell- Security Monitor	3pm-11pm	Smith- Security Monitor	3pm-11pm	Smith- Security Monitor	3pm-11pm	Caldwell- Security Monitor	3pm-11pm	Roberts- Security Monitor	3pm-11pm	Wright- Security Monitor
A. Ross- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	A. Ross- Security Monitor	A. Ross- Security Monitor	Mickles- Security Monitor
	Steinmann- Case Manager (8am-8pm)												
11pm-7am	Brankley- Security Monitor	11pm-7am	Brankley- Security Monitor	11pm-7am	Brankley- Security Monitor	11pm-7am	Brankley- Security Monitor	11pm-7am	Brankley- Security Monitor	11pm-7am	Brankley- Security Monitor	11pm-7am	Hill- Security Monitor
Hill- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor

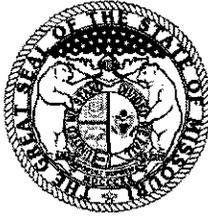
State Halfway House Weekly Schedule- Week 4

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Young- Security Monitor	7am-3pm	Caldwell- Security Monitor
	Sargent- Security Monitor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Woods- Security Monitor Supervisor		Roberts- Security Monitor
			Steinmann- Case Manager (8am- 4pm)		Steinmann- Case Manager (8am- 4pm)		Steinmann- Case Manager (8am- 4pm)		Steinmann- Case Manager (8am- 4pm)		Steinmann- Case Manager (8am- 12pm)		
			Colyer- Case Manager (11am-3pm)		Colyer- Case Manager (11am- 3pm)		Colyer- Case Manager (11am- 2pm)		Colyer- Case Manager (11am- 2pm)				
			Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		Spitzer- Director (8am-4pm)		
3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm		3pm-11pm	
	A. Ross- Security Monitor		Caldwell- Security Monitor		Caldwell- Security Monitor		Smith- Security Monitor		Caldwell- Security Monitor		Roberts- Security Monitor		Wright- Security Monitor
	Willingham- Security Monitor		Colyer- Security Monitor		Colyer- Security Monitor		Colyer- Security Monitor		Smith- Security Monitor		A. Ross- Security Monitor		Mickles- Security Monitor
			Steinmann- Case Manager (8am-8pm)		Steinmann- Case Manager (8am-8pm)								
11pm-7am		11pm-7am		11pm-7am		11pm-7am		11pm-7am		11pm-7am		11pm-7am	
	Hill- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Brankley- Security Monitor		Hill- Security Monitor
	Briggs- Security Monitor		Briggs- Security Monitor		Briggs- Security Monitor		Caldwell- Security Monitor		Briggs- Security Monitor		Wright- Security Monitor		Briggs- Security Monitor

State Halfway House Weekly Schedule- Week 5

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Clark- Security Monitor	7am-3pm	Young- Security Monitor	7am-3pm	Caldwell- Security Monitor
Sargent- Security Monitor	Woods- Security Monitor Supervisor	Roberts- Security Monitor											
	Steinmann- Case Manager (8am-4pm)	Steinmann- Case Manager (8am-8pm)	Steinmann- Case Manager (8am-4pm)	Steinmann- Case Manager (8am-12pm)	Steinmann- Case Manager (8am-12pm)								
	Colyer- Case Manager (11am-3pm)	Colyer- Case Manager (11am-2pm)	Colyer- Case Manager (11am-2pm)										
	Spitzer- Director (8am-4pm)												
3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm	3pm-11pm
A. Ross- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Caldwell- Security Monitor	Roberts- Security Monitor	Roberts- Security Monitor	Wright- Security Monitor
Willingham- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Colyer- Security Monitor	Smith- Security Monitor	Smith- Security Monitor	Smith- Security Monitor	A. Ross- Security Monitor	A. Ross- Security Monitor	Mickles- Security Monitor
	Steinmann- Case Manager (8am-8pm)												
11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am	11pm-7am
Hill- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Brankley- Security Monitor	Hill- Security Monitor
Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Briggs- Security Monitor	Wright- Security Monitor	Wright- Security Monitor	Briggs- Security Monitor

Jeremiah W. (Jay) Nixon
Governor



Doug Nelson
Commissioner

State of Missouri
OFFICE OF ADMINISTRATION
Division of Purchasing and Materials Management
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TTD: (800) 735-2966 Voice: (800) 735-2466
<http://content.oe.mo.gov/purchasing-materials-management>

Karen S. Boeger
Director

December 2, 2014

Jeff Cartnal
MERS/Missouri Goodwill Industries
1717 Locust Street
St. Louis MO 63103

Dear Mr. Cartnal:

In accordance with paragraph 3.2 of RFP B3Z14319 for Residential Facility Services for the Department of Corrections, this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with your company. Included with this letter are two attachments.

One attachment is a complete copy of the RFP, including revisions to the RFP. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments by this request for a BAFO.

Another attachment is the Best and Final Offer (BAFO) Request List which identifies areas of concern with your proposal, areas of your proposal needing clarification, and areas of deficiency which may not comply with the requirements of the RFP. However, please understand that the State of Missouri is under no obligation to advise you of any or all of these areas and makes no claim related thereto.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #001 form, your response to the BAFO Request List, and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

Jeff Cartnal
December 2, 2014
Page 2

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" by **5:00 p.m. Central Time on December 11, 2014**, to:

Attention: Julie Kleffner
Division of Purchasing and Materials Management
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101-1517

The outside of the packet containing the BAFO response needs to state, "BAFO for B3Z14319" on the lower left corner. Please include the **original plus four (4) copies (for a total of five (5) documents)** of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. Your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal are sincerely appreciated.

Sincerely,



Julie Kleffner

c: Evaluation Team
RFP B3Z14319

Attachments: Best and Final Offer Request List
RFP including BAFO #001 form

MERS/MISSOURI GOODWILL INDUSTRIES

BEST AND FINAL OFFER REQUEST LIST

BAFO NO. 001 FOR RFP B3Z14319

1. IDENTIFIED DEFICIENCIES AND AREAS OF CONCERN/CLARIFICATION:

- 1.1 MERS/Missouri Goodwill Industries (MERS) indicates a minimum of 35 residential slots and a maximum of 36 slots on page 10 of the response.

MERS' Exhibit I, Employee Expense Charged to Contract, on pages 71 and 72 of the response indicates a minimum of 36 residential slots and a maximum of 40 slots.

In the best and final offer response, MERS is requested to clarify the minimum and maximum number of residential slots proposed.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

AMENDMENT NO.: 3
RFP NO.: B3Z14319
TITLE: Residential Facility Services
ISSUE DATE: 10/23/14

REQ NO.: NR 931 YYY14708182
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: 11/7/14 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND AMENDMENT(S) TO:

(U.S. Mail)
DPMM
PO BOX 809
JEFFERSON CITY MO

(or Service)
T HIGH STREET, ROOM 630
JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective

DELIVER SUPPLIES/SERVIC

DELIVERING ADDRESS:

ORIGINAL

The offeror hereby declares understanding, agree to provide the goods and services, at the prices quoted, in accordance with all terms and conditions of the RFP and any amendments as modified by this and any other amendments. The offeror shall return all previously issued RFP amendments and the original RFP document. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, the offeror shall be bound by the terms and conditions of the RFP and any amendments that exist between the offeror and the State of Missouri.

or services, at the prices quoted, in accordance with all terms and conditions of the RFP and any amendments as modified by this and any other amendments. The offeror shall return all previously issued RFP amendments and the original RFP as modified by this and any other amendments. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, the offeror shall be bound by the terms and conditions of the RFP and any amendments that exist between the offeror and the State of Missouri.

SIG		REQUIRED	
DOING BUSINESS AS (DBA) NAME MERS/Missouri Goodwill Industries		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MERS/Missouri Goodwill Industries	
MAILING ADDRESS 1727 Locust Street CITY, STATE, ZIP CODE St. Louis, MO 63103		IRS FORM 1099 MAILING ADDRESS 1727 Locust Street CITY, STATE, ZIP CODE St. Louis, MO 63103	
CONTACT PERSON Jeff Cartnal, M.S., M.B.A.		EMAIL ADDRESS jcartnal@mersgoodwill.org	
PHONE NUMBER 314-982-8809		FAX NUMBER 314-241-1588	
TAXPAYER ID NUMBER (TIN) 43-0652657	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	VENDOR NUMBER (IF KNOWN) 43065265700	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE November 5, 2014	
PRINTED NAME Lewis C. Chartock, Ph.D.		TITLE President/Chief Executive Officer	

AMENDMENT #3 TO RFP B3Z14319

TITLE: Residential Facility Services

CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

PROSPECTIVE OFFERORS ARE HEREBY NOTIFIED OF THE FOLLOWING CHANGE:

1. Closing Date:

As Stated: Return proposal no later than: 10/29/14 at 2:00 PM.

Change To: Return proposal no later than: 11/7/14 at 2:00 PM.



**STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)**

**AMENDMENT NO.: 2
RFP NO.: B3Z14319
TITLE: Residential Facility Services
ISSUE DATE: 10/17/14**

**REQ NO.: NR 931 YYY14708182
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov**

Amendment #3 changed the proposal receipt date to 11/7/14 in lieu of 10/29/14

RETURN PROPOSAL NO LATER THAN: 11/7/14 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND AMENDMENT(S) TO:

<p>(U.S. Mail) DPMM PO BOX 809 JEFFERSON CITY MO 65102-0809</p>	<p>or</p>	<p>(Courier Service) DPMM 301 WEST HIGH STREET, ROOM 630 JEFFERSON CITY MO 65101-1517</p>
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CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

**Missouri Department of Corrections
Division of Probation and Parole
2720 Plaza Drive
Post Office Box 236
Jefferson City MO 65102**

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP amendments. The offeror should, as a matter of clarity and assurance, also sign and return all previously issued RFP amendment(s) and the original RFP document. The offeror agrees that the language of the original RFP as modified by this and any previously issued RFP amendments shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.	
MERS/Missouri Goodwill Industries		MERS/Missouri Goodwill Industries	
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS	
1727 Locust Street		1727 Locust Street	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
St. Louis, MO 63103		St. Louis, MO 63103	
CONTACT PERSON		EMAIL ADDRESS	
Jeff Cartnal, M.S., M.B.A.		jcartnal@mersgoodwill.org	
PHONE NUMBER		FAX NUMBER	
314-982-8809		314-241-1588	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE (CHECK ONE)	TAXPAYER ID NUMBER (TIN)	
43-0652657	<input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	43-0652657	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
<input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE		DATE	
		November 5, 2014	
PRINTED NAME		TITLE	
Lewis C. Chartock, Ph.D.		President/Chief Executive Officer	

AMENDMENT #2 TO RFP B3Z14319

TITLE: Residential Facility Services

CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

PROSPECTIVE OFFERORS ARE HEREBY NOTIFIED OF THE FOLLOWING CHANGE:

2. Closing Date:

As Stated: Return proposal no later than: 10/22/14 at 2:00 PM.
Change To: Return proposal no later than: 10/29/14 at 2:00 PM.



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

AMENDMENT NO.: 1
RFP NO.: B3Z14319
TITLE: Residential Facility Services
ISSUE DATE: 10/7/14

REQ NO.: NR 931 YYY14708182
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

Amendment #3 changed the proposal receipt date to 11/7/14 in lieu of 10/29/14
Amendment #2 changed the proposal receipt date to 10/29/14 in lieu of 10/22/14

RETURN PROPOSAL NO LATER THAN: 11/7/14 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND AMENDMENT(S) TO:

(U.S. Mail)		(Courier Service)
DPMM	or	DPMM
PO BOX 809		301 WEST HIGH STREET, ROOM 630
JEFFERSON CITY MO 65102-0809		JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Division of Probation and Parole
2720 Plaza Drive, Post Office Box 236
Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP amendments. The offeror should, as a matter of clarity and assurance, also sign and return all previously issued RFP amendment(s) and the original RFP document. The offeror agrees that the language of the original RFP as modified by this and any previously issued RFP amendments shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME MERS/Missouri Goodwill Industries		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MERS/Missouri Goodwill Industries	
MAILING ADDRESS 1727 Locust Street		IRS FORM 1099 MAILING ADDRESS 1727 Locust Street	
CITY, STATE, ZIP CODE St. Louis, MO 63103		CITY, STATE, ZIP CODE St. Louis, MO 63103	
CONTACT PERSON Jeff Carmal, M.S., M.B.A.		EMAIL ADDRESS jcarmal@mersgoodwill.org	
PHONE NUMBER 314-982-8809		FAX NUMBER 314-241-1588	
TAXPAYER ID NUMBER (TIN) 43-0652657	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	TAXPAYER ID NUMBER (TIN) 43-0652657	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE November 5, 2014	
PRINTED NAME Lewis C. Chartock, Ph.D.		TITLE President/Chief Executive Officer	

AMENDMENT #1 TO RFP B3Z14319

TITLE: Residential Facility Services

CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

The following paragraphs in RFP B3Z14319 have changes:

- 2.2.1 c.
- 2.3.3 d.
- 2.6.5 a.
- 2.6.8 e.
- 2.7.2 b. 2)
- 2.10.7 g.
- 2.11.1 a.
- 2.11.4 e.
- 2.11.8 f.
- 2.12.2 a.
- 2.13.4
- 2.19.5
- 2.19.8



STATE OF MISSOURI
OFFICE OF ADMINISTRATION
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT (DPMM)
REQUEST FOR PROPOSAL (RFP)

RFP NO.: B3Z14319
TITLE: Residential Facility Services
ISSUE DATE: 9/24/14

REQ NO.: NR 931 YYY14708182
BUYER: Julie Kleffner
PHONE NO.: (573) 751-7656
E-MAIL: Julie.Kleffner@oa.mo.gov

Amendment #3 changed the proposal receipt date to 11/7/14 in lieu of 10/29/14
Amendment #2 changed the proposal receipt date to 10/29/14 in lieu of 10/22/14

RETURN PROPOSAL NO LATER THAN: 11/7/14 AT 2:00 PM CENTRAL TIME

MAILING INSTRUCTIONS: Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in DPMM office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail) RETURN PROPOSAL TO: DPMM PO BOX 809 JEFFERSON CITY MO 65102-0809	or	(Courier Service) DPMM 301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517
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CONTRACT PERIOD: Effective Date of Contract through June 30, 2016

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections
Division of Probation and Parole
2720 Plaza Drive
Post Office Box 236
Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 12/27/12). The offeror further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing and Materials Management or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME MERS/Missouri Goodwill Industries		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO. MERS/Missouri Goodwill Industries	
MAILING ADDRESS 1727 Locust Street		IRS FORM 1099 MAILING ADDRESS 1727 Locust Street	
CITY, STATE, ZIP CODE St. Louis, MO 63103		CITY, STATE, ZIP CODE St. Louis, MO 63103	
CONTACT PERSON Jeff Cartnal, M.S., M.B.A.		EMAIL ADDRESS jcartnal@mersgoodwill.org	
PHONE NUMBER 314-982-8809		FAX NUMBER 314-241-1588	
TAXPAYER ID NUMBER (TIN) 43-0652657	TAXPAYER ID (TIN) TYPE (CHECK ONE) <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN	TAXPAYER ID NUMBER (TIN) 43-0652657	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> State/Local Government <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input checked="" type="checkbox"/> IRS Tax-Exempt			
AUTHORIZED SIGNATURE 		DATE November 5, 2014	
PRINTED NAME Lewis C. Chartock, Ph.D.		TITLE President/Chief Executive Officer	

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B3Z14319

Pricing Information

1. PRICING PAGE

1.1 Residential Facility Services - The offeror shall provide the following firm, fixed price per residential slot (one bed for twenty-four (24) hours each day of the contract period which shall be reserved for the exclusive use of the state agency and which is actually utilized by an offender) in the table below for providing residential facility services in accordance with the provisions and requirements of this RFP. (C/S Code: 95236)

Firm, Fixed Price Per Residential Slot: \$ 65.29

1.1.1 Proposed Number of Slots - The offeror must quote the minimum number of residential slots, which shall not be less than 10, and the maximum number of residential slots for which the firm, fixed price per residential slot is applicable. The offeror shall not submit multiple prices ("sliding scale") within a range of residential slots. A sliding scale shall not be accepted.

The prices quoted shall be applicable to a minimum of 35 (must not quote less than 10) residential slots through a maximum of 36 residential slots.

1.1.2 Price Breakdown - The offeror must provide an itemized price breakdown, for analysis purposes, of the above quoted firm, fixed price per residential slot. The total of the components below must equal the firm, fixed price per residential slot stated above. In the event of a discrepancy, the above quoted firm, fixed price per residential slot shall govern. "Included in base" shall not be an acceptable entry.

Security	\$ 20.45
Drug Testing	\$ 1.41
Room and Board	\$ 32.47
Case Management Services	\$ 6.35
Administrative/Other	\$ 4.61
FIRM, FIXED PRICE PER RESIDENTIAL SLOT	\$ 65.29

1.2 Renewal Option Pricing - The offeror must indicate below the maximum allowable percentage of price increase or guaranteed minimum percentage of price decrease applicable to the above pricing for the renewal option years. If a percentage is not proposed (e.g. left blank, page not returned, etc.), the state shall have the right to execute the option at the same price(s) proposed for the original contract period. Statements such as "a percentage of the then-current price" or "consumer price index" are NOT ACCEPTABLE.

All increases or decreases shall be calculated against the original contract price, not against the previous year's price. A cumulative calculation shall not be utilized. The offeror shall not quote a maximum increase to exceed 5% for the first renewal period, 10% for the second renewal period, and 15% the third renewal period.

Potential Renewal Period	Maximum Increase		Minimum Decrease
First Renewal Period	Original Price + <u>5</u> %	or	Original Price - _____ %
Second Renewal Period	Original Price + <u>10</u> %	or	Original Price - _____ %
Third Renewal Period	Original Price + <u>15</u> %	or	Original Price - _____ %

~ Do not complete both a maximum increase and a minimum decrease for the same renewal period ~

Offerors are cautioned that pricing shall remain the same for the renewal options unless the state agency is appropriated additional funds for this service in which case the prices shall be pursuant to the applicable renewal option clauses of this document.

PRICING PAGE (CONTINUED)

- 1.3 Prompt Payment Discount** - The offeror should specify below (1) the percentage of discount applied to the total invoice if payment by the state agency is prompt and (2) the maximum number of calendar days invoice must be paid to be considered prompt.

_____% discount if invoice is paid within maximum of _____ calendar days.

- 1.4 Length of Time for Program Implementation for Having an Operational Residential Facility:**
The offeror shall indicate length of time required for program implementation, expressed as number of calendar days after notification of contract award, not to exceed 180 calendar days. In the event the offeror does not specify a number of calendar days, the state shall assume 180 calendar days.

_____0_____ Calendar Days

ATTESTMENT

The offeror hereby attests that the prices quoted in the proposal are fair and proper and are not tainted by collusion, conspiracy, connivance, or other unlawful practice on the part of the offeror or any of its agency, representatives, owners, employees, or parties in interest.

Experience and Reliability

EXHIBIT A

OFFEROR INFORMATION

The offeror should provide the following information about the offeror's organization:

a. Provide a brief company history, including the founding date and number of years in business as currently constituted.

MERS/Missouri Goodwill Industries has an extensive history of providing opportunities for individuals with barriers to employment to work and live more independently in the community. Annually we now successfully provide employment and support services to over 60,600 individuals in St. Louis and communities across Missouri and Southwestern Illinois. We empower individuals with barriers to employment to achieve maximum community integration, economic independence, and opportunity.

On August 1, 2001, Missouri Goodwill Industries and Metropolitan Employment and Rehabilitation Services (MERS) merged. MERS had successfully provided a comprehensive array of employment and support services since its incorporation in 1940. Missouri Goodwill Industries, founded in 1918 as part of the national Goodwill Industries movement, operated thrift retail outlets across southern and eastern Missouri and southern Illinois, a contracts division, and employment and training services for individuals with disabilities. We have been in business as currently constituted for thirteen years.

b. Describe the nature of the offeror's business, type of services performed, etc. Identify the offeror's website address, if any.

The mission of MERS/Missouri Goodwill Industries, Inc. is to provide opportunities for persons with barriers to employment to work and live more independently in the community. For the past 96 years, our goal has been to appropriately evaluate, train, place, and retain each client facing employment barriers in a career, the foundation upon which self-sufficiency is built. Annually we serve over 60,600 people at 75 locations across Missouri and southwestern Illinois and act as a regional voice for our clients' needs. We endeavor to help each person who comes to us, regardless of the particular barrier to employment. Clients utilize our Evaluation, Skills Training, Placement, Retention, and various support services to identify, prepare for, and maintain not just jobs, but careers. Our agency often exceeds major industry benchmarks of success in providing its services, often being the provider who sets and establishes these standards. Our agency-wide 90-day retention rate of clients placed into jobs is 88%, one of the highest in the industry, and indicates how the great majority of our clients are successful, once given the opportunity to rise above entrenched poverty and attain social and financial participation in the community.

While continuing to maintain this high level of performance, which our clients need and our referral sources expect, MERS/Goodwill has grown our organizational capacity to serve more clients.

We provide intense, comprehensive, yet individualized services to persons with:

- Physical injuries or disabilities
- Mental disabilities or illness
- Learning disabilities
- Hearing impairments
- Traumatic brain injury
- Visual impairments
- Limited education
- Poor economic conditions
- Chronic unemployment
- Dysfunctional living situations
- Generational welfare dependence
- Criminal histories
- Language and cultural barriers
- Autism Spectrum Disorder

MERS/Goodwill's services, provided at over 50 area service centers, include:

- Case management
- Vocational assessment
- Career counseling
- Work behavior training
- Job readiness training
- Work experience
- Apprenticeship training
- Job placement
- Sheltered and supported employment
- Job retention and support services
- Post-employment mentoring
- Translation and interpreter services
- Residential treatment
- Supported living
- Community corrections placement
- Employment/community follow-up
- Vocational skills training

Our website is www.mersgoodwill.org.

c. Provide a list of and a short summary of information regarding the offeror's current contracts/clients.

Contractor and Program	Program Description	Amount
Federal Bureau of Prisons Comprehensive Sanctions Center	MERS/Goodwill's Federal CSC continues to successfully assist offenders in reentering the community, meeting or exceeding our primary indicators of success.	\$804,365
Missouri Department of Corrections State Halfway House	MERS/Goodwill's State halfway house continues to successfully assist offenders in reentering the community, meeting or exceeding our primary indicators of success. In terms of effectiveness, in 2013, 53% of employable residents were employed at the time of discharge – an increase of 15% from 2010.	\$943,685
St. Louis Agency on Training and Employment (SLATE) WIA Youth Program Next Generation Career Center	A job readiness training and placement program for residents of St. Louis City in Missouri who are seeking full-time employment.	\$428,280 \$619,332
Northeast Missouri Workforce Investment Board Next Generation Career Center	A job readiness training and placement program for residents of Lewis, Marion, Monroe, Pike, Ralls and Shelby counties in Missouri who are seeking full-time employment.	\$318,706
Missouri Department of Health and Senior Services Senior Community Service Employment Program	The Senior Community Service Employment Program (SCSEP) is a federally funded program administered by MERS Goodwill in St. Louis City, St. Louis County, St. Charles County, Jefferson County, and Franklin County. It is designed for low-income persons age 55 or older that need help finding a job.	\$1,176,351
Missouri Division of Family Services Missouri Work Assistance Program	Provides employment related services to individuals who are receiving Temporary Assistance cash benefits from DFS. Participants are provided with vocational counseling, job readiness training, job placement assistance, and supportive services.	\$5,744,156
Workforce Investment Board of Southeast Missouri Next Generation Career Center WIA Youth	A job readiness training and placement program for residents of Cape Girardeau, Scott, and Stoddard counties in Missouri who are seeking full-time employment.	\$551,720 \$681,916

Missouri Division of Vocational Rehabilitation	MERS/Goodwill provides comprehensive vocational evaluation services, employee development services and community employment services. We help individuals determine appropriate vocational goals, identifying barriers which may interfere with success; we assist individuals in learning new skills and work behaviors through job readiness training, and skills training; we assist individuals in finding the best job match available in conjunction with interests, skills and abilities, utilizing an individualized plan of action.	\$6,054,920
St. Louis Office for Developmental Disability Resources (St. Louis DDR)	Supported Employment: A program designed to meet the employment needs of individuals with severe developmental disabilities or traumatic head injuries. The four components involved are individual community assessment, job development and placement, job coaching, and job retention.	\$203,997 \$213,399 \$124,297
Supported Employment Supported Living Computer Works	Supported Living: Individuals with various disabilities are assessed for strengths and needs in living independently. MERS/Goodwill provides assistance with identification of the apartment or house, referral to other neighborhood services, and long-term supports.	\$15,087 \$114,418 \$19,228
Pre-Sheltered Workshop Sheltered Workshop Post-Sheltered Workshop	Organizational (Sheltered) Employment: Provides employment and case management services to persons choosing a supported setting. Some of the piece rated work experiences available include packaging, assembly, collating, and machine operation.	
Productive Living Board (PLB) – St. Louis County	Supported Employment: A program designed to meet the employment needs of individuals with severe developmental disabilities or traumatic head injuries. The four components involved are individual community assessment, job development and placement, job coaching, and job retention.	
Supported Employment SWEP	Summer Work Employment Program (SWEP)	\$482,442 \$786,436
Workforce Investment Board of Jefferson/Franklin Counties	Next Generation Career Center	
NGCC		\$289,482
22 nd Judicial Circuit of Missouri	The Juvenile Justice Program offered at the Innovative Concept Academy helps youth in juvenile detention centers find employment and obtain their High School Diploma through Missouri Options.	\$136,778 \$175,000
Juvenile Transition Program		
St. Louis Community Foundation	St. Louis Youth Jobs is a summer jobs program for youth between the ages of 16 and 23, who live in at-risk neighborhoods in St. Louis City.	\$1,218,101
St. Louis Youth Jobs		

d.List, identify, and provide reasons for each contract/client gained and lost in the past 2 years.

We have gained contracts from the Workforce Investment Board in St. Louis City to staff their Next Generation Career Center, as well as provide vocational services to adjudicated youth. We have also gained a contract from the

Southern Illinois Workforce Investment Board to provide WIA Youth services. We gained the primary contract for the St. Louis Youth Jobs initiative from the Greater St. Louis Community Foundation.

We have not lost any contracts in the past two years.

e. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

MERS/Goodwill is governed by a 26 member Board of Directors representing a wide range of business, professional and social interest. The Executive Management Team includes:

- Lewis C. Chartock, Ph.D. has held MERS/Goodwill's Chief Executive position since October of 1994. He has over 30 years of experience in education, social service and management.
- Dave Kutchback, Assistant Chief Executive Officer and Chief of Staff, has been with MERS/Goodwill for 37 years. He has been a certified vocational specialist for the U.S. Department of Labor.
- Dawayne Barnett, Chief Finance Officer, has an MBA. He oversees an Accounting Department of 14 staff members as well as our Retail and Contract Division. He has been with MERS/Goodwill for 10 years.
- Jeff Carnal, who has been with MERS/Goodwill for 23 years, holds a Master's Degree in Rehabilitation Administration, and an MBA. He is a Certified Rehabilitation Counselor, a Certified Workforce Development Counselor and a CARF Surveyor. He is a Vice President, who oversees a grant writing staff of three and is involved with helping to oversee our program services.
- Mark Arens, Senior Vice President and Chief of Professional Services, holds a Master's Degree in Rehabilitation Counseling, and an MBA. He has been with MERS/Goodwill for 18 years. He oversees all of our vocational services.

MERS/Goodwill management is an experienced, well-trained and stable team that is capable of developing and managing large and complex projects. MERS/Goodwill is committed to building programs that serve the needs of our customers and that will exceed expectations. MERS/Goodwill is a member of Goodwill Industries International. Each member is fully autonomous in its operation.

f. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or findings of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

List included in attachments.

g. Document the offeror's financial solvency in a manner that is acceptable for public review. Audited financial statements for the last year will provide such documentation; however, the statements will become public information. If the offeror is a subsidiary, also provide the documentation for the parent company.

MERS/Goodwill's financial resources are strong. The agency has maintained steady growth, with an annual budget in 2014 that exceeds \$143,000,000. We are the largest provider of vocational services in the state of Missouri and have cash reserves exceeding \$13,000,000. Our most recent audit is attached.

EXHIBIT B**CURRENT/PRIOR EXPERIENCE**

The offeror should copy and complete this form documenting the offeror and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the offeror is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Offeror Name or Subcontractor Name: <u>MERS/Missouri Goodwill Industries</u> (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Federal Bureau of Prisons
Address of Reference Company/Client:	The Robert A. Young Federal Bldg. Suite 6101 1222 Spruce Street St. Louis, MO 63103
Reference Contact Person Name, Phone #, and E-mail Address:	Kathy Heuter Contracting Officer's Technical Representative (314) 539-2377 Fax (314) 539-2465 E-Mail: kheuter@bop.gov
Title/Name of Service/Contract	Federal Halfway House
Dates of Service/Contract:	December 1, 2011 to November 30, 2016
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	\$804,365
Size of Service/Contract (in terms of offeror's total amount of business)	0.5% of 2013 Total Agency Revenue
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Offeror's specific duties and strategic objective	Provides residential services and vocational supports in order to assist female offenders with their transition from an institution back into the community.
Personnel Assigned to Service/Contract (include position title):	Patricia Pittman – Federal Program Director, and 11 Security Monitors
Attach sample of results/work, if applicable	Federal Bureau of Prisons

EXHIBIT B**CURRENT/PRIOR EXPERIENCE**

The offeror should copy and complete this form documenting the offeror and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the offeror is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Offeror Name or Subcontractor Name: <u>MERS/Missouri Goodwill Industries</u> (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	Missouri State Probation and Parole
Address of Reference Company/Client:	220 South Jefferson, St. Louis, Missouri 63103
Reference Contact Person Name, Phone #, and E-mail Address:	Cynthia Hygrade, 314-877-1000
Title/Name of Service/Contract	State Halfway House – Residential Services
Dates of Service/Contract:	July 1, 2011 – December 31, 2014
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	40 Individuals served \$857,896
Size of Service/Contract (in terms of offeror's total amount of business)	0.57% of 2013 Total Agency Revenue
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Offeror's specific duties and strategic objective	Individuals on Probation or Parole Residential Halfway House St. Louis, MO (city and county)
Personnel Assigned to Service/Contract (include position title):	Jessica Spitzer, Director
Attach sample of results/work, if applicable	Missouri State Probation and Parole

Expertise of Personnel

EXHIBIT C

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each case manager proposed)

Title of Position: CASE MANAGER	
Name of Person:	Cortney Steinmann
Educational Degree (s): include college or university, major, and dates	University of Missouri- St. Louis B.S. Criminology & Criminal Justice- 5/11
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed. Include dates and documentation of completion:	Adult First Aid/ CPR- 2 year certification- 1/31/2013
# of years experience in area of service proposed to provide:	4 years experience in fields of Criminal Justice and Reentry
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	1 ¾ years as Case Manager in State Halfway House
Describe this person's responsibilities over the past 12 months.	State Halfway House Case Manager- Resident orientation, needs assessments, reentry plan development and monitoring, job readiness and development assistance, crisis intervention, maintaining community resource directory, regular communication with Probation and Parole and treatment teams.
Previous employer(s), positions, and dates	Missouri Department of Corrections, Division of Probation and Parole- Probation and Parole Officer I- 4/12 - 1/13 Missouri DOC Division of Probation and Parole- Probation and Parole Intern/Volunteer- 9/10 to 4/12 JCPenney, Inc.- Loss Prevention Officer- 9/10 - 5/14 JCPenney, Inc.- Customer Service Associate- 5/08-8/10
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	
✓ Counseling	
✓ Criminal Justice	Missouri Probation and Parole Officer I- 4/12-1/13- supervised residents of the MERS/Goodwill State Halfway House program State of Missouri Probation and Parole Intern/Volunteer- 9/10-4/12- learned and performed functions of Probation and Parole Officer including client meetings, intake assessments, and supervision planning
✓ Correctional Residential Facilities	State Halfway House Case Manager- 1/13- present Missouri Probation and Parole Officer I- 4/12-1/13- supervised residents of the MERS/Goodwill Halfway House program

EXHIBIT C**EXPERTISE OF KEY PERSONNEL**

(Copy and complete this table for each case manager proposed)

Title of Position: CASE MANAGER	
Name of Person:	Kristen Colyer
Educational Degree (s): include college or university, major, and dates	University of Missouri- St. Louis B.S. Criminology and Criminal Justice- 12/13
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed. Include dates and documentation of completion:	Adult First Aid/ CPR- 2 year certification- 1/31/2013
# of years experience in area of service proposed to provide:	1 ¾ years experience in Reentry field
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	¾ year as Case Manager in State Halfway House 1 year as Security Monitor in State Halfway House
Describe this person's responsibilities over the past 12 months.	State Halfway House Case Manager- Resident orientation, needs assessments, reentry plan development and monitoring, job readiness and development assistance, crisis intervention, maintaining community resource directory, regular communication with Probation and Parole and treatment teams.
Previous employer(s), positions, and dates	MERS/Goodwill Halfway House- Security Monitor- 1/13- 1/14 Three Monkeys- Hostess- 3/10 – 1/13 Babies R Us- Cashier- 8/11 – 10/12
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	
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	Case Manager in State Halfway House- 1/14 – present (see responsibilities above) Security Monitor in MERS/Goodwill State Halfway House and Residential Reentry Center- 1/13 – 1/14- monitored residential facility to ensure safety and security, supervised interaction of residents, monitored sign-in/out activities, completion of reports, conducted drug testing/ breathalyzer testing

EXHIBIT C, continued**EXPERTISE OF KEY PERSONNEL, OTHER KEY PERSONNEL**

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

Title of Position: DIRECTOR	
Name of Person:	Jessica Spitzer
Educational Degree (s): include college or university, major, and dates	Texas A&M University B.S. Sociology, Minor in Women's Studies- 8/04
License(s)/Certification(s), #(s), expiration date(s), if applicable:	NA
Specialized Training Completed. Include dates and documentation of completion:	Adult First Aid/ CPR- 2 year certification- 4/17/14
# of years experience in area of service proposed to provide:	9 years experience in Criminal Justice and Reentry
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	2 ½ years as Director of MERS/Goodwill State Halfway House
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and dates	Missouri Department of Corrections, Division of Probation and Parole- Probation and Parole Officer II- 11/07 - 3/12 University of Chicago Survey Research Lab- Assistant Supervisor- 3/06 - 9/06 Community Supervision and Corrections Department, Tarrant County, Texas- Probation Officer- 2/05 - 8/06
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"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	Missouri Probation and Parole Officer II- 11/07-3/12- supervised MERS/Goodwill program caseload, IAP caseload, 7S weapons caseload, 8C REACT caseload Probation Officer- Tarrant County, Texas Community Supervision and Corrections Department- 2/05-8/06
<input checked="" type="checkbox"/> Correctional Residential Facilities	Missouri Probation and Parole Officer II- MERS/Goodwill State Halfway House officer (11/11 - 3/12) MERS/Goodwill State Halfway House Director- 4/12 - present (see responsibilities above)

EXHIBIT D**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
1. <u>Terrie Woods</u> (Name) <u>Security Monitor Supervisor</u> (Title) <u>Security Monitor Supervisor</u> (Proposed Role/Function)	High School Diploma Security Monitor Supervisor of MERS/Goodwill Residential Program, 2006 – present Security Monitor in MERS/Goodwill Residential Program, 2001-2006
2. <u>Octavia Brankley</u> (Name) <u>Security Monitor- Overnight Shift Lead</u> (Title) <u>Security Monitor- Overnight Shift Lead</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2008 - present
3. <u>Antwanna Briggs</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 1/13 – present Property owner/ manager- Self-employed- 2002- present Poker Dealer- Ameristar Casino- 3/06-8/08 Security Officer- Whelan Security- 2/05-3/06
4. <u>Drucilla Caldwell</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 7/12 - present
5. <u>Ericia Clark</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2010 - present
6. <u>Dedra Davis</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	B.S. Criminology Criminal Justice- University of Missouri- St. Louis- 2008 Security Monitor in MERS/Goodwill Residential Program, 5/13 – present Community Support Specialist- Preferred Family Healthcare- 2012-2013 Security Officer- Secure VIP- 2010-2012

EXHIBIT D

PERSONNEL EXPERTISE SUMMARY

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
7. <u>Briah Dotson</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 5/11 - present
8. <u>Anthony Hill</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2009 - present
9. <u>Julie Hunt</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2010 - present
10. <u>Andre McFadden</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	B.S. Criminology and Criminal Justice- University of Missouri- St. Louis- 5/14 Security Monitor in MERS/Goodwill Residential Program, 10/12 – present
11. <u>Lavonda Mickles</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2011 - present
12. <u>Antoinette Roberts</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 3/14 – present Store Associate- MERS/Goodwill, 10/13-3/14 Social Service Aide- Hillside Manor- 9/12-8/13 Receptionist- Days Inn- 1/12-9/12 Sales Associate- Walmart- 3/11-1/12

EXHIBIT D**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
13. <u>Arlyvia Ross</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	B.S. Business Administration- Harris Stowe State University- 12/11 Security Monitor in MERS/Goodwill Residential Program, 1/13 – present Social Service Assistant- Delhaven Manor- 8/11 – present Dietary Cook- Delhaven Manor- 1/10 – 1/11
14. <u>Rosalyn Ross</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2010 - present
15. <u>Cherri Sargent</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 4/14 – present Program Manager- Call For Help, Inc.- 3/10 – 6/13 Unit Coordinator- Call For Help, Inc.- 2002-2010
16. <u>Latoya Smith</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 2/14 – present Hostess- The Docket- 7/13-2/14 Corps Member- City Year San Jose/ Silicon Valley- 8/12-6/13 Hostess- Tavernita- 12/11 – 7/12
17. <u>Mae Willingham</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 12/13 – present Office Assistant- MERS/Goodwill- 5/12-12/13
18. <u>Jasmine Wright</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 8/14 – present Payment Processor- Alliance Data- 11/13-6/14 Application Support Technician- Maximus- 6/11-6/13

EXHIBIT D

PERSONNEL EXPERTISE SUMMARY

(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Personnel	Background and Expertise of Personnel and Planned Duties
19. <u>Brian Young</u> (Name) <u>Security Monitor</u> (Title) <u>Security Monitor</u> (Proposed Role/Function)	High School Diploma Security Monitor in MERS/Goodwill Residential Program, 8/14 – present Loss Prevention Security Officer- Safe Environment Business Solutions- 4/14-8/14 Floor Guard- Fun Spot Skating Center- 10/12-1/14 Site Supervisor- Allied Barton Security- 8/10-11/11

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Director
General Description: Oversee State Halfway House facility, programming, and all personnel while ensuring ongoing program contract compliance.
Reports to (job title): Executive Vice President of Rehabilitation Services
Job Duties: <ol style="list-style-type: none">1. Remain current on and in compliance with program contract, updating program rule book and Standard Operating Procedure (SOP) accordingly.2. Responsible for the safety and security of all residents, 24-hours a day.3. Available to oversee the program in person, or by phone, 24-hours per day, 365 days a year (must appoint someone to handle questions, decisions, and crisis situations in case of illness or vacation).4. Maintain confidentiality according to agency, DOC and BOP guidelines.5. Monitor individual resident plans through file review and case staffing, recommending courses of action and counseling residents in crisis situations.6. Enforce program rules through appropriate sanctions.7. Maintain resident records and files, ensuring contract compliance.8. Recruit, hire, train, supervise, and evaluate staff. Participate in staff termination procedures as required.9. Develop and maintain active partnership with contract liaisons on both a programmatic and administrative level.10. Facilitate case staffings, contract oversight meetings, and program audits.11. Accurately complete and transmit all contractually required reports, including monthly billing, in a timely manner.12. Complete statistical reports to reflect extent to which program is achieving its objective.13. Manage expenses to ensure program operates within a reasonable budget.14. Other duties as assigned.
Education Requirements: <p>Bachelor's Degree in social work, counseling, criminal justice administration, psychology, sociology, or closely related field (Master's Degree preferred).</p>
Experience Requirements: <p>Minimum of 3 years related work experience. 2 years supervisory experience preferred. Ability to pass governmental background check.</p>

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Case Manager
General Description: Organize and implement all residential and reentry case management services, working in concert with Probation and Parole.
Reports to (job title): Director
Job Duties: <ol style="list-style-type: none">1. Orientate new clients within one business day of arrival. Conduct weekly case meetings with clients, maintain weekly case management notes and develop weekly goals.2. Maintain a file on each resident containing all documentation required by the State Contract, including but not limited to intake paperwork, assessments, weekly case management notes, urinalysis results, medical and treatment information, and accountability forms.3. Monitor treatment plans, attendance and progress in all referred activities, and progress towards weekly goals.4. Establish and maintain a good working relationship with State Probation Officers/Administrators, other community resources, and treatment centers.5. Supervise residents and enforce all rules and regulations of the Halfway House. Maintain a working knowledge of State Probation and Parole conditions to supervise residents.6. Counsel residents in crisis situations, i.e.: drug use, violations, arrest, suicide, family issues, medical issues, and issues with other residents.7. Conduct facility searches for contraband and to insure the facility's physical integrity meets all contractual requirements/standards.8. Available for 24-hour on call assistance.9. Other duties as assigned.
Education Requirements: Bachelor's Degree in social work, counseling, criminal justice administration, psychology, sociology, or a closely related field.
Experience Requirements: Direct experience working in the field of Social Services or Criminal Justice preferred. Strong interpersonal skill, with excellent verbal and written communication skills is required.

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Security Monitor Supervisor
General Description: Supervise Security Monitor personnel, to include hiring, training, scheduling, and performance evaluation. Ensure the facility and security staff remain in compliance with contract requirements.
Reports to (job title): Director
Job Duties: <ol style="list-style-type: none">1. Ensure Security Monitors meet essential training requirements such as CPR and First Aid Certification, and monthly staff trainings.2. Schedule Security such that shifts are covered per contract requirements.3. Effectively supervise the performance of Security Monitors by consistently reviewing their documentation and areas of responsibility, implementing corrective actions when problems are identified.4. Review client folders and case management system for accuracy.5. Schedule and facilitate monthly safety drills, document them and analyze results to ensure contract compliance.6. Hire and train all Security Monitors.7. Responsible for oversight of monitor budget.8. Oversee hourly rounds and searches of residents, their property, and the facility.9. Other duties as assigned
Education Requirements: High school diploma or GED.
Experience Requirements: Minimum of 2 years work experience required. 3 years related work experience preferred. Ability to pass governmental background check required. Requires ability to observe and work well with people; and have strong written/verbal communication skills.

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Security Monitor
General Description: Monitor residential facility and residents to ensure safety and security and adherence to program rules.
Reports to (job title): Security Monitor Supervisor
Job Duties: <ol style="list-style-type: none">1. Monitor physical facilities to ensure safety and security.2. Supervise interaction of residents.3. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts.4. Conduct random personal and room searches as required.5. Complete and file all required reports and documents.6. Conduct drug and breathalyzer testing of residents as required.7. Remain current on all MERS/Goodwill, DOC, and BOP policies and procedures; participate in all staff training as scheduled.8. Maintain current First Aid and CPR training.9. Maintain confidentiality according to agency, DOC, and BOP guidelines.10. Other duties as assigned.
Education Requirements: High school diploma or GED.
Experience Requirements: Minimum of 2 years work experience required, including military or self-employment. Ability to observe and work well with people, and have strong written/ verbal communication skills.

B3Z14319

Method of Performance

EXHIBIT F

METHOD OF PERFORMANCE

The offeror should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the offeror should specifically address each of the following issues:

1. Identify the region (St. Louis, Columbia, or Kansas City) the residential facility is located in and total number of offenders proposing to serve.

MERS/Goodwill is proposing to serve a minimum of 35 and a maximum of 36 female offenders in the St. Louis region. The facility is currently under contract to provide 40 beds. MERS/Goodwill understands that a residential slot will be defined as one bed for twenty-four (24) hours each day of the contract period which shall be reserved for the exclusive use of the state agency. MERS/Goodwill will continue to cooperate with the state agency in making space available to effect the maximum utilization of the contracted number of residential slots. MERS/Goodwill understands that the state agency has sole responsibility for referring and placing offenders in the facility. MERS/Goodwill has no exclusion criteria. MERS/Goodwill also understands that release and/or termination of offenders shall be at the sole discretion of the state agency.

2. For a residential facility(ies) that is proposed and/or not yet operational, submit maps, layouts, and handouts describing the site(s) and the adjoining neighborhood(s), and information on the bus service to the site, including schedules.

The MERS/Goodwill residential facility is currently in operation and is prepared immediately to accept a contract for female offenders.

3. Provide floor plans for any operational or proposed residential facility.
 - Describe all of the offeror's proposed buildings and equipment to be utilized for services.
 - Identify how the residential facility will provide sleeping arrangements.

MERS/Goodwill currently provides and maintains a residential facility for the state agency for the purpose of providing short-term residential services to female offenders. The program is housed in the MERS/Goodwill Aftergut facility located at 1727 Locust Street in downtown St. Louis City. The facility is a seven story brick building constructed at the turn of the 20th century. It is in excellent condition. The MERS/Goodwill residential facility is located on the 7th floor of the building. The area is secluded from activities located in other parts of the building, thus it is separate and distinct, particularly in program sleeping areas. The physical plant is in good repair, with proper ventilation and proper window coverings. Extermination for pests and rodents is done on a monthly basis. All painted surfaces are in good condition. There are no undesirable odors in the area.

Floor plans for the facility are attached.

Security cameras and monitors are installed and designated for the surveillance of the program. The cameras chosen for the project are equipped with wide-angle lenses, and the monitors are equipped with time-lapse recorders. The security system includes a DNP fire/burglar monitoring device with 130 zones. Cameras are in place to verify the activities of security staff throughout the facility.

MERS/Goodwill operates a full-service cafeteria with hooded and vented stoves, ovens, freezers, steam tables, ice machines, dishwashers, deep sinks, and adequate small appliances and utensils. The dining area is equipped with tables and chairs for at least sixty people.

Office equipment includes six networked computers running Windows-based operating systems with monitors and keyboards. A VCR with monitor is also designated for staff use to view training tapes. A fax machine and a copier are located in the program's security office on the seventh floor. Recreational equipment includes two LCD 48" televisions, with two DVD players, and Satellite.

Sleeping arrangements consist of multiple occupied rooms (three to six beds per room). Each offender has at least forty-eight square feet of contiguous floor space in the sleeping area. This space does not include hallways, closets, and bath facilities. One chair or footlocker is provided for each two offenders. Each offender has clothes hanging space equivalent to an eight-inch long rack, and a lockable locker or footlocker, with an internal area of 14 inches by 7 inches by 18 inches. MERS/Goodwill provides locks free of charge to the offender.

MERS/Goodwill agrees beds are to be provided based on the state agency direction as obtained from the Prison Rape Elimination Act audits. All sleeping spaces are well ventilated through a mechanical system. MERS/Goodwill's facility is air-conditioned. The windows are not operable, and are screwed shut. MERS/Goodwill supplies ample furniture, furnishings, and equipment to accommodate all offenders. The dining area located on the first floor of the facility contains more than enough tables and chairs to accommodate forty offenders at one time, the maximum proposed slots. At the present time, sixty spaces are available. All furniture and furnishings, including chairs, are clean, comfortable, sturdy, and in excellent condition.

MERS/Goodwill's facility maintains bath/toilet facilities for state agency resident offender use. Facilities contain one operable toilet, one operable washbasin, and one operable shower/shower bay for every ten female offenders for whom services are contracted. Currently the facility has eight toilets, ten washbasins, and eight showers for use by offenders referred to the program. Separate staff restroom facilities are located immediately adjacent to the secured area on the seventh floor of the building.

MERS/Goodwill's facility is in compliance with all applicable Americans with Disabilities Act Accessibility Guidelines (ADAAG) standards. MERS/Goodwill is equipped to provide a minimum of two four-bed, fully accessible sleeping areas.

The areas of the MERS/Goodwill facility available to the general public for visiting meet all applicable ADAAG standards. These standards cover, but are not limited to the following areas:

- MERS/Goodwill has five accessible parking spaces within seventy-five feet of the entrance.
- MERS/Goodwill has an accessible path of travel into the facility and all public space within the facility. Entrance doors are electrically operated. Elevator buttons are located at appropriate heights and are marked in Braille.
- All doorways are accessible.
- All public restrooms include accessible accommodations.
- MERS/Goodwill has ADA appropriate signage indicating accessible entrance and the location of the accessible restrooms.
- All fire/smoke alarms are both audio and visual.
- Carbon monoxide alarms are digital 120V with battery backup. The alarms follow the manufacturer's recommendations and provide for seventy (70) decibels at pillow level for each offender.

MERS/Goodwill agrees to continue to provide office space with furniture, an operational telephone and lockable storage space for state agency use for daily activities and supervision of offenders. MERS/Goodwill also will provide an area within the office exclusively for state agency storage.

MERS/Goodwill has developed, maintained and equipped the facility's environment to insure the health, safety, and comfort of the offenders. These same standards will be upheld through the new contract if awarded. MERS/Goodwill will provide offenders with reasonable protection against the danger of fire and smoke, injury attributable to the environment, electrical hazards, and the spread of disease and infection. MERS/Goodwill

maintains equipment in good working order, and the agency maintains proof of compliance with local, state and federal building, zoning, fire safety, and health codes. Such verification is on file and available for review by the state agency at any time.

MERS/Goodwill understands that if there is a conflict between local standards and those required by this contract, the state agency will call upon the State Fire Marshall and/or the Department of Health and/or the Office of Administration, and the Division of Design and Construction at the option and expense of the state agency. MERS/Goodwill understands that it is responsible for making any changes that may be recommended as a result of such inspections. MERS/Goodwill shall comply with the State of Missouri Department of Health, the State of Missouri Fire Marshall, and/or the state agency safety inspector.

MERS/Goodwill is in the process of planning renovations to the facility. MERS/Goodwill will submit a detailed renovation plan to the state agency for approval prior to further action, and complete the approved renovation plan within the approved time-frame in order to maintain contract compliance and/or immediately notify and submit a relocation plan to the state agency prior to any relocation. In the case of relocation, we agree that the new facility must be equal to or better than the original facility; that all provisions contained in the implementation requirements related to inspection, documentation, and state agency approval of the facility shall apply; that MERS/Goodwill shall not transfer offenders to the new or different facility until all required inspections, documentation, and approvals have been obtained; and that MERS/Goodwill must successfully complete a public hearing as may be required by the state agency, which hearing will be held in the municipality where the proposed residential facility is to be located.

4. Provide the following documentation or letter(s) of justification. If such documents are not provided, provide justification for not including with the proposal.

4.1 Letter of approval of safe operation from appropriate jurisdictional fire marshal for the current fiscal year.

Included as attachment to the proposal.

4.2 Local health department inspection for the current fiscal year if required by the local jurisdiction. If not required by the local jurisdiction, provide official documentation from the local government stating it is not required and why it is not required.

Included as attachment to the proposal.

4.3 Copy of the most recent (less than three years old) local building code inspection or license demonstrating compliance, if the license requires an inspection.

Included as attachment to the proposal.

4.4 "Verification of Approved Zoning," (Attachment #1) or an official document from the local jurisdiction documenting the residential facility is not located in an unincorporated are of the county or within a city where the zoning has been designated for single-family residency use or occupancy.

We have attached a copy of our Certificate for Zoning and Occupancy indicating our residential facility has prior approval from the City of St. Louis, along with a letter from the City of St. Louis Zoning department indicating the zoning for the area of our facility includes residential facilities, and a definition of our zoning designation from the city's website.

4.5 Copy of the most recent financial audit.

Included as attachment to the proposal.

4.6. Submit proof of ADAAG compliance.

Included as attachment to the proposal.

5. Identify all daycare facilities or schools within 1000 feet, all public parks with playground equipment and public swimming pools within 500 feet of the proposed residential facility.

MERS/Goodwill operates a daycare facility on the first floor of the Aftergut building at 1727 Locust Street.

6. Describe how the residential facility will provide a clean, safe, and healthy environment. In addition, describe the pest and rodent control inspection and fumigation plan. Provide a copy of the most recent inspection.

MERS/Goodwill has developed, maintained and equipped the facility's environment to insure the health, safety, and comfort of the offenders. These same standards will be upheld through the new contract if awarded. MERS/Goodwill will provide offenders with reasonable protection against the danger of fire and smoke, injury attributable to the environment, electrical hazards, and the spread of disease and infection. MERS/Goodwill maintains equipment in good working order, and the agency maintains proof of compliance with local, state and federal building, zoning, fire safety, and health codes. Such verification is on file and available for review by the state agency at any time.

MERS/Goodwill understands that if there is a conflict between local standards and those required by this contract, the state agency will call upon the State Fire Marshall and/or the Department of Health and/or the Office of Administration, and the Division of Design and Construction at the option and expense of the state agency. MERS/Goodwill understands that it is responsible for making any changes that may be recommended as a result of such inspections. MERS/Goodwill shall comply with the State of Missouri Department of Health, the State of Missouri Fire Marshall, and/or the state agency safety inspector.

7. Describe the following within the residential facility:

7.1 Sleeping arrangements

Sleeping arrangements consist of multiple occupied rooms (three to six beds per room). Each offender has at least forty-eight square feet of contiguous floor space in the sleeping area. This space does not include hallways, closets, and bath facilities. One chair or footlocker is provided for each two offenders. Each offender has clothes hanging space equivalent to an eight-inch long rack, and a lockable locker or footlocker, with an internal area of 14 inches by 7 inches by 18 inches. MERS/Goodwill provides locks free of charge to the offender.

All sleeping spaces are well ventilated through a mechanical system. MERS/Goodwill's facility is air-conditioned. The windows are inoperable, and are screwed shut.

MERS/Goodwill understands that within 72 hours of arrival, and again within 30 days of first screening, the state agency will screen offenders to determine who may be abusive or vulnerable to abuse. Upon notification of screening results, MERS/Goodwill will manage sleeping arrangements to ensure any offender vulnerable to abuse is not assigned to the same sleeping area as an offender who may be abusive. Care is also taken in room placement when made aware that offenders are known enemies. A specific room, within direct eye-site of the command station, is designated for offenders conveying suicidal ideations. Offenders are not permitted to close the door to their sleeping area for security purposes. Despite open doors, sleeping areas provide space so that clothes changing can occur out of direct eyesight.

7.2 Furniture, furnishings and equipment

MERS/Goodwill supplies ample furniture, furnishings, and equipment to accommodate all offenders. The dining area located on the first floor of the facility contains more than enough tables and chairs to accommodate forty offenders at one time, the maximum proposed slots. At the present time, sixty spaces are available. All furniture and furnishings, including chairs, are clean, comfortable, sturdy, and in excellent condition.

7.3 Toilets, washbasins, and showers/shower bays/baths

MERS/Goodwill's facility maintains bath/toilet facilities for state agency resident offender use. Facilities contain one operable toilet, one operable washbasin, and one operable shower/shower bay for every ten female offenders for whom services are contracted. Currently the facility has eight toilets with stalls and stall doors, ten washbasins, and eight showers with shower curtains for use by offenders referred to the program. Toilets and showers are arranged so that male staff cannot view offenders while using those facilities. Clean, filled, and operational soap dispensers are located at every sink. Clean, filled, and operational hand towel dispensers are located in each restroom. Each offender is also issued two towels and two washcloths. Separate staff restroom facilities are located immediately adjacent to the secured area on the seventh floor of Aftergut.

7.4 Laundry equipment

MERS/Goodwill provides two (2) operating washers and two (2) operating dryers for the exclusive use of state agency offenders. The laundry equipment is free of charge to the offenders. The equipment is installed on the seventh floor within the designated residential area. MERS/Goodwill provides free of charge reasonable supplies (soap and detergents) for all offenders.

7.5 Recreation

MERS/Goodwill provides the following four (4) different on-site recreational activities, free of charge and in a sufficient quantity:

- (1) Foosball table complete with all necessary equipment.
- (2) Continuous access to color television and DVD player.
- (3) Television and cable with at least one premium movie channel.
- (4) Three computers with games, tutorials, CD ROM, and an internet connection.

MERS/Goodwill utilizes two (2) separate TVs with cable and DVD players for recreational activity. In addition to the three computers available for job search activities, offenders have access to a daily newspaper. The facility is within walking distance of the YMCA and library, and offenders are encouraged to use these services, and participate in similar community activities.

MERS/Goodwill also provides three supervised smoke breaks per day for offenders who are present during the time of the smoke break and are not on restriction.

7.6 Visiting area

Currently, MERS/Goodwill is providing visiting hours from 5:30 p.m. to 8:30 p.m. each Saturday and Sunday, which constitute a minimum of six (6) hours per week. MERS/Goodwill posts the visiting hours schedule in the offender handbook and an area accessible to offenders and visitors, and documents the schedule in the house rules. MERS/Goodwill provides visiting in the dining area after eating and food preparation periods. No other activities are scheduled for the dining area during visitation periods.

7.7 State agency office space

MERS/Goodwill agrees to continue to provide office space with furniture, an operational telephone and lockable storage space for state agency use for daily activities and supervision of offenders. MERS/Goodwill also will provide an area within the office exclusively for state agency storage.

8. Describe the security policy, protocol and process.

MERS/Goodwill only hires individuals at least 21 years of age to perform residential facility services. A background investigation, including MULES, is completed on all new employees prior to being allowed entry into the facility. MERS/Goodwill understands the state agency has the right to deny access into the facility for any employee for any reason. MERS/Goodwill does not currently have any employees under active federal or state felony or misdemeanor supervision performing residential facility services, nor does it plan to hire any individual under active supervision. MERS/Goodwill understands that advance written division director approval must be received prior to any individual under active supervision or with prior felony convictions performing services. Any employee or potential employee who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution.

MERS/Goodwill, its agents or employees, shall not obstruct the state agency nor any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe residential environment.

Within 45 calendar days after state agency authorization to proceed with services, and every three (3) years thereafter, MERS/Goodwill shall complete a Prison Rape Elimination Act (PREA) audit by a state agency approved PREA auditor. Verification of required staffing patterns as identified in the Employee Expense Charged to Contract Exhibit, as outlined in the awarded contract, through staff schedules, will be provided to the state agency. MERS/Goodwill will maintain verification of completion of state agency audit of staffing patterns.

The MERS/Goodwill facility provides adequate security to assure that the offender and community feel comfortable with precautions taken to reduce risk and liability, and to increase public acceptance and support. Both the features and systems of the MERS/Goodwill residential physical plant are designed to prevent unauthorized entries and detect unauthorized exits. MERS/Goodwill understands and agrees that it must receive prior approval of the state agency for any changes to the security features and systems of the residential facility.

The facility is located on the top floor of a seven-story building. The seventh floor is not accessible to the general public. General public access into the building and elevator access to other floors in the building is locked out during the hours of 4:00 p.m. to 7:30 a.m. and all day on Saturdays, Sundays, and holidays. Entrance into the facility area, and building entrance outside of regular office hours, is electronically controlled and monitored at all times by security staff. All visitors must present identification credentials prior to entering the facility on each occasion. Closed-circuit cameras are installed to monitor residential movement within the facility on the seventh floor, as well as the building's entrance, exits and parking areas. Both stairwells and all exit doors are security armed for monitoring unauthorized entry and exit. Quad screen monitors are in place in the seventh floor security office as well as in the office of the MERS/Goodwill President in order to provide continuous surveillance.

Besides security staff assigned to this contract, MERS/Goodwill employs a security guard who patrols the building and grounds during business hours (8:00 a.m. to 4:00 p.m. Monday through Friday). All electronic security is monitored internally by staff on duty, as well as by an outside security contractor. Alarm panels are located in the seventh floor security office. In the event that an alarm is activated, the MERS/Goodwill Facilities Director is notified immediately via cellular phone by contract security and/or security staff. External emergency services (fire, police, and ambulance) can also be contacted in this manner or through staff usage of 911.

Security staff do not engage in duties other than security while assigned to that task. This is clearly designated on the job description. General clerical, maintenance and food preparation duties are not the routine responsibility of

security staff, but may be needed in the event of an unexpected emergency, such as shutting off water during a leak, heating up reserved meals for a late returning resident, etc.

The MERS/Goodwill facility is contained within one building and one floor space. At least two security personnel are on duty at all times. MERS/Goodwill agrees to continue to operate in accordance with the security policy, protocol and process submitted with the awarded proposal.

MERS/Goodwill maintains an electronic monitoring system via Closed-circuit cameras, calibrated to the manufacturer's specifications, to ensure the whereabouts and movements of security staff throughout the residential facility and building grounds. A DVR system with time/date stamp capability is also in place, and it records and stores all surveillance camera video for six months. Any surveillance data/record relating to an incident shall be kept until release is authorized by the state agency. In the event that an alleged or suspected security breach occurs, MERS/Goodwill will notify the state agency as soon as possible, but no later than the next working day.

MERS/Goodwill utilizes a handheld metal detection wand, checks handbags and packages, and has offenders empty pockets when entering the facility to control the introduction of contraband. Upon suspicion of possible contraband, female security staff are authorized to perform pat-down searches and strip searches, after gaining appropriate approval from supervisory staff. Security staff follows strict protocol when conducting strip searches, which are detailed in the program standard operating procedures (SOP). Cross-gender strip searches, visual body cavity searches and pat down searches are prohibited as is a search or physical examination of a transgender or intersex offender for the sole purpose of determining the offender's genital status. As scheduled by the Security Monitor Supervisor, security staff conduct periodic wandering and searching of property as offenders exit the facility.

At least once per hour, security staff conduct checks of the facility including bedrooms, restrooms, laundry facilities, hallways, and corners to ensure the safety and security of offenders. Male employees are not permitted to conduct facility checks alone and all employees must be accompanied by another employee when conducting room searches. Once notified of PREA assessment results by the state agency, the Program Director ensures offenders assessed as potential victims are not roomed with offenders assessed as potential abusers. Care is taken in room placement when made aware that offenders are known enemies. A specific room, within direct eye-site of the command station, is designated for offenders conveying suicidal ideations. Offenders are not permitted to close the door to their living area.

9. Describe procedures for meeting potential emergencies and disasters such as fires, natural disasters, and emergencies relating to the offenders and personnel.

MERS/Goodwill has already in place written plans and procedures for potential emergencies and disasters, such as fire, natural disaster, and emergencies relating to the offender and staff. MERS/Goodwill's policies and procedures include what title or position is assigned to various tasks and instructions regarding carrying them out. The Director of the residential facility is a standing member of the MERS/Goodwill agency-wide Safety Committee, which is responsible for monitoring and updating all procedures.

The facility is equipped with an automatic alarm system, which clearly indicates the type of drill, or emergency (fire, earthquake, severe weather) that is underway. Other emergencies such as power failure, water shut-off, and threat of violence are communicated either through telephone or on a person-to-person basis.

All MERS/Goodwill staff assigned to the residential facility are trained in the use of the alarm system, fire extinguishers and first aid/CPR. All fire extinguishers are serviced on an annual basis and checked for charge by safety staff on a monthly basis. All other emergency equipment is inspected at least quarterly to ensure adequacy of supplies and proper working condition. Verification of the inspections is maintained on a separate log for review, upon request, by the state agency representative.

Escape route plans are prominently posted at all exits, sleeping areas, and common traffic areas. Both primary and secondary escape routes are identified. The plans are color coded in order to clearly indicate actions needed in the event of an evacuation or the need for internal shelter. The plans also identify the staff position responsible for ensuring complete and safe evacuation and the accounting for all staff and offenders when an evacuation has occurred.

All escape route and emergency plans are reviewed on an annual basis and updated as necessary. It is further understood and is MERS/Goodwill practice to ensure that all plans are updated to reflect any temporary facility changes or permanent renovations as they may pertain to fire, tornado, or earthquake disaster planning.

MERS/Goodwill conducts one fire drill and one tornado drill each month during periods of high occupancy. At least one earthquake drill will be conducted annually. Additional drills are conducted to test the procedures for other emergencies including bomb threat, medical situations, threatening behavior and power failure. A record of the effectiveness of the drills is recorded on a form provided by the state agency (Attachment #3). The drills may be conducted between the hours of midnight to 4:00 a.m. due to a conflicting requirement in our Federal Bureau of Prisons contract. For tornado drills, offenders will not be removed from the facility, but will follow normal drill procedures. Within seven calendar days of employment, MERS/Goodwill personnel shall be trained in the proper emergency procedures and shall receive appropriate training for those procedures for which responsible. MERS/Goodwill staff shall sign a form, which shall be witnessed and signed by the person's immediate supervisor, signifying understanding and training in these procedures.

10. Provide a detailed description how room checks will be conducted within the residential facility to ensure the safety of offenders and the integrity of programming.

MERS/Goodwill has had in place since the inception of the contract closed circuit television cameras that provide coverage throughout the common areas of the facility, allowing surveillance of the doorway of each sleeping area. Security staff perform hourly checks of the entire facility, including all sleeping areas, to ensure the safety and security of all offenders. These checks are conducted during every shift, including overnight at which time staff utilize a flashlight. Male staff are prohibited from conducting these rounds or entering a sleeping area alone. During these checks, security staff ensure that no offender is in a sleeping area they are not assigned to, or is in/on a bed that is not assigned to them. Staff further ensure that no offender is engaged in illegal activity, is inflicting harm on themselves or others, or is engaged in any intimate or sexual activity, including hugging and/or kissing. These checks are also used to ensure offenders are maintaining a clean living area, that the physical facility is in good repair, and that offenders are not displaying objectionable material. Checks are conducted by female security staff or male staff who are accompanied by another security staff member.

In addition to hourly checks, security staff perform one full room search each evening of a room that is randomly selected in advance. Security staff conduct additional room searches or search of a specific individual's property upon reasonable suspicion of contraband possession. Full house searches, which include full search of all rooms, are conducted periodically and are scheduled by the Director.

11. Identify the plan for accountability of offenders.

MERS/Goodwill provides maximum accountability within a structure facility. Maximum accountability is defined as knowledge of the offenders' whereabouts and activities on a twenty-four (24) hour per day, seven (7) days per week basis.

MERS/Goodwill utilizes Safe Keep, a software system designed for residential facilities, to document offender schedules, destinations, medication, call logs, and sign-ins/ sign-outs from the facility. After the Case Manager has verified and documented all appointments in Safe Keep, offenders sign-out to the approved destination in the system at the Monitor Station and sign-in in the same manner upon return. The Monitor Station is centrally located and each offender must pass the Monitor Station (glass enclosed) when entering or leaving the facility. Security

staff also update the Accountability Board, which lists the name, case manager, in/out status, assigned room number, destination, and return time. Safe Keep alerts security staff if an offender has surpassed their scheduled return time and allows staff to update return times as necessary.

Offenders are required to verify their whereabouts upon return to the facility. When offenders will be late returning, they are required to contact security staff from the landline telephone of their approved destination. This allows staff to review caller-id and verify the offender's whereabouts. If an offender is in the Emergency Room, where it is difficult to estimate appropriate return time, the offender must call security staff every hour from the hospital landline and again when discharged. Security staff record all calls from or pertaining to the offender in Safe Keep.

Hourly facility checks are conducted to minimize the possibility of escapes. MERS/Goodwill security staff perform a physical count of all residents during each shift and check the count against offender status on the Accountability Board and in Safe Keep. In addition, MERS/Goodwill staff escort offenders to and from, and observe offenders during, meals in the cafeteria and scheduled smoke breaks.

MERS/Goodwill utilizes a 3-hour Warrant Checklist for Dangerous Felons or High Risk offenders and a 12-hour Warrant for all other offenders. Upon late return to the facility, security staff complete the appropriate warrant checklist, notifying the Liaison Officer/Supervisor within three (3) elapsed hours of the late return. Upon any leave without authorization, security staff contact the Liaison Officer/Supervisor immediately and complete the appropriate warrant checklist. If the warrant checklist and the allotted time conclude during state agency office hours, staff contact the Liaison Officer/Supervisor to advise of such. If each conclude outside of state agency office hours, staff contact the state agency command center. MERS/Goodwill notifies the Liaison Officer/Supervisor of any warrants issued, along with any major violations or major incidents, on a daily basis, as scheduled by the state agency. MERS/Goodwill shall continue to meet with Liaison Officer/Supervision of any program/personnel changes or any major incidents.

MERS/Goodwill will continue to maintain a case management file on each offender, including but not limited to: Breathalyzer results, case manager notes, complaint forms, drug test results, job search and employment verification data, notes from the Probation and Parole officer, passes, savings payments, waivers and withdrawals, signed intake forms, signed releases of information, signed personal property and monies, signed inventory logs, sign-in/sign-out sheets, and violation reports.

12. Provide a copy of the house rules/resident handbook.

A copy of the House Rules/Resident Handbook is provided as an attachment.

13. Identify the process for resolving complaints and grievances relating to the residential facility.

To encourage self-advocacy and clarify misunderstanding, offenders are encouraged to present their concerns directly to the person involved as a first course of action. Staff are expected to clarify any misunderstanding; however, if the issue cannot be resolved at that level, offenders are encouraged to address the concern with the Security Monitor Supervisor or Director. Grievance forms are made available to offenders in the state common area. Clients are encouraged to use these forms, especially if they feel they have been discriminated against, their rights have been violated, or if they have been sexually harassed or victimized. MERS/Goodwill intends to continue using the format included as Attachment #5 for its standardized complaint form. A locked box labeled "Grievances" is accessible to all offenders in the 7th floor lobby. This box is checked daily Monday through Friday, except for agency holidays. A key has also been provided to the state agency liaison supervisor.

MERS/Goodwill has established a five (5) day timeframe for addressing all complaints. Any complaint involving discrimination, sexual misconduct, or threat of physical abuse is addressed within a timeframe of 24 hours. The state agency is contacted upon receiving the complaint, and MERS/Goodwill shall work in concert with the state

agency to resolve the issue. A copy of the addressed complaint is submitted to the state agency and a copy is maintained in the file of the offender making the complaint. MERS/Goodwill maintains a complaint log that identifies the offender's name, DOC number, the complaint, and the resolution.

Any complaints or grievances directed towards the state agency liaison officer are referred to the liaison officer's supervisor. Any complaints relative to parole board decisions are referred to the state agency.

14. Describe the following offender services:

MERS/Goodwill shall provide the services of room, board, and supervision seven days per week, twenty-four hours per day, as described herein. The services are accessible to all offenders and those with special needs, including but not limited to: sight impairment, hearing and speech impairment, language barriers, physical barriers and other limitations.

14.1 Interpretive Services/Special Requirements

MERS/Goodwill will defer to the state agency to determine whether an offender requires interpretive/translation services due to physical impairment or language barrier, and understands that the state agency will obtain and bear the financial responsibility for such services. In addition, upon determination of an offender's proficiency level in basic skills, individuals without proficient English language skills will be advised about and enrolled in ESL-focused programs. MERS/Goodwill will refer offenders to ESL community resources available through our local partners, such as the International Institute and others.

Similarly, offenders who present as deaf or hard of hearing will be referred to MERS/Goodwill's Project Grow. Project Grow provides comprehensive vocational services for deaf or hard of hearing individuals. Our staff is fluent in American Sign Language (ASL) and knowledgeable about Deaf Culture. Sign Language interpretation services are also available.

14.2 Orientation

MERS/Goodwill ensures that each new offender receives an orientation to the physical plant, the rules and regulations/ resident handbook, program expectations, medical procedures, financial procedures, and is advised of the name of the assigned case manager and probation/ parole officer on the day of their admission. This process is referred to as "intake" and is conducted by security staff. Each offender receives a copy of the resident handbook at this time. The orientation to the physical plant includes showing new arrivals areas such as the laundry service, food service, fire and emergency exit routes, assembly areas, recreation area, and equipment location, and regulations and procedures governing such. On the business day following the offender's arrival, the Case Manager provides an in-depth review of the rulebook, including censored materials rules, and disciplinary procedures and consequences, which are both listed in the resident handbook.

Orientation includes providing offenders with PREA information, informing offenders of their right to be protected from sexual abuse, and providing contact information of services for victims of sexual abuse. MERS/Goodwill understands that within 72 hours of arrival the state agency will screen offenders to determine who may be abusive or vulnerable to abuse. Upon notification of screening results, MERS/Goodwill will manage sleeping arrangements to ensure any offender vulnerable to abuse is not assigned to the same sleeping area as an offender who may be abusive.

Upon entry into the residential facility, MERS/Goodwill provides a reasonable (minimum 15 day) supply of basic toiletry items, including soap, shampoo, deodorant, toothbrush, toothpaste, and razor, free of charge for all offenders until the offender has received income. Offenders are advised upon orientation that all medical care provided is at the offender's expense. A list of medical, dental, mental health and emergency care facilities is provided in the resident handbook. A listing of Sexual Assault Forensic Examiners (SAFEs), Sexual Assault

Nurse Examiners (SANEs), victim advocate services and rape crisis centers is also provided in the handbook and is posted in the common area.

An initial inventory of the offender's personal possessions occurs at the time of intake. The offender is advised that she is responsible for notifying staff of changes to her personal property and that MERS/Goodwill staff will note the changes on the inventory log (Attachment #8). Staff update the log immediately upon notification by the offender. The inventory log is kept in the Security Monitor station

Verification of completed orientation and acknowledgment of house rules (Attachment #9) are signed by the offender and the MERS/Goodwill staff who provided the intake. All offenders sign a Disposition and Release of Personal Property and Release of Money form (Attachment #6) and a Consent for Release of Confidential Information form (Attachment #7) during intake with the offender and MERS/Goodwill staff provide documentation on the orientation checklist that such was completed. If the offender refuses to sign a Release of Information, MERS/Goodwill notifies the state agency immediately.

14.3 Personal property

Personal property is kept for a period of thirty calendar days from discharge and disposed of thereafter if not retrieved by the offender or designee on the Disposition and Release of Personal Property and Monies form. MERS/Goodwill makes every attempt to locate parties listed on the form, via telephone and/or written correspondence, within that thirty calendar day period. These attempts are documented on the Disposition and Release of Personal Property and Monies form. When a designee collects an offender's personal property, MERS/Goodwill requires proof of the designee's identity, in the form of identification, and documents the property-pickup. Documentation is kept in the offender's file.

MERS/Goodwill allows offenders to retain cell phones; however, offenders are required to keep their cell phone in their assigned individual locker, located in the 7th floor lobby. Offenders are allowed to access their cell phones when signing-out of the facility. MERS/Goodwill confiscates any cell phone brought into the facility. Confiscated cell phones are returned to the offender upon discharge, or to the designee listed on the Disposition and Release of Personal Property and Monies form if the offender does not collect the cell phone upon program termination.

14.4 Linen and laundry services

MERS/Goodwill provides clean linens to each offender upon arrival at our facility. Linens consist of one (1) pillowcase, two (2) sheets, one (1) blanket, two (2) bath towels, and two (2) washcloths. All items are cleaned before being reissued to an offender.

MERS/Goodwill provides two (2) operating washers and two (2) operating dryers for the exclusive use of state agency offenders. The laundry equipment is free of charge to the offenders. The equipment is installed on the seventh floor within the designated residential area. MERS/Goodwill provides detergent free of charge to all offenders. MERS/Goodwill provides a written laundry schedule in the resident handbook and has assigned laundry days posted in each sleeping area. Offenders are required to wash their linens on a weekly basis.

14.5 Food service and offender prepared meals. The offeror should specifically address the plan for meeting special dietary needs especially those related to medical needs, such as diabetes and taking psychotropic medicines during times other than meal time.

MERS/Goodwill's food service plan is available to the state agency for review and approval prior to the receipt of offenders and/or at such times as may be requested. MERS/Goodwill's food plan includes an eight (8) week menu cycle of hot, freshly prepared meals three times per day. Menu plans include the minimum adult level of calorie intake and nutritional levels of the basic food groups recommended by the United States Department of Agriculture. An example of the menu cycle has been reviewed by an independent nutritional consultant who confirmed the

menus meet nutritional guidelines and standards for the facility. MERS/Goodwill will provide proposed menus, including serving size/portions, and discuss how said menus meet nutritional requirements, as requested by the state agency and its auditors. The content of meals varies and MERS/Goodwill does not serve TV dinners. All food preparation is delegated to food service personnel, never to offenders.

MERS/Goodwill’s Written Food Plan:

- Position Responsible for Food Service Operations: MERS/Goodwill Food Service Director. Position currently held by Joe Baer.
- Duties to be delegated: food preparation, food handling/serving, dishwashing/cleaning, and warehouse/storage. Duties to be fulfilled by line cooks and food handlers. No duties are or will be delegated to offenders.
 - Hours for meal preparation: Monday- Friday: 5:00am – 6:30am, 8am- 11:15am, 2pm – 5:00pm
Weekend/Holidays: 7:00am-9:00am, 10:00am- 12:00pm, 1:00pm- 4:00pm
- Meal service hours:

	Breakfast	Lunch	Dinner
Monday- Friday:	6:30 a.m. to 7:00 a.m.	11:15 a.m. to 12:00 p.m.	5:00 p.m. to 5:45 p.m.
Weekend/ Holidays:	9:00 a.m. to 9:45 a.m.	12:00 p.m. to 12:45 p.m.	4:00 p.m. to 4:45 p.m.

MERS/Goodwill serves food in an appetizing manner in a relaxed atmosphere at realistically planned meal times. MERS/Goodwill shall continue to provide three (3) hot meals per day, with at least one (1) hot meal provided to each offender daily. All hot meals are made available to the entire offender population, including those who cannot return to the facility during regular serving hours due to work assignments or off-site treatment/ referrals, but will return within two (2) hours after the scheduled mealtime. Those clients returning within two (2) hours of the scheduled meal time receive a saved meal. For those offenders who are unable to return to the facility during, or within 2 hours after, scheduled meal times, sack lunches are available upon the offender’s request. Saved meals are kept in a locked refrigerator and a microwave is available for reheating meals at no charge to the offender. All on-site meals, saved meals, and sack lunches are provided free of charge to each offender. Offenders are also allowed to order food to be delivered to the facility at their own expense.

Upon orientation, offenders are instructed to notify their Case Manager if they have any dietary restrictions due to religious, medical, or other reasons and are asked to provide a doctor’s note detailing any medical dietary restrictions so proper alternatives may be provided. MERS/Goodwill makes reasonable efforts to deal with all specialized dietary needs, particularly as they relate to medical and religious needs. MERS/Goodwill will continue to rotate all canned, perishable, non-perishable, and frozen foods. Such foods are labeled for expiration date. No food that exceeds the expiration date will be served to an offender. If the food has no manufacturer supplied expiration date, it will be labeled with reception date, and will not be served six months past expiration date.

MERS/Goodwill has no plans to provide an educational/vocational program to instruct offenders in food service.

14.6 Visitation

MERS/Goodwill has procedures for visitation to aid in the development of positive relationships. Currently, MERS/Goodwill is providing visiting hours from 5:30 p.m. to 8:30 p.m. each Saturday and Sunday, which constitute a minimum of six (6) hours per week. MERS/Goodwill posts the visiting hours schedule in an area accessible to offenders and visitors, and documents the schedule in the house rules. MERS/Goodwill provides visiting in the dining area after eating and food preparation periods. No other activities are scheduled for the dining area during visitation periods. MERS/Goodwill understands that visitation relating to sex offenders shall be in accordance with state agency policies and procedures made available upon the effective date of the contract.

14.7 Drug testing and breath analysis

MERS/Goodwill conducts drug testing in accordance with the following:

MERS/Goodwill Response for RFP B3Z14319

MERS/Goodwill utilizes an external laboratory (presently Redwood Toxicology Lab) to test for the following:

- (1) Benzodiazepines
- (2) Opiates
- (3) Barbiturates
- (4) Amphetamines
- (5) Cocaine
- (6) Marijuana
- (7) PCP

For the duration of this contract, MERS/Goodwill shall continue to utilize a laboratory or non-instrument based drug test for these purposes. Each time a drug test is performed, an alternate test for masking and dilution is conducted. The drug test(s) shall be performed at no cost to the individual offender. If an offender requests confirmation of a positive drug test, MERS/Goodwill shall provide confirmation at the expense of the offender.

Each calendar month, MERS/Goodwill shall conduct full screen random drug testing equal in number to thirty percent (30%) of the contracted residential slots. MERS/Goodwill shall conduct drug testing on any offender based on suspicion of use, late return, and at the request of the state agency. MERS/Goodwill supplies the drug testing kits.

MERS/Goodwill shall maintain Drug Testing Logs, which shall affirm that drug testing was completed as required. (Attachment #10) MERS/Goodwill staff shall record the date the drug test was taken, the date the results were received, and specify positive or negative results on the program summary form. Based upon suspicion of use, MERS/Goodwill staff may conduct additional drug tests for the offenders at the expense of MERS/Goodwill. If an offender requests confirmation of a positive drug test that has not already been confirmed, MERS/Goodwill shall provide confirmation at the expense of the offender.

MERS/Goodwill has a procedure that addresses the collection, control, and testing of offender urine specimens. The procedure ensures the confidentiality of all test results, meets or exceeds state agency standards and procedures, and is approved by the state agency's Chief of Drug Testing Services and the state agency.

MERS/Goodwill has the capabilities for administering "Alco-Sensor Breathalyzers" and documenting results of use for offenders suspected of alcohol intake on the program summary report. The "breathalyzers" are calibrated in accordance with manufacturer specifications. Calibration is documented and available for state agency review. MERS/Goodwill will continue to utilize appropriately trained staff to administer breathalyzers on offenders that are returning to the facility at least once daily. Such shall be documented by entering the reading of the breathalyzer in the program software (Safe Keep). MERS/Goodwill shall conduct drug testing on an assigned offender based on suspicion of use, late return, and at the request of the state agency. A second test shall be conducted for confirmation on positive breathalyzers after waiting fifteen (15) minutes but no later than thirty (30) minutes. During this time the offender will not be allowed to smoke or ingest anything by mouth.

14.8 Sign-In and Sign-Out

MERS/Goodwill has established daily sign-in and sign-out procedures for all times the offender will be absent from the facility.

Offenders under the jurisdiction of the state agency may, under exceptional circumstances, request permission for out-of-state travel and be granted such with prior state agency written approval.

When an offender is at approved services outside of MERS/Goodwill's facility, this activity shall be documented in the program software (Safe Keep), which produces a sign-in/sign-out log/ record similar to the agency's format

and including the information required by the state agency (Attachment #11). MERS/Goodwill shall allow sign outs for legitimate related purposes necessary for the offender's success in the program and reintegration into the community (i.e., picking up clothes, identification, registration, court, medical social security cards, or other appointments). This sign out shall not be for the purpose of recreation/visitation, and shall be granted for a specified period of time. An offender may elect to attend religious services, however she must follow the pass procedures.

14.9 Free time/pass procedures

MERS/Goodwill has established pass procedures utilizing guidelines listed for offenders within the program. Offenders are required to fill out pass request forms (Attachment #12) if they will be away from the facility for more than three hours, with the exception of work and treatment. The pass form must be complete and have the written approval of both the Case Manager and Probation/Parole Officer, before a client can leave.

Weekend pass time is granted based on successful participation in the objectives outlined in the offender's case management plan and may be taken Fridays through Sundays. Offenders are allowed to split their pass time between different days (Friday through Sunday), but can only sign-out for one pass per day. Guidelines for earning pass time are provided to offenders in the program handbook. Offenders may sign-out of the facility later than the exit time indicated on the approved pass form; however, additional time is not added to the approved return time due to late departure. Offenders are not allowed to sign out on overnight passes after 9:00 pm and must sign in from pass time by 9:00pm on the day of their return due to the facility curfew. If an offender returns to the facility prior to the return time indicated on the pass, the remainder of the pass is forfeit. Clients receiving up to twelve (12) hours of pass time are not allowed to take the pass overnight. MERS/Goodwill provides constructive activities for those offenders remaining in the facility on Thanksgiving and Christmas. Offenders eligible for pass time during those holidays may be granted up to an additional 24 hour pass, which may include an additional night of absence from the facility.

When offenders are subpoenaed for court appearance, MERS/Goodwill may issue passes for a specified period of time mutually agreed with the state agency. The offender shall assume the responsibility for room/board and travel. MERS/Goodwill shall maintain contact with the issuing court to determine the date and time of return.

For the funeral of an immediate family member (spouse, parent, child, brother, sister, grandparent, grandchild – including foster, step, and spousal relationships as well as blood) offenders may be allowed up to 48 hours of pass time. If the offender can show the deceased was active in their upbringing, exceptions may be made to the immediate family rule.

14.10 Health care

MERS/Goodwill provides and maintains a listing of nearby hospitals and clinics that can provide emergency services and medical care on a 24 hour a day basis for offenders. St. Louis University Hospital, BJC Hospital, and St. Louis Connect Care are licensed hospitals that are within fifteen (15) minutes of the MERS/Goodwill facility. Grace Hill and Myrtle Hillard Comprehensive Health Care provide services on a sliding scale fee basis. If it is an emergency situation, 911 will be called immediately. For those offenders needing mental health service, referrals will be made to BJC Behavior Health Clinic or Assisted Recovery Centers of America. The list of medical facilities is provided in the resident handbook and is posted in the common area of the facility. MERS/Goodwill informs each offender that she is responsible for her health care expenses. This information is also available in the MERS/Goodwill House Rules, which all offenders are given upon their arrival.

MERS/Goodwill will ensure medical and mental health services are available to victims of PREA- related sexual abuse and enter into a Memorandum of Understanding with a victim advocacy center to provide advocacy services to the victim. These provision of these services, including access to emergency medical services and treatment, will be available at no cost to the victim, as approved by the state agency.

MERS/Goodwill has possession of a secure container, provided by the state agency, which stores all offender medication. The container is housed in the facility's command center, which is a secure environment to which only MERS/Goodwill has access. All prescription medication is entered into the facility's software system (Safe Keep) which records offender's medication administration and produces a medication log/ record similar to the agency's format, including the information required by the state agency (Attachment #13). In the presence of MERS/Goodwill staff, offenders shall be responsible for all inventory and log entries. MERS/Goodwill staff shall verify the offender's log entries by initialing said entries. MERS/Goodwill shall review the log entries on a daily basis and notify the offender's liaison officer if medications are not taken as prescribed by telephone, e-mail or fax on a daily basis. MERS/Goodwill will report all instances in which an offender refuses to take prescribed medication. The report shall include the name and number of the offender, date of occurrence and name of medication refused.

MERS/Goodwill shall report an offender's critical illness or death to the state agency immediately - within one (1) hour.

14.11 Case management. Identify the case manager to offender ratio.

MERS/Goodwill shall provide a case management component for each offender, and will maintain a case manager to offender ratio of one (1) case manager for a maximum of thirty (30) offenders. The MERS/Goodwill case manager shall act as a part of the case management team and work in concert with the state agency's Probation and Parole office to support the state agency staff, community, offenders, and volunteers with the re-entry process. MERS/Goodwill understands the state agency's Probation and Parole officer shall be the team leader. The case manager(s) meet with the offenders within two (2) working days of their arrival and MERS/Goodwill provides a minimum of one (1) case management session per offender per week. Case management staff is available a minimum of one evening per month until 8:00 p.m. to accommodate the employment and reintegration schedules of the offenders. No offender will be detained from employment or reintegration activities in order to meet with her case manager, unless the state agency requests or approves that schedule.

Case management sessions shall minimally include 1) assessment of current reentry needs, 2) monitoring the offender's participation in programs as outlined by the state agency, 3) referral to community resources and establishment of appointments, and 4) job development and monitoring. The case manager(s) shall assist with offenders applying for Medicaid/ SSI and other benefits when applicable, and obtaining identification documents as needed. MERS/Goodwill shall continue to take into consideration the needs of the offender, including but not limited to medical and mental health needs, transportation needs, and financial abilities. The MERS/Goodwill case manager(s) will maintain legible management notes in the offender's case management file that must reflect, but not be limited to, the aforementioned activities.

MERS/Goodwill has developed and implemented a network of service providers to provide needed services to assist offenders and family members/significant others in reentry. A list of current resources is posted in the resident handbook and in the common area of the facility. MERS/Goodwill shall continue to utilize existing community partners as part of the network, utilizing those service providers/partners/programs without cost to the extent possible. Where there are services needs that aren't addressed through the existing network, MERS/Goodwill shall expand our network to include additional service providers.

Changes to the programming plan will be performed only by the state agency's Probation and Parole officer or after a case management team meeting. In either instance, the case manager and the offender shall be included in the decision process. The case manager shall complete a home plan worksheet with the offender and submit such to the state agency's Probation and Parole officer. MERS/Goodwill will submit home plans at the earliest possible moment in the offender's program to ensure acceptance by program completion.

14.12 Job development and maintenance

MERS/Goodwill shall identify and develop potential employment opportunities for the offenders, taking into consideration each offender's background, experience, training and feasibility of securing employment. Arrangements for interviews, transportation and personal introductions may be included. When an offender is employed, MERS/Goodwill shall provide employment case management and monitoring, which may include visits to the employment site. MERS/Goodwill shall develop partnerships with organizations and employers in the community that would assist the offender with employment.

If employable, the offender shall be required to secure employment and continue with assigned treatment as required. The case manager(s) is responsible for coordinating the services involved in each offender's job search. Job development and monitoring shall be recorded in the offender's file. The methods of obtaining employment may include, but are not limited to:

- (1) Accessing leads developed by the MERS/Goodwill Residential Employment Specialist and an extensive cadre of over twenty employment specialists employed by MERS/Goodwill and shared through a wide area computer network.
- (2) Utilizing employment resources such as the Missouri Division of Employment Security.
- (3) Contacting local temporary employment agencies.

The case manager(s) verify employment once reported and conduct periodic checks with employers to confirm job location, offender's presence at work, job title, performance, and earnings. Offenders will normally not be paid in cash. However, with advance state agency approval, employment may be secured where the offender will be paid in cash, provided verification of the employment and payment of taxes can be obtained.

Based upon individual assessment, job development is conducted according to the needs of the offender. The case manager(s) facilitates job development. MERS/Goodwill is committed to encouraging offenders to seek, choose and retain employment that will enhance their successful reintegration into society. With this in mind, offenders are encouraged to consider a career plan that will not only satisfy their immediate needs, but will establish a basis for future success. Program completion and community transition is the ultimate goal and successful employment is one means towards that goal. MERS/Goodwill shall provide access to suitable job search attire and resume development to assist the offender with securing employment. All job development activities are recorded in the offender's case management file.

For an offender to be determined permanently or temporarily disabled, the Notice of Disability/Waiver of Employment must be completed by the state agency liaison officer. Employment may be waived if the offender is determined to be permanently disabled due to a physical or mental disability or if the offender is determined temporarily unable to work due to injury, disability, or treatment requirements, which would prohibit employment.

14.13 Savings

Upon securing employment, the offender is responsible for reporting earnings to the MERS/Goodwill case manager. This information is documented and maintained throughout the course of the offender's employment while enrolled in the residential facility. MERS/Goodwill shall obtain verification for receipt of all employment or Social Security Income and/or Social Security Disability Insurance from the offender and include such in the offender's file. Documentation in a state agency approved format detailing income, savings deposits and dates of transactions shall be maintained.

MERS/Goodwill shall establish an account at an FDIC insured financial institution. The state agency shall be joint custodian on the account with signatory authority. At a minimum, agency procedures will include actual practice evidence of the bank reconciliation to the individual ledger accounts of each offender with documentation of all adjustments. MERS/Goodwill understands that this requirement will become a part of the state agency's financial audit.

Offenders are required to save a minimum of 50% of their gross income, whether from employment, self-employment income, or social security benefits, in their residential facility savings account. MERS/Goodwill will collect the savings from the offender no later than the next business day the offender is paid and prepare a receipt signed by both the facility and the offender. The offender will receive a copy of the receipt and the full savings balance will be released to them upon successful completion of programming, unless the offender transfers to another residential facility, in which case the savings account shall be released to the receiving facility and the offender.

Savings collections may be reduced or waived, in individual instances, with the prior approval of the state agency. Given said approval, the reduction or waiver, with justification using the Reduction/Waiver of Savings form (Attachment #14) must be signed by the Probation/Parole Officer and is maintained in the offender's file. Regardless of savings account balance, waivers or reductions of savings may occur to ensure the offender has at least fifteen dollars (\$15) per week for employment-related transportation, clothing, and shoes, etc.

Withdrawal from savings may occur with prior approval from the state agency, as shown by a signature on a Request for Savings Withdrawal (Attachment #15). When continued legal obligations such as child support are required, one (1) waiver may be completed which shall remain in effect for the offender's entire residency. The obligation shall be clearly details on the waiver and shall be signed by the state agency.

15. Identify the plan for transportation to meet the needs of the offenders. If the proposed residential facility is not within 1/4 mile of a bus stop or other form of public transportation, the offeror should identify the proposed type of transportation and the transportation schedule. The offeror should provide the hours of operation of the public transportation.

Viable transportation exists to meet the offender needs in job search, employment, community resource appointments, and other areas that would allow for successful community integration. Several METRO bus lines have bus stops within 1/4 mile of the facility, offering hourly drop-off and pick-up between 7:00 a.m. and 6:00 p.m., with two lines stopping next to the facility. In addition, a METRO light rail station is within 8 blocks of the facility. The schedules for these routes allow offenders to operate within the House Rules, and are posted in a centrally located area. A route map is available in the resident handbook and offenders have access to computers and a printer for routes and directions specific to their trip. The Case Manager and/or monitors assist offenders with trip/ route/ schedule directions as well. MERS/Goodwill provides bus tickets to offenders for free until they are able to pay for such.

With advanced written approval from the state agency, MERS/Goodwill may permit offenders to drive while residing at the facility to employment and approved appointments. Interested offenders will first submit a request to operate a motor vehicle (Attachment #16). The following criteria must be met: proof of current license and insurance, which must be renewed prior to expiration; responsible behavior as demonstrated by the offender and file documentation; review of traffic record by the state agency; copies of a valid driver's license/chauffer's license, insurance face sheet, and vehicle registration attached to the request; the offender must agree her license and any keys must be surrendered to MERS/Goodwill upon return to the residential facility at the end of each day; the offender has been informed any infraction could result in the loss of driving privileges. If offenders have received prior approval from the state agency to have a motor vehicle at the facility, free on-site parking will be provided for the offender's vehicle. Offenders may take the driver examination test while a resident.

16. Describe plans for recruiting and retaining a diverse staff.

MERS/Goodwill is an equal opportunity employer and conducts recruitment in accordance with its written Affirmative Action Program. The program is available for review in the office of the MERS/Goodwill President. MERS/Goodwill policy is to continually recruit qualified candidates for the position of Security Monitor. This is done through internal postings throughout all MERS/Goodwill locations, through local university and community

college placement offices, and through classified advertisements in the St. Louis Post-Dispatch and the St. Louis American. When vacancies occur in the position of Case Manager and Director, a similar process occurs. However, MERS/Goodwill makes a concerted effort to promote from within, if possible, for these positions.

17. Submit a personnel plan for each residential facility. The personnel plan should list the various positions proposed and the number of personnel proposed for each of the positions. The offeror should also provide job descriptions, Exhibit E, for each of the proposed positions. The job descriptions shall be tailored for uniform usage throughout all residential facilities and shall reflect lines of authority and reporting levels consistent with the provisions stated in Exhibit H, Individual Personnel Percentage of Work Time. (For purposes of this document, a Full Time Equivalent Employee (FTE) is equal to 2080 annual on-site work hours.)

Our personnel plan is attached as Exhibits C, D, E, and H.

18. Describe personnel policies and procedures for the residential facility.

MERS/Goodwill maintains standard personnel policies for all employees in both the agency employee handbook and program Standard Operating Procedures. At time of hire, all employees receive a copy of these policies; the relevant Standard Operating Procedures are attached to this proposal. As indicated, the policies address such things as recruitment, retention, benefits, promotions, disciplinary procedures, performance appraisals, terminations, etc. The policies are reviewed and approved on an annual basis by the MERS/Goodwill Board of Directors to ensure compliance with current employment laws and organizational mission and goals. MERS/Goodwill has written job descriptions for all staff positions. The job descriptions list the job title, minimum qualifications, primary job duties, and reporting/supervisory chain. Copies of the descriptions pursuant to this contract are included as an attachment.

MERS/Goodwill currently maintains a personnel file for each employee. Files of staff assigned to this contract shall be accessible to the state agency or its representatives for the purpose of verifying compliance with the contractual requirements. The file shall include complete criminal record checks, background investigations, resumes, degrees or diplomas, dates of employment, training records, performance appraisals, commendations, disciplinary actions, and other related actions. A check list of all required documents is provided at the front of each employee file.

MERS/Goodwill shall verify and provide documentation to the state agency that the original degree, diploma, or certified transcript was reviewed by MERS/Goodwill prior to hire.

MERS/Goodwill's personnel policies clearly define ethical and professional relationships, which shall be maintained between staff and offenders while under the supervision of the state agency. MERS/Goodwill shall adhere to the Department of Corrections' guidelines on sexual misconduct and harassment, and has incorporated them into its own policy and procedures relating to this matter. It is understood that the state agency has a right to investigate such matters, as deemed necessary. At a minimum, the personnel policies will include the following:

- MERS/Goodwill staff shall not display favoritism or preferential treatment for individual offenders or groups of offenders.
- MERS/Goodwill staff shall not engage in any personal or business relationship with any offender or the offender's family or associates.
- MERS/Goodwill staff shall not use their official positions to secure or receive advantages, gifts, money, or favors from offenders, their families or associates.
- MERS/Goodwill staff shall value the human worth and dignity of all offenders through fair treatment, respect to the individual, recognizing diversity, and the offender's individual rights.
- MERS/Goodwill staff shall not abuse the offender verbally or physically.
- MERS/Goodwill staff shall recognize the offender's right to privacy and adhere to confidentiality rules.

- MERS/Goodwill staff shall report any attempt to violate these guidelines immediately to the MERS/Goodwill director of this contract program.

Employees and agents shall not interact with the offenders except as is necessary to perform the requirements of the contract. Employees and agents shall not give anything to nor accept anything from the offenders except in the normal performance of the contract.

MERS/Goodwill has a zero tolerance policy for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex. Any employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Program Director. An employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds termination and may subject the employee or agent to criminal prosecution.

No later than five calendar days after notification of award, MERS/Goodwill will provide the state agency with a completed authorization for Release of Information Form (Attachment #17), signed by each current or anticipated employee who will be assigned to the contract, and a Confidentiality Oath Form (Attachment #18) individually signed by the director, HR personnel, and each current or anticipated employee who will be assigned to the contract. For each new or anticipated employee, MERS/Goodwill will provide the state agency with a signed Authorization for Release of Information form and a Confidentiality Oath form prior to allowing the employee to provide service.

MERS/Goodwill only hires individuals at least 21 years of age to perform residential facility services. A background investigation, including MULES, is completed on all new employees prior to being allowed entry into the facility. MERS/Goodwill understands the state agency has the right to deny access into the facility for any employee for any reason. MERS/Goodwill does not currently have any employees under active federal or state felony or misdemeanor supervision performing residential facility services, nor does it plan to hire any individual under active supervision. It is understood that advance written division director approval must be received prior to any individual under active supervision or with prior felony convictions performing services. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution.

MERS/Goodwill understands that the state agency will complete a criminal record and background check on all potential halfway house personnel. MERS/Goodwill shall request the state agency to conduct an annual criminal record and background check for personnel providing services during the birth month of the specified personnel. The results of the checks will be kept in the personnel file and are available for review at any time by the state agency. MERS/Goodwill understands and agrees offenders under active federal or state felony or misdemeanor supervision must receive written state agency approval prior to becoming an employee for the services provided herein. Personnel with prior felony convictions and not under active supervision must receive written state agency approval before providing services.

MERS/Goodwill will contact the state agency Regional coordinator or designee for approval prior to hiring staff at the level of case manager or above. MERS/Goodwill will notify the state agency liaison supervisor in writing of any violations, investigations, or accusations relating to staff providing services. This will be done immediately, or no later than the next working day after becoming aware of the incident. MERS/Goodwill will notify the state agency Intensive Supervision Coordinator in writing of all changes in staff and changes in Board of Directors. In addition, the contract will provide the state agency Regional Coordinator/Liaison Coordinator with a copy of the written notification.

MERS/Goodwill shall provide qualified personnel for the professional positions, and responsibilities listed in the award proposal, and at the level warranted and presented in the Employee Expense Charged to Contract Exhibit (Exhibit I). For any vacated position, MERS/Goodwill shall provide the state agency with documentation that

validates a good faith effort on the part of MERS/Goodwill to fill the vacant position. If the position is vacated for a period longer than 45 calendar days, such position(s) shall be considered vacant, and the state agency shall reduce the MERS/Goodwill's total monthly payment by an amount not to exceed the total salary included in Exhibit I of the contract.

Unless a specific exception is granted by the state agency for a specific case manager, staff hired to provide case management services shall meet the following criteria: be a graduate of a four-year accredited college or university with a bachelor's degree in social work, counseling, criminal justice administration, psychology, sociology, or a closely related field.

MERS/Goodwill security personnel, at a minimum, will have two years of work experience, including military or self-employment, and a high school diploma or GED. In addition, MERS/Goodwill halfway house employees are certified in CPR and first aid within 60 days after hire. MERS/Goodwill makes every attempt to renew CPR and first aid training for all employees prior to the expiration date.

MERS/Goodwill shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A. MERS/Goodwill understands if found to be in violation of this requirement, and if the state has reason to believe MERS/Goodwill knowingly employed individuals not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar MERS/Goodwill from doing business with the state. The state may also withhold up to twenty-five percent of the total amount due to the contractor.

MERS/Goodwill agrees to fully cooperate with any audit or investigation from federal, state, or local law enforcement agencies, and agrees to maintain enrollment and participation 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 contracted services herein.

MERS/Goodwill agrees and understands that State of Missouri's contract with MERS/Goodwill is predicated in part on the utilization of the specific individuals identified in the proposal. Therefore, MERS/Goodwill agrees that no substitution of such specific individuals and/or personnel qualifications will be made without prior approval from the state agency, and understands that any substitutions approved by the state agency must be equal or better than originally proposed. It is understood that the state agency's approval of a substitution should not be construed as an acceptance of the substitution's performance potential. When proposing new personnel, MERS/Goodwill will clearly articulate and present to the state agency the qualifications and experience of the individual being replaced and those of the replacement individual for comparison purposes.

The minimum staffing levels proposed by MERS/Goodwill shall be defined as the individual positions listed in the Employee Expense Charged to Contract Exhibit. For the purposes of this contract, an FTE is defined as an employee who works 2080 hours annually, and is eligible for salary, benefits, and compensation provided by MERS/Goodwill. MERS/Goodwill will ascribe to and maintain staffing ratios required by the state agency and proposed by MERS/Goodwill. Particular attention is paid to the ratio of offenders to case management service personnel and security personnel.

Upon the request of the state agency, MERS/Goodwill will replace employees whom the state agency finds unacceptable. If the state agency is dissatisfied with MERS/Goodwill's employees, we will resolve the personnel problem to the sole satisfaction of the state agency. If circumstances should exist which would prevent said resolution, MERS/Goodwill will supplement the position with appropriate part-time or overtime personnel until an approved full-time replacement can be employed. It is understood that the state agency will give a written explanation as to why the state agency is dissatisfied with the MERS/Goodwill employee. In addition, MERS/Goodwill will anticipate a written time frame from the state agency to find said replacement.

MERS/Goodwill does not bind any member of its staff or in any way restrain them from accepting employment from other providers similarly situated. In fact, it is very common for MERS/Goodwill employees to hold jobs with other entities providing similar services.

MERS/Goodwill and its employees will comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and all other applicable federal and state laws, rules, regulations and executive orders in order to fulfill contract responsibilities relating to state property and the offender population. We further agree to insert this provision in all subcontracts. MERS/Goodwill does not and will not interfere in any way with state officials' performing their duties in response to court orders or in the maintenance of a safe and secure environment.

MERS/Goodwill accepts full responsibility for supervising its employees. However, due to the unique nature of the work to be done, it is essential that a close working relationship with the state agency be developed and maintained. It is understood that the state agency will exercise its right and responsibility to closely monitor the actions and performance of MERS/Goodwill employees. Any concern a state agency employee has regarding MERS/Goodwill staff must be addressed through the appropriate chain of command up to and including its President/CEO, Lewis C. Chartock, Ph.D. MERS/Goodwill is responsible for monitoring the performance of its employees and providing them with the resources, materials and appropriate training to fulfill their responsibilities. MERS/Goodwill will submit Exhibit A and Exhibit E to the state agency's Contract Management Unit on a quarterly basis to substantiate the staff time designated and delivered pursuant to this contract.

MERS/Goodwill and its employees shall at all times observe and comply with all applicable state statutes, state agency rules, regulations, guidelines, internal management policy and procedures, and general orders of the state agency that are applicable, regarding operations and activities in and about all state agency property. Furthermore, the contractor, its agents or employees, shall not obstruct the state agency nor any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe residential environment. The contractor shall comply with the state agency's policy and procedures relating to employee conduct.

Within sixty (60) calendar days after receiving state agency authorization to proceed, MERS/Goodwill will develop a standard operating procedure regarding PREA assessments and assignments (i.e. education and treatment) and submit the procedure to the state agency for final approval. MERS/Goodwill will operate in accordance with state agency approved standard operating procedure, which will address the following at a minimum:

- Medical and mental health services for victims of sexual abuse, including a Memorandum of Understanding with a victim advocacy center to provide advocacy services to the victim.
- Provision of medical and mental health evaluation and treatment as recommended (by whom), at no cost to the victim, as approved by the state agency.
- Access to emergency medical services and treatment at no cost to the victim, as outlined in PREA.
- Prohibition of all cross-gender strip searches, visual body cavity searches and pat down searches by the contractor. A search or physical examination of a transgender or intersex offender for the sole purpose of determining the offender's genital status shall also be prohibited.
- Training curriculum, for approval by the state agency, on how to conduct cross-gender pat down and searches of transgender and intersex offenders.
- Electronic monitoring systems.
- Protocols regarding PREA events.

MERS/Goodwill shall not assign or designate any person on the contract to multiple contracts or positions without the advance approval of the state agency, and agrees that no state agency employee will be compensated by MERS/Goodwill for services provided related to the contract while concurrently employed by the state agency.

The state agency representative is always welcome to staff meetings held by the residential program. A specific notice and invitation will be given to the state agency representative whenever the contract is under discussion. MERS/Goodwill considers this relationship to be one of mutual support and appreciates the clarification given by

the state agency when questions arise. MERS/Goodwill and its staff will participate in oversight meetings to discuss contract compliance, at least quarterly, or as requested by the state agency. It is understood that minutes of such meetings will be forwarded to the Community Corrections Coordinator, Contract Manager, and the Contract Management and Coordination Unit.

19. Organizational Chart - The offeror should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel.

- The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the offeror's organization.

The Organizational Chart is included in the attachments. The state agency shall be provided an updated chart including and annotating vacancies within 2 weeks of any changes.

Along with a detailed organizational chart, the offeror should describe the following:

- How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

MERS/Goodwill is committed to staff integrity and will provide adequate management and support staff to ensure a productive and supportive environment for working with offenders in a professional manner. The MERS/Goodwill State Halfway House Director or a designee authorized to act on his/her behalf for this state contract shall be on site daily during the hours of 8:00 a.m. to 5:00 p.m., excluding weekends and state holidays, plus/minus one hour before or following the core hours. The Director reports to the Executive Vice President of Rehabilitation Services of MERS/Goodwill to ensure that program performance is monitored.

- Total Personnel Resources - The offeror should provide information that documents the depth of resources to ensure completion of all requirements on time and on target. If the offeror has other ongoing contracts that also require personnel resources, the offeror should document how sufficient resources will be provided to the State of Missouri.

No employee or subcontractor of MERS/Goodwill who is providing services pursuant to this contract shall be currently or concurrently under the supervision of any federal, state, county, and/or city corrections, or within the last two years, shall provide any service pursuant to this contract. All staff providing services pursuant to this contract will be 21 years of age or older. MERS/Goodwill is committed to meeting and exceeding the requirements of this contract and maintains personnel necessary to providing quality services to offenders in the facility. Our HR department is able to respond immediately to the need for additional staff, and the current staffing pattern provides for coverage in the event of absences due to sick leave, vacation, or attrition.

20. Describe the training curriculum for security personnel and case managers.

Within 30 days from the date of hire and prior to providing services, MERS/Goodwill shall provide in-service training to security staff and case managers that shall include, but not necessarily be limited to: Safety and security of the facility, offenders, and MERS/Goodwill staff, offender management techniques; crisis intervention; de-escalation of volatile offender behavior; appropriate procedures and responses to offender incidents and violations, including escapees and walkaways; training on cross-gender pat down and searches of transgender and intersex residents, assessment and development of treatment plans; and interpersonal relationships. As directed by the state agency, additional training in verbal judo, cognitive restructuring, reentry process, transitional team concepts, communicable diseases and interpersonal relationships will be provided. MERS/Goodwill understands that all

training is to be at its own expense. MERS/Goodwill does not allow any staff that are newly assigned to a position to perform job duties until thoroughly trained unless under direct and immediate supervision.

MERS/Goodwill provides a training checklist to verify all required training has been completed within a maximum of 30 calendar days from the date of hire. A copy of the checklist is maintained in the individual's personnel file. MERS/Goodwill staff provide and/or participate in cross training as requested and mutually agreed upon with the state agency. Documentation of participation in such training is included in employee personnel files.

Within seven calendar days of employment, personnel shall be trained in the proper emergency procedures indicated in the Written Plans and Written Procedures herein and shall receive appropriate training for those procedures for which they are responsible. Personnel shall sign a form, which shall be witnessed and signed by the immediate supervisor, signifying understanding and training in these procedures.

MERS/Goodwill shall provide and/or participate in 16 hours of cross training annually, on a calendar-year basis (January to December). New employees shall not be required to attend cross training until the employee has completed 90 days of employment. Continuing education and training for personnel addressing areas related to the contract and offender management, behavior, or security shall be provided annually. MERS/Goodwill and personnel shall participate in any training provided by the state agency as deemed necessary for successful compliance with the contract.

MERS/Goodwill will train all staff on PREA policies and procedures when said procedures are approved by the state agency, at least once per year thereafter, and upon hire of new employees before they are allowed to enter the facility. Training will address education on sexual assault and harassment, prevention and identification of signs of sexual assault victimization, impact and implications of offender victimization, working with both victims and perpetrators of sexual abuse, and facility procedure following a PREA event. Any agency staff, service workers, volunteers, or any other individual entering the facility or working with offenders will be given information on PREA, sexual victimization in a correctional facility, and the facility policy for such and will be required to sign an acknowledgement of understanding said policy prior to being admitted into the facility.

All training shall be at the expense of MERS/Goodwill. Documentation of participation in training for all personnel shall be maintained in personnel files.

21. Describe the method, protocol, and/or procedure for report delivery, and the provision of adequate time and attendance documentation.

MERS/Goodwill shall report any unlawful behavior of any offender(s) or against an offender to the state agency and to local law enforcement officials immediately upon knowledge of such behavior. Suspicious behavior and any violation of the conditions of the Residential Facility Agreement will be reported to the appropriate state agency staff immediately. While police contact may not result in a violation report, MERS/Goodwill shall immediately report any police contact with an offender to the state agency. MERS/Goodwill shall immediately report any arrest of an offender to the state agency. The notification shall be completed by telephone to the appropriate state agency staff, followed by a written Violation Report (Attachment #19), which must be completed within one (1) working day. MERS/Goodwill shall notify the state agency of any incident involving the offender's physical or emotional well-being. MERS/Goodwill shall complete and submit an incident report (Attachment #20) to the state agency within one (1) working day. Reports will be faxed or e-mailed to meet required time lines.

On a quarterly basis, MERS/Goodwill shall submit the Individual Personnel Percentage of Work Time Exhibit and Employee Expense Charged to Contract Exhibit to the state agency with oversight meeting minutes.

MERS/Goodwill shall submit any special reports as requested by the state agency. MERS/Goodwill agrees to abide by all guidelines for distribution and timeliness of reports as specified by the state agency's Reporting Schedule.

MERS/Goodwill agrees to participate and cooperate to the fullest extent in any research project or outcome study required by the state agency.

22. Identify any specific reports to be utilized.

Violation Report (Attachment #19): MERS/Goodwill shall complete a Violation Report on any offender who has engaged in a major violation as outlined in the program rulebook, including any violation that could lead to termination from the residential facility or that could result in the revocation or change in the level of supervision for the offender. This report includes the minimum information required by the state agency.

Infraction report: MERS/Goodwill shall complete an Infraction form on any offender who has engaged in an infraction as outlined in the program rulebook.

Incident Report (Attachment #20): MERS/Goodwill shall notify the state agency of any incident involving the offender's physical or emotional well-being.

Daily Activity Report: MERS/Goodwill shall complete and submit a Daily Activity Report to the state agency each morning of each state workday, noting all new arrivals, offenders who failed to arrive to the facility as scheduled (no-shows), discharges, absconders, arrests, warrants issued, and hospital admissions that occurred since the previous Daily Activity Report was sent.

Program Summary: MERS/Goodwill shall complete a Program Summary for each offender, noting discharge type, dates of arrival and exit, educational/ treatment/ work status, present employer if any, drug and breathalyzer test dates and results, and current medications.

Notice of Disability/Waiver of Employment: MERS/Goodwill shall complete and have approved a Notice of Disability/Waiver of employment on those offenders that have been determined permanently disabled or temporarily unable to work.

Reduction/Waiver of Savings: The MERS/Goodwill shall complete and have approved a Reduction/Waiver of Savings each pay period that the offender is allowed a reduced or waived savings submission.

23. Plans for coordination between the offeror and the state agency on all program issues, from staffing and personnel issues to quality of care issues.

MERS/Goodwill shall fully coordinate all contract activities with those activities of the state agency. As the work of the contract progresses, MERS/Goodwill shall make advice and information on matters covered by the contract available to the state agency of the Division of Purchasing and Materials Management throughout the effective period of the contract. MERS/Goodwill case manager(s) regularly contact the Probation and Parole Officer(s) via e-mail, telephone, and fax and will continue to meet with the state agency for regular weekly staffing at the facility, or as the Probation and Parole Officer(s) are available, on a mutually agreed upon day of the week. MERS/Goodwill makes itself available for case staffing and case conferences with treatment providers, in concert with the state agency. Some meetings may take place via telephone, if acceptable to the state agency.

MERS/Goodwill will continue to notify the state agency by telephone immediately regarding any personnel or other issues that affect quality of care, violation of offender rights, or sexual abuse/ harassment and will work in concert with the state agency to remedy such issues. Within twenty-four hours of knowledge of a PREA event, MERS/Goodwill will complete the PREA Allegation Notification Penetration/ Non-Penetration Event Checklist (Attachment #2) on all PREA events and submit such to the Probation and Parole Liaison Supervisor or designee via e-mail.

If requested by the state agency, MERS/Goodwill's Director and associated administrative personnel shall attend periodic state agency staff meetings. MERS/Goodwill understands these meetings may be held regionally or in Jefferson City, depending on the nature of the agenda. We also understand that expenses incurred to attend such meetings are the responsibility of MERS/Goodwill. The state agency shall be invited to all management meetings specific to the contract.

24. Describe all record keeping and billing methods including bookkeeping and auditing procedures and billing and fee collection systems.

MERS/Goodwill understands that at any and all times we must provide the state agency and any state agency designees, including other state and federal representatives, access to the agency and our facility, any personnel providing services pursuant to the contract, or any other activities of MERS/Goodwill pursuant to the contract for purposes of audit and evaluation of the services performed. MERS/Goodwill shall produce at a location designated by the state agency, all books and records relating to the contract for purposes of a state agency audit.

MERS/Goodwill will provide access for audits of the operating systems, procedures, programs, documentation, software packages, facilities, and equipment used in support of the office functions for the contract. MERS/Goodwill shall provide read-and-copy access to all files that are used. Such files shall include, but are not limited to, inventory control files, case management files, procedure files, and any other files related to office operations. MERS/Goodwill shall provide the personnel and resources necessary for the automated and/or manual sampling of office operation and case management information, or other data maintained, including historical data and any necessary follow-up that may be required to meet any performance or audit review requirements.

MERS/Goodwill understands and agrees that the evaluations and audits conducted by the state agency and/or designees may include, but are not limited to, the following:

- Reviewing MERS/Goodwill's office functions, organization, policies, procedures and practices, operating efficiency, facility and equipment access security, and back-up procedures;
- Reviewing activity transactions;
- Analyzing activities to determine the cause of errors;
- Reviewing MERS/Goodwill's compliance with contract terms, systems specifications, pertinent state and federal laws and regulations, state agency policies and procedures, administrative directives, and program documentation.

Corrective Action Plan. After receipt of the state agency letter delineating the deficiencies, MERS/Goodwill shall provide the state agency with a complete written corrective action plan within ten working days of the date the audit and/or evaluation is finalized. MERS/Goodwill's corrective action plan will: list steps MERS/Goodwill will take to correct the deficiencies; state the improvement that is expected; and describe how progress will be measured. In the event MERS/Goodwill fails to submit the corrective action plan within the ten working days, MERS/Goodwill understands the state agency may, at its sole discretion, withhold 50% of the next monthly payment to MERS/Goodwill and each subsequent month until the corrective action plan is submitted.

Within 10 working days of receipt of the corrective action plan, the state agency will notify MERS/Goodwill in writing if the correction action plan is approved. If the plan is not approved, MERS/Goodwill shall submit a revised plan to the state agency within 10 working days. MERS/Goodwill understands that within 10 calendar days of receipt of the revised corrective action plan, the state agency will notify MERS/Goodwill in writing if the revised plan is approved.

MERS/Goodwill understands that if the revised plan is not approved, the state agency may, at its sole discretion, withhold 50% of the next monthly payment to MERS/Goodwill and each subsequent monthly payment until MERS/Goodwill submits a corrective action plan that meets the approval of the state agency. It is also understood

that the failure of MERS/Goodwill to submit the revised corrective action plan within 10 working days shall be considered a breach of contract and subject to the available remedies including contract cancellation.

MERS/Goodwill understands and agrees to the stipulations in sections 2.16.3 Corrective Action Plan and 2.16.4 Contract Monitoring of the RFP.

Invoicing. MERS/Goodwill shall submit invoices on a monthly basis. Each invoice shall contain, at a minimum, the information contained on Attachments #21 and #22. All invoices must be forwarded to the state agency's probation and parole office for review by the 5th working day of the month following the services in accordance with the prices quoted on the Pricing Page. Each invoice shall include the number of slots contracted multiplied by the number of days in the billing month, less the number actually served and the total number over/under the number of authorized slots.

MERS/Goodwill shall submit all quarterly reports required at the time the monthly billing at the end of a quarter is submitted. MERS/Goodwill understands that the state agency reserves the right to audit any invoice and reject an invoice for good cause. The state agency may also make changes to correct errors, omissions or practices that are not consistent with Generally Accepted Accounting Practices.

It is understood and agreed that the State of Missouri reserves the right to make contract payments through Electronic Funds Transfer (EFT). It is further understood that MERS/Goodwill must submit invoices on the original descriptive business invoice form with a unique invoice number for each invoice submitted.

It is understood the state agency reserves the right to audit invoices and reject any invoice for good cause, and reserves the right to make invoice corrections and/or invoice changes with appropriate notice to MERS/Goodwill when recognition of error, omission, or a practice uncommon to GAAP is evidenced.

It is understood that MERS/Goodwill shall be paid a firm fixed price for each residential slot authorized in accordance with the information submitted and accepted on the Pricing Page. If MERS/Goodwill exceeds the number of contracted slots in a particular month, it shall receive payment for the additional slots, not to exceed 10% of the total slots authorized. If utilization falls below contracted slots on a consistent basis throughout a quarter, the state agency may review the utilization rate and reduce the number of slots. If the number of slots available is reduced due to renovations or construction that occurs at the facility the state agency shall reduce payment accordingly. All payments for residential slots shall be made at the end of the month. The state agency designee shall review the billings and submit and distribute documentation by the 10th working day of the month following service. MERS/Goodwill understands that it will be paid only after services are delivered and proper invoices and reports are received.

If interpreter services are required, MERS/Goodwill shall be reimbursed only for the actual cost of the interpreter services procured. If interpreter services are procured, MERS/Goodwill shall submit a copy of the actual invoice for those services, indicating the service units provided and offender identification information. This invoice must be submitted by the 10th working day of the month following service.

MERS/Goodwill understands that in any instance where additional sources of public or private funding are received to offset a portion of the cost of contracted services, the state agency shall reduce payment accordingly. This will be done through a written agreement in the form of an amendment to the original contract awarded. Monies received from the state agency under the contract shall not be used to supplant local funds or subsidize services provided to other agencies, organizations, or individuals.

Other than the payments referenced above, MERS/Goodwill understands that no other payments shall be made. MERS/Goodwill does not expect reimbursement for other expenses, including but not limited to costs for insurance, phone charges, reporting time, taxes, shipping charges, internet access, termination payments, attorney fees, liquidation damages, training costs, security clearance, etc. Notwithstanding any other payment provision of

the contract, if MERS/Goodwill fails to perform required work or services, fails to submit reports when due, or indebted to the United States, the state agency may withhold payment or reject invoices under the contract.

MERS/Goodwill understands that final invoices are due by no later than 30 calendar days of the expiration of the contract and that the state agency shall have no obligation to pay any invoice submitted after the due date. It is also understood that if a request by MERS/Goodwill for payment or reimbursement is denied, the state agency shall provide MERS/Goodwill with written notice of the reason(s) for denial. Additionally, it is understood that if MERS/Goodwill is overpaid by the state agency, upon official notification by the state agency, MERS/Goodwill shall provide the state agency with a check payable as instructed by the state agency in the amount of such overpayment at the address specified by the state agency.

Audit Requirements: MERS/Goodwill shall continue to have an audit conducted by an independent certified public accountant (CPA) of all financial records and related documentation incurred under the contract and related to the residential services provided by MERS/Goodwill. Currently MERS/Goodwill utilizes the services of Scholwalter & Jabouri, P.C. Future contracts with this firm will be subject to the following:

The state agency shall have the right to approve MERS/Goodwill's selection of the CPA and the CPA's proposed plan of action for auditing. No CPA firm which has had or currently has a personal interest in the outcome of the audit or has any relationship which may demonstrate a conflict of interest will be utilized for this purpose. MERS/Goodwill shall submit the following information to the state agency prior to implementing the audit: a list identifying any current and previous contract(s) of the CPA which pertains to residential facilities; a written description of the plan of action which the CPA shall employ during the audit, including but not limited to the following areas: review and reporting of all maintenance collected from offenders; and review of billings to the state agency, other state agencies and contractors.

MERS/Goodwill understands that they and the subcontracted CPA firm must agree and insure that access to all audit work papers must be granted to personnel of the state agency and/or the Missouri State Auditor's Office.

MERS/Goodwill understands and insures that the state agency administrative unit shall be given an opportunity to be present for all entry and exit audit conferences. Therefore, MERS/Goodwill shall provide sufficient notice to the State agency prior to such audit conference to permit scheduling. The audit shall become a part of MERS/Goodwill's final evaluation report. All audit papers issued by the CPA shall be included as part of MERS/Goodwill's final evaluation report. In addition, the CPA will be required to submit a copy of all audit findings and conclusions directly to the state agency within 90 days of the close of the state's fiscal year.

If the State of Missouri determines, after reviewing the audit papers of the CPA, that services were not performed as contractually required, that there were gross misrepresentations of the cost and pricing data, or that unallowable costs were used by MERS/Goodwill in the performance of the contract, MERS/Goodwill shall understand and agree that the contract price(s) shall be reduced by an amount equal to any excess cost caused by such non-compliant acts of MERS/Goodwill.

The state agency, the Office of the State Auditor, and/or appropriate federal agencies may examine (audit) all pertinent books, documents, papers, and records of MERS/Goodwill's residential facility to determine the propriety of the expenditures as defined by federal regulations, the contract, and the Residential Facility Policy and Procedure. Within 45 calendar days after state agency authorization to proceed with services, and every three (3) years thereafter, MERS/Goodwill shall complete a Prison Rape Elimination Act (PREA) audit by a state agency approved PREA auditor.

MERS/Goodwill shall retain all records relating to the contract for five (5) years or such time as prescribed by law after the close of the fiscal year in which the contract terminates. Such records may be destroyed at the end of such five-year period if the state agency has been notified of the completion of the state audit by such time. If the state agency has not been notified by the end of such five-year period, such records shall be retained until the state

agency is notified of the completion of the state audit. In all cases where the audit questions have arisen before the expiration of such five-year period, records shall be retained until resolution of all such questions.

MERS/Goodwill shall provide financial reports as required on forms provided by the state agency. MERS/Goodwill shall retain records which relate to (1) appeals, (2) litigation of the settlement of claims arising out of performance of the contract, (3) costs and expenses of the contract to which exception has been taken by the state agency or its duly authorized representative until such appeals, litigation, claims or exceptions have been resolved.

Miscellaneous Requirements. MERS/Goodwill, where feasible and appropriate, shall use state of the art equipment to enable the most effective and efficient operation of the office operation tasks while maintaining strict adherence to the contract requirements. MERS/Goodwill understands and agrees that all standardized forms used by MERS/Goodwill that are not official state agency forms must be approved as to content and format in writing by the state agency prior to use. MERS/Goodwill shall not use stationery bearing the state agency letterhead for any official correspondence related to the contract. MERS/Goodwill shall not issue press releases, participate in interviews with media, or engage in any form of public release of information regarding the state agency or MERS/Goodwill's duties pursuant to the contract without the prior, written approval of the state agency's Public Information Officer.

Financial Procedures: MERS/Goodwill has already submitted a properly completed State Vendor ACH/EFT Application and is prepared to accept payments from the state agency through Electronic Transfer. A unique invoice number shall be submitted on each invoice to ensure payments are properly recorded and administered.

The MERS/Goodwill Chief Financial officer and the MERS/Goodwill State Halfway House Director are responsible for reviewing and maintaining bookkeeping, billing, and fee collection procedures in accordance with contract requirements, agency policy, and generally accepted accounting principles. Fees will be collected by the Case Manager(s), transferred to the Account Clerk-Cash Receipts, and deposited in the bank by the CFO on a daily basis. Billings will be prepared by the Program Director, verified by the Accounting Clerk-Accounts Receivable, and mailed by the Accounting Clerk-Miscellaneous Billings. The agency undergoes a thorough independent audit on an annual basis. The results are presented to and reviewed by the Board of Directors and shared with contract sources as requested.

MERS/Goodwill understands that the State of Missouri is not obligated for any payments under the terms of the agreement unless funds have been officially encumbered, and that the contract shall automatically terminate without penalty or termination costs if such funds are not appropriated or available. MERS/Goodwill understands and agrees to paragraph 2.19.2 of the RFP.

MERS/Goodwill shall implement procedures to identify offenders with the ability to pay part or all of the cost of services, such as bus tickets, provided to such offenders, and to collect appropriate fees and mandatory savings from said offenders. At a minimum, MERS/Goodwill's procedures will include actual evidence of bank reconciliation to the individuals' ledger accounts of each offender with documentation of all adjustments. MERS/Goodwill understands that this requirement will become a part of the state agency's financial audit.

MERS/Goodwill utilizes a cost accounting system that is capable of accumulating, maintaining, and translating program expenditures into unit of service cost data for the service offered.

Other Contractual Requirements: MERS/Goodwill understands and accepts the definitions and conditions of the contract as presented below:

Contract - A binding contract shall consist of (1) the RFP, amendments thereto, and any Best and Final Offer (BAFO) request(s) with RFP changes/additions; (2) MERS/Goodwill's proposal including and BAFOs; and (3) the Division of Purchasing and Material Management's acceptance of the proposal by "notice of award" or by

“purchase order.” All Exhibits and Attachments included in the RFP shall be incorporated into the contract by reference.

The notice of award does not constitute a directive to proceed. Before providing equipment, supplies and/or services, MERS/Goodwill must receive a properly authorized purchase order other form of authorization given to MERS/Goodwill at the discretion of the state agency. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirement contained therein. Any change to the contract, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of MERS/Goodwill and the Division of Purchasing and Materials Management or by a modified purchase order prior to the effective date of such modification. MERS/Goodwill expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence from the state agency, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification to the contract.

Contract Period - The original contract period shall be as stated in the Notice of Award. The contract shall not bind, nor purport to bind, the state for any contractual commitment in excess of the original contract period. The Division of Purchasing and Materials Management shall have the right, at its sole option, to renew the contract for three additional one-year periods, or any portion thereof. In the event the Division of Purchasing and Materials Management exercises such right, all terms and conditions, requirements and specifications of the contract, including prices, shall remain the same and apply during renewal periods, pursuant to the applicable renewal option clauses of the contract.

Renewal Periods - If the Division of Purchasing and Materials Management exercise the option for renewal, MERS/Goodwill agrees to the following:

- If additional funds are appropriated, the Division of Purchasing and Materials Management shall stipulate the renewal prices(s). The renewal price(s) shall be greater than the original contract period price(s) but shall not exceed the maximum percent of increase state for the renewal period on the Price Page of the contract.
- In no event shall MERS/Goodwill be allowed price increases in excess of the maximum percent of increase for the applicable renewal period stated on the Pricing Page of the contract.
- If additional funds are not appropriated or the renewal percentages are not provided, then the renewal percentages shall remain the same as during the original contract period.
- If funds are reduced, MERS/Goodwill understands they shall be advised of the applicable decrease for the renewal period or portion thereof. If MERS/Goodwill rejects the reductions, the contract may be terminated and a new procurement process may be conducted.
- The Division of Purchasing and Materials Management does not automatically exercise its option for renewal based upon the maximum percent of increase and reserves the right to offer or to request renewal of the contract at a price less than the maximum percent of increase stated.
- If renewal percentages are not provided then prices during renewal periods shall be the same as during the original contract period.

Termination - The Division of Purchasing and Material Management reserves the right to terminate the contract at any time, for the convenience of the State of Missouri, without penalty or recourse, by giving written notice to MERS/Goodwill at least thirty (30) calendar days prior to the effective date of such termination. In the event of termination pursuant to the paragraph, all documents, data, reports, supplies, equipment, and accomplishments prepared, furnished or completed by MERS/Goodwill pursuant to the terms of the contract shall, at the option of the Division of Purchasing and Materials Management, become the property of the State of Missouri. MERS/Goodwill shall be entitled to receive just and equitable compensation for services and/or supplies delivered to and accepted by the State of Missouri pursuant to the contract prior to the effective date of termination. If state and/or federal funds are not appropriated, continued, or available at a sufficient level to fund the contract, or in the event of a change in federal or state law relevant to the contract, the obligations of each party may, at the sole discretion of the

State of Missouri, be terminated in whole or in part, effective immediately or as determined by the State of Missouri upon written notice to MERS/Goodwill from the State of Missouri.

Transition - Upon award of the contract, MERS/Goodwill shall work with the state agency and any other organizations designated by the state agency to insure an orderly transition of services and responsibilities under the contract and to insure the continuity of those services required by the state agency.

Upon termination or cancellation of the contract for any reason, MERS/Goodwill shall, only upon the request of the state agency, continue providing services to existing offenders in accordance with the provisions, requirements, and prices set forth in the contract for a period not-to-exceed ninety (90) calendar days subject to the following conditions: The decision to allow an offender to receive continuing services shall be made by the state agency on a case by case basis at its sole discretion. MERS/Goodwill must obtain the written approval of the state agency prior to providing continuing services to any offender after the termination or cancellation of the contract. The written approval must identify the specific client and contain a date for the termination of service for the offender. In the event that an offender is referred or transferred to another contractor, MERS/Goodwill shall furnish all records, treatment plans, and recommendations, which are necessary to insure continuity and consistency of care for the offender.

MERS/Goodwill shall deliver, FOB destination, all records, documentation, reports, data, recommendations, or printing elements, etc., which were required to be produced under the terms of the contract to the state agency and/or to the state agency's designee within seven (7) calendar days after receipt of the written request.

Contractor Liability - MERS/Goodwill shall be responsible for any and all personal injury (including death) or property damage as a result of its negligence involving any equipment or service provided under the terms and conditions, requirement and specifications of the contract. In addition, MERS/Goodwill assumes the obligation to save the State of Missouri, including its agencies, employees, and assignees, from every expense, liability, or payment arising out of such negligent act. MERS/Goodwill also agrees to hold the State of Missouri, including its agencies, employees, and assignees, harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the contractor under the terms of the contract.

MERS/Goodwill shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the State of Missouri, including its agencies, employees, and assignees. Under no circumstances shall MERS/Goodwill be liable for any of the following: (1) third party claims against the state for losses or damages (other than those listed above); (2) loss of, or damage to, the state's records or data; or (3) economic consequential damages (including lost profits or savings) or incidental damages, even if information is provided regarding their possibility.

Title to any equipment required by the contract shall be held by and vested in MERS/Goodwill. The State of Missouri shall not be liable in the event of loss, incident, destruction, theft, damage, etc., for the equipment including, but not limited to, devices, wires, software, technical literature, etc. It shall be MERS/Goodwill's sole responsibility to obtain insurance coverage for such loss in an amount MERS/Goodwill deems appropriate. MERS/Goodwill further agrees that the State of Missouri shall not be responsible for any liability incurred by MERS/Goodwill or MERS/Goodwill's employees arising out of the ownership, selection, possession, leasing, rental, operation, control, use, maintenance, delivery, return, and/or installation of equipment provided by MERS/Goodwill, except as otherwise provided in the contract.

Contractor Status - MERS/Goodwill represents itself to be an independent contractor offering such services to the general public and shall not represent himself/herself or his/her employees to be an employee of the State of Missouri. Therefore, MERS/Goodwill shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the State of Missouri, its officer, agents, and employees, harmless from and against, any and all loss, cost (including attorney fees), and damage of any kind related to such matters.

Property of the State – Upon expiration, termination, or cancellation of the contract, all documents, data, reports, supplies, equipment, and accomplishments prepared, furnished, or completed by MERS/Goodwill as a direct requirement specified in the contract shall become the property of the State of Missouri, which shall include all rights and interests for present and future use or sale as deemed appropriate by the state agency.

Any ancillary software tools or pre-printed materials developed or acquired by MERS/Goodwill that is necessary to perform a particular service required herein but not required as a specific deliverable of the contract shall remain the property of MERS/Goodwill, however, MERS/Goodwill shall be responsible for ensuring such tools and materials are used in accordance with applicable intellectual property rights and copyrights.

MERS/Goodwill further agrees that no reports, documentation, or material prepared, including the program(s) developed as required by the contract, shall be used or marketed by MERS/Goodwill or released to the public without the prior written consent of the state agency.

Confidentiality - MERS/Goodwill agrees and understands that all discussion with MERS/Goodwill and all information gained by the organization as a result of our performance under the contract shall be confidential and that no reports, documentation, or material prepared as required by the contract shall be released to the public without the prior written consent of the state agency. If required by the state agency, MERS/Goodwill and any required contractor personnel will sign specific documents regarding confidentiality, security, or other similar documents upon request, with failure to sign such documents considered a breach of contract and subject to cancellation provisions of the RFP. MERS/Goodwill shall maintain strict confidentiality of all client information or records supplied to it by the state agency or that MERS/Goodwill establishes as a result of contract activities. The contents of such records shall not be disclosed to anyone other than the state agency and the client unless such disclosure is required by law. MERS/Goodwill assumes liability for all disclosures of confidential information by the organization and/or our subcontractors and employees. MERS/Goodwill will continue to comply with all applicable confidentiality and information security laws, including sections 192.067 and 192.667, RSMo, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and regulations promulgated under HIPAA, including but not limited to the Federal Standards of Privacy of Individually Identifiable Health Information, the Security Standards for the Protection of Electronic Protected Health Insurance, and Breach Notification for Unsecured Protected Health Information.

Commercial Drivers License & For Hire License (Class E) - MERS/Goodwill does not propose to offer any transportation services under this contract. However, were that the case, it understands and agrees that any drivers who, in the provision of services under the contract: (1) receive pay for driving a motor vehicle transporting 14 or fewer passengers or (2) transport property for pay or as part of their job must have a For Hire License (Class E). The vehicle driven must have a 26,000 pounds or less Gross Vehicle Weight Rating (GVWR) or registered weight and not be required to be placarded for hazardous materials.

Conflict of Interest – MERS/Goodwill understands and agrees that in accordance with the Revised Statutes of the State of Missouri, no official or employee of the state agency or public official of the State of Missouri who exercises any functions or responsibilities in the review or approval of the services covered by the contract shall acquire any personal interest, directly or indirectly, in the contract or proposed contract. MERS/Goodwill understands and agrees that it presently has no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services. MERS/Goodwill agrees that no person having such interest shall be employed or conveyed an interest, directly or indirectly, in the contract.

MERS/Goodwill agrees that no Missouri state employee shall help MERS/Goodwill obtain the contract or participate in the performance of the contract if such involvement will constitute a conflict of interest. Before any state employee may be involved in the performance of the contract, written approval shall be obtained from the director of the state agency. A state employee shall not be compensated under the contract for duties performed in

the course of his/her state employment. A state employee shall not use state facilities or materials for personal gain relating to the performance of the contract.

25. Submit documentation or evidence of possessing multiple contracts which includes the contract number and whom the contract is with. If the personnel proposed are providing services for the existing contracts, identify by each individual the contract for which providing services and the percentage of personnel time, Exhibit H, for each contract for which assigned. Identify if and/or how the duplication of personnel will affect the performance of proposed services for the contract.

MERS/Goodwill operates a federal halfway house for women on the 7th floor of the Aftergut Center adjacent to the state halfway house. The federal contract (#DJB200832) is with the U.S. Department of Justice, Federal Bureau of Prisons. A copy of the contract is included as an attachment. The only duplication of staff is the Security Supervisor who oversees the security monitors. Individual security monitors are assigned to separate contracts.

26. Describe the goals the offeror's program will work toward.

MERS/Goodwill endeavors to achieve the following goals for this programs: no absconders, gainful employment of employable residents, successful completion of the program by offenders and transition into the community, offenders having a stable home plan, offenders participating in drug treatment as appropriate, and collection of savings as required.

27. Describe outcomes and performance measure data.

MERS/Goodwill shall participate and cooperate to the fullest in any research project or outcome study required by the state agency. We shall monitor and track the following:

- Successful program completion through discharge statistics
- Abscond rate through discharge statistics
- Substance abuse through breathalyzer and urinalysis testing results
- Employment rate through verification of employment
- Workforce readiness through participation in Job Readiness Training classes

28. Discuss the methods to assist the offender in reintegration into the community. Identify and provide evidence of partnerships with organizations that will aid the offender in an array of assessed problem areas, actively participating in the reentry process, and working with the state agency on performance measures. Provide evidence of any established partnerships.

- 28.1 Discuss the methods to utilize external resources for offenders referred to the residential facility; including how linkage with those resources will meet offenders' needs in a timely manner, provide appropriate intervention, treatment and programming to correct problem areas, and provide continuity of care resources as it relates to the reentry process.

MERS/Goodwill shall utilize available external community and internal agency resources to meet the assessed need of the offender. Referral decisions will be made in concert with the state agency liaison in order to identify the most appropriate resources for each offender. MERS/Goodwill shall maintain a current listing of resources and refer offenders to the most appropriate service based on assessment conclusions, taking into consideration financial abilities. MERS/Goodwill maintains a current United Way resource directory and is in frequent contact with local, state and federal resources.

MERS/Goodwill maintains referral arrangements with a wide range of community service providers, which include, but are not limited to: substance abuse counseling/treatment, Personal, counseling/aggression

management/conflict resolution, Family counseling, Parenting, Financial management, and Career development and employment

The following listing shall be utilized for external/community resources. The following resources represent a sample of the extensive resources available:

- Adult basic Education /GED Programs
- Alcoholics Anonymous
- Alternatives to Living in Violent Environments
- Assisted Recovery Centers of America (ARCA)
- Behavioral Health Response
- BJC Behavioral Health
- Black Alcohol/Drug Service Info Center (BASIC)
- Center for Women in Transition (CWIT)
- Center for Life Solutions
- Community Treatment, Inc. (COMTREA)
- Connections to Success
- Criminal Justice Ministries
- Employment Connections
- Family Resource Center
- Grace Hill Neighborhood Health Center
- Housing Resource Center
- Humanitri
- Joyce Meyer Ministries/ St. Louis Dream Center
- Let's Start
- Missouri State Division of Employment Security
- Missouri State Division of Family Services
- Missouri Division of Vocational Rehabilitation
- Myrtle Hillard Comprehensive Health Center
- Narcotics Anonymous
- New Life Evangelistic Center
- New Beginnings Treatment Center
- Our Lady's Inn
- Places for People
- Planned Parenthood
- Preferred Family Health Center
- Queen of Peace Treatment Center
- Redevelopment Opportunities for Women
- St. Francis Xavier Catholic Church
- St. Louis Agency on Training and Employment
- St. Louis Effort for AIDS
- St. Patrick Center
- Women's Safe House
- YWCA

These resources will be utilized for specific treatment of offenders. They cover areas such as re-establishing family ties, unemployment/training, housing/homeless, adult and higher education, counseling for drug/alcohol abuse, mental health, AIDS resources, basic reentry needs, and domestic abuse, to name a few. Given the number and extent of these services, it is expected that service delivery and financial abilities of the client will be taken into consideration.

MERS/Goodwill will refer an offender to an external resource only if that resource shall be available for service delivery within thirty (30) calendar days of the offender's arrival date. The case manager shall arrange for all referrals to outside community resources, as well as in-house groups. MERS/Goodwill shall provide support case management and monitoring, which shall include contact with the resource and/or visits to the site sufficient to monitor program progress.

MERS/Goodwill agrees and understands that if providing or referring an offender to a treatment program, the program shall be accessible to persons of all faiths and to persons of no faith who are atheist, agnostic, or undecided. MERS/Goodwill agrees the program shall include presentation of reasonable alternatives wherever the program incorporated ideation of "God" or a "higher power." The community transition plan is reviewed regularly and will be revised in concert with the liaison officer if programming, treatment, or external referrals have changed from the time of assessment.

29. Identify provision of services by subcontract agencies, including the names and addresses of the agencies providing the services, as well as the specific types of services proposed.

MERS/Goodwill does not intend to subcontract any portion of the services and products it proposes in this response. However, it understands that any subcontract for the products/services described herein must include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations

agreed to by the contractor and the State of Missouri and to ensure that the State of Missouri is indemnified, saved, and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subcontract in those matters described in the contract between the State of Missouri and MERS/Goodwill. MERS/Goodwill expressly understands and agrees that he/she shall assume and be solely responsible for all legal and financial responsibilities related to the execution of a subcontract. MERS/Goodwill agrees and understands that utilization of a subcontractor to provide any of the products/services in the contract shall in no way relieve MERS/Goodwill of the responsibility for providing the products/services as described and set forth herein. MERS/Goodwill must provide notice and obtain approval from the State of Missouri prior to changing subcontractors. MERS/Goodwill understands no contractor or subcontractor shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. A general contractor or subcontractor of any tier shall not be liable when such contractor or subcontractor contracts with its direct subcontractor who violates subsection 1 of section 285.530 RSMo, if the contract binding contractor and subcontractor states the direct subcontractor is not knowingly in violation and shall not henceforth be in such violation, and the contractor or subcontractor receives a sworn affidavit under penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.

30. Identify the types and levels of insurance that will be carried with special emphasis on professional liability insurance,

MERS/Goodwill understands and agrees that the State of Missouri cannot save and hold harmless and/or indemnify MERS/Goodwill or its employees against any liability incurred or arising as a result of any activity related to the MERS/Goodwill's performance under the contract.

Therefore, MERS/Goodwill shall maintain adequate liability insurance in the form(s) and amount(s) sufficient to protect the State of Missouri, its agencies, its employees, its clients, and the general public against any loss, damage, and/or expense related to his/her performance under the contract. The insurance coverage shall include, but shall not necessarily be limited to, general liability, professional liability, etc. In addition, automobile liability coverage for the operation of any motor vehicle must be maintained if the terms of the contract require any form of transportation services. The limits of liability for all types of coverage shall not be less than \$2,000,000 per occurrence. MERS/Goodwill shall provide written evidence of the insurance to the state agency as noted on its current Certificates of Insurance. Such evidence shall include, but shall not necessarily be limited to: effective dates of coverage, limits of liability, insurer's name, policy number, endorsement by representatives of the insurance company, etc. The contract number shall be identified on the evidence of insurance coverage. Evidence of self-insurance coverage or of another alternate risk financing mechanism may be utilized provided that such coverage is verifiable and irrevocably reliable. The evidence of insurance coverage must be submitted before or upon award of the contract. MERS/Goodwill shall include the contract number on the evidence of insurance coverage. In the event the insurance coverage is canceled or changed, the state agency must be notified thirty (30) calendar days.

The contract is not intended to create any rights, liberty interest, or entitlements in favor of any individual. The contract is intended only to set forth the rights and responsibilities of the parties hereto. Therefore, it is expressly understood and agreed that enforcement of the terms and conditions of the contract, and all rights of action relating to such enforcement, shall be strictly reserved to the parties hereto, and nothing contained in the contract shall give or allow any claim or right of action whatsoever by any other person on the agreement. It is the express intention of the parties hereto that any entity, other than the parties hereto, receiving services or benefits under the contract shall be deemed an incidental beneficiary only.

31. Economic Impact to Missouri - the offeror should describe the economic advantages that will be realized as a result of the offeror performing the required services. The offeror should respond to the following:
- Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

All services proposed in this document will be performed by Missourians.

- Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

Clearly the provision of residential services with an emphasis upon the safe return of offenders to the community and to a productive lifestyle has significant positive implications for the State of Missouri in relation to increased tax revenue collections. MERS/Goodwill will assist with employment options through collaboration with its numerous employment programs offered by the organization. MERS/Goodwill has area offices well positioned in the area, which will enhance the likelihood that jobs will be obtained at locations and in career paths that are consistent with the offenders' experience, interests, and needs.

- Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

MERS/Goodwill is one of the largest multi-purpose human service agencies in the State of Missouri. It is also recognized as one of the fastest growing Goodwill members in the international Goodwill network. Although MERS/Goodwill shall offer its residential services within a fairly well defined area of the state, it has other program locations and retail operations throughout the eastern, central, and southern portions of the state. With its 42 stores, 75 area centers, sheltered workshop, and multiple contract locations, MERS/Goodwill expects its operating budget to exceed \$143,000,000 in 2014.

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
1. Jessica Spitzer	Director	a. Implement policies and procedures b. Conduct annual performance appraisals c. Generate monthly billing and reports d. Recruitment, hiring, training e.	a. 40% b. 20% c. 30% d. 10% e.
2. Cortney Steinmann	Case Manager	a. Develop and execute treatment plan b. Maintain financial accounts c. Refer clients to community contacts d. Counsel residents e. Maintain resident files and records	a. 40% b. 10% c. 20% d. 20% e. 10%
3. Kristen Colyer	Case Manager – 40% Security Monitor – 60%	a. Develop and execute treatment plan b. Maintain financial accounts c. Refer clients to community contacts d. Counsel residents e. Maintain resident files and record f. Ensure physical area is secure g. Sign clients in/out, resident accountability h. Collect urine samples	a. 16% b. 4% c. 8% d. 8% e. 4% f. 6% g. 51% h. 3%
4. Terrie Woods	Security Monitor Supervisor	a. Ensure physical area is secure b. Maintains health and safety logs c. Hire and train new staff d. Evaluate employee progress e. Sign clients in/out of facility	a. 10% b. 20% c. 30% d. 20% e. 20%
5. Octavia Brankley	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
6. Antwanna Briggs	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
7. Drucilla Caldwell	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
8. Ericia Clark	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
9. Dedra Davis	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
10. Briah Dotson	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
11. Anthony Hill	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.
12. Julie Hunt	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
13. Andre McFadden	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.
14. Lavonda Mickles	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
15. Antoinette Roberts	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
16. Arlivia Ross	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.

EXHIBIT H**INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME**

Complete the following table showing the percentage of work time each key person will spend performing various duties. Calculate the percent of work utilizing the estimated number of man-hours per week for which the person is employed. Attach additional sheets as necessary.

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WEEK TIME
17. Rosalyn Ross	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
18. Cheri Sargent	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
19. Latoya Smith	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
20. Mae Willingham	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
21. Jasmine Wright	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.
22. Brian Young	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.

EXHIBIT I**EMPLOYEE EXPENSE CHARGED TO CONTRACT**

The information provided below is applicable to the firm, fixed daily slot price for a minimum of 36 slots through a maximum of 40 slots.

Complete the following table for every and each person and administrative person whose time will be chargeable to the contract, if awarded.

A. NAME OF PERSON OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT	D. TOTAL DOLLAR CHARGED TO THE CONTRACT
Jessica Spitzer (Director)	\$41,496.00	100%	\$41,496.00
Cortney Steinmann (Case Manager)	\$32,019.00	100%	\$32,019.00
Kristen Colyer (C.M. / S.M.)	\$29,016.00	100% (40% C.M./60% S.M.)	\$29,016.00
Terrie Woods (Security Monitor Supervisor)	\$33,280.00	50%	\$16,640.00
Octavia Brankley (Security Monitor)	\$22,318.40	50%	\$11,159.20
Antwanna Briggs (Security Monitor)	\$30,243.20	25%	\$7,560.80
Drucilla Caldwell (Security Monitor)	\$22,318.40	50%	\$11,159.20
Ericia Clark (Security Monitor)	\$22,318.40	50%	\$11,159.20
Dedra Davis (Security Monitor)	\$30,243.20	25%	\$7,560.80
Briah Dotson (Security Monitor)	\$30,243.20	25%	\$7,560.80
Anthony Hill (Security Monitor)	\$30,243.20	25%	\$7,560.80
Julie Hunt (Security Monitor)	\$22,318.40	50%	\$11,159.20
Andre McFadden (Security Monitor)	\$30,243.20	25%	\$7,560.80
Lavonda Mickles (Security Monitor)	\$30,243.20	25%	\$7,560.80
Antoinette Roberts (Security Monitor)	\$22,318.40	50%	\$11,159.20
Arlivia Ross (Security Monitor)	\$22,318.40	50%	\$11,159.20
Rosalyn Ross (Security Monitor)	\$22,318.40	50%	\$11,159.20
Cherri Sargent (Security Monitor)	\$30,243.20	25%	\$7,560.80
Latoya Smith (Security Monitor)	\$22,318.40	50%	\$11,159.20

MERS/Goodwill Response for RFP B3Z14319

B3Z14319

Minority Business Enterprise/Women Business Enterprise Participation/ Preference for Organizations for
the Blind Sheltered Workshops

EXHIBIT J
PARTICIPATION COMMITMENT

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

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the offeror must either (1) enter the participation percentage under MBE or WBE, **or** must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, **divide** the total participation as proportionately appropriate between the tables below.

MBE Participation Commitment Table		
<i>(The services performed or the products provided by the listed MBE 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.)</i>		
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. N/A	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
Total MBE Percentage:	%	

EXHIBIT J, continued

WBE Participation Commitment Table		
<i>(The services performed or the products provided by the listed WBE 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.)</i>		
Name of Each Qualified Women Business Enterprise (WBE) proposed	Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed WBE <i>The offeror should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.</i>
1. N/A	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
3.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
4.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
Total WBE Percentage:	%	

Organization for the Blind/Sheltered Workshop Commitment Table	
<i>By completing this table, the offeror commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.</i>	
<i>(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.)</i>	
Name of Organization for the Blind or Sheltered Workshop Proposed	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop <i>The offeror should also include the paragraph number(s) from the RFP 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. N/A	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	Product/Service(s) proposed: ----- RFP Paragraph References:

EXHIBIT J, continued

SDVE Participation Commitment Table		
(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.)		
Name of Each Qualified Service-Disabled Veteran Business Enterprise (SDVE) Proposed	Committed Percentage of Participation for Each SDVE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed SDVE <i>The offeror should also include the paragraph number(s) from the RFP 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. N/A	%	Product/Service(s) proposed: ----- RFP Paragraph References:
2.	%	Product/Service(s) proposed: ----- RFP Paragraph References:
Total SDVE Percentage:	%	

EXHIBIT K, continued

DOCUMENTATION OF INTENT TO PARTICIPATE

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing and Materials Management (DPMM), the offeror **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 offeror 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 DPMM and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the DPMM.

Date SDV Documents were Submitted: _____

Previous Proposal/Contract Number for Which the SDV Documents were Submitted:

(if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the DPMM SDVE database located at <http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY

SDV Documents - Verification Completed By:

Buyer

Date

B3Z14319

Miscellaneous

EXHIBIT L
BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,
AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The offeror 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.
- 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 _____ (RFP 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)	<i>Authorized Representative's Signature</i>
Company Name (if applicable)	Date

EXHIBIT L, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now Lewis C. Chartock (Name of Business Entity Authorized Representative) as President/Chief Executive Officer (Position/Title) first being duly sworn on my oath, affirm MERS/Missouri Goodwill Industries (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 MERS/Missouri Goodwill Industries (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.)

Lewis C. Chartock

Authorized Representative's Signature

Lewis C. Chartock, Ph.D.

Printed Name

President/C.E.O.

Title

October 22, 2014

Date

lchartock@mersgoodwill.rog

E-Mail Address

200734

E-Verify Company ID Number

Subscribed and sworn to before me this 22nd of October. I am
(DAY) (MONTH, YEAR)

commissioned as a notary public within the County of St. Louis City, State of
(NAME OF COUNTY)

Missouri, and my commission expires on 2-9-15.
(NAME OF STATE) (DATE)

Chery L. Sides
Signature of Notary

10-22-14
Date

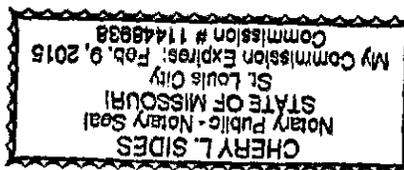


EXHIBIT L, continued

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

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

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

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

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

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

Date of Previous E-Verify Documentation Submission: _____

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

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

E-Verify MOU Company ID Number

FOR STATE OF MISSOURI USE ONLY

Documentation Verification Completed By:

Buyer

Date 11-18-14

EXHIBIT M

MISCELLANEOUS INFORMATION

Outside United States

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the offeror **MUST** disclose such fact and provide details in the space below or on an attached page.

Are products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
Describe and provide details:		

Employee/Conflict of Interest:

Offerors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the offeror or any owner of the offeror's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:	N/A
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:	N/A
Percentage of ownership interest in offeror's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:	<u>0</u> %

B3Z14319

RFP Numbered Attachments #1-22

Verification of Approved Zoning

Attachment 1



CHARLES BRYSON
DIRECTOR OF PUBLIC SAFETY

City of St. Louis
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF BUILDING AND INSPECTION
FRANCIS G. SLAY
MAYOR



FRANK OSWALD
ACTING BUILDING COMMISSIONER
DEPUTY BUILDING COMMISSIONER

March 10, 2011

Benjamin Williams
Program Development Specialist
Mers/ Goodwill
1727 Locust St.
St. Louis, MO 63103

Re: 1727 Locust St.
C.B. 829

Dear Mr. Williams,

The referenced parcel, 1727 Locust St. in city block 829, is located in the "I" Central Business District. Permitted uses in the "I" District include: single-family through multiple-family dwellings, various retail shops, professional and general offices, wholesale businesses, restaurants, hotels and motels, licensed facilities (including Special Residential Uses) and parking facilities.

According to available records, construction on this building was completed in 1909. As such, it meets the existing zoning code regulations of the City of Saint Louis. This is notwithstanding any improvements that may have been made without the proper permit from the City of Saint Louis Building Division.

In the event of fire or other disaster, the structure may be reconstructed under the existing zoning regulations for the City of Saint Louis.

You can obtain a copy of the Zoning Ordinances of the City of Saint Louis at the Registers Office in Room 118 of City Hall. The telephone number for that office is (314) 622-4145. The cost of the publication is \$13.40.

Information on permits is available in Room 425 of City Hall. The telephone number for that office is (314) 622-3313.

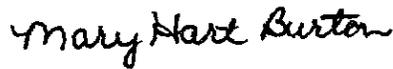
This letter solely addresses structures and uses permitted by the Zoning Ordinance of the City of Saint Louis.

Page 2
1727 Locust St.
CB 829

In certain areas of the City there have been Chapter 99 RSMO Development Plans, Chapter 100 RSMO Development Plans and Chapter 353 RSMO Development Plans adopted by the City of Saint Louis Board of Aldermen. Certain provisions of these development plans recommend more restrictive use standards than the Zoning Ordinance of the City.

Additional zoning information may be obtained in Room 400 of City Hall, or by calling (314) 622-3666.

Sincerely,



Mary Hart Burton
Zoning Administrator

Building Safety is NO Accident



PREMIER LIBRARY SOURCES

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- CATALOG
- SEARCH
- HINTS

St. Louis City Revised Code Chapter 26.52

St. Louis City Revised Code (annotated) has been converted to electronic format by the staff of the St. Louis Public Library. This electronic version has been done for the interest and convenience of the user. These are unofficial versions and should be used as unofficial copies.

Official printed copies of St. Louis City Revised Code may be obtained from the Register's Office at the St. Louis City Hall.

Chapter 26.52
I CENTRAL BUSINESS DISTRICT

Sections:

- 26.52.010 District regulations.
- 26.52.020 Use regulations.
- 26.52.025 Conditional uses.
- 26.52.030 Parking and loading regulations.
- 26.52.040 Height regulations.
- 26.52.050 Area regulations.

City Counselor Ops.: 9547

McQuillin:

25.110 et seq. Business district

26.52.010 District regulations.

The regulations set forth in this chapter or set forth elsewhere in the zoning code and referred to in this chapter are the district regulations in the I central business district. (Ord. 59979 § 14 (part), 1986.)

26.52.020 Use regulations.

A building or premises may be used for any purpose except the following: abattoir; acetylene gas manufacture; acid manufacture, ammonia, bleaching powder or chlorine manufacture; arsenal; asphalt manufacture or refining; automobile body or fender repair shops; automobile salvage yard; bag cleaning (except when the dustless vacuum process is exclusively employed); blast furnace; boiler works; brick, terra cotta or tile manufacture; candle manufacture; carry-out restaurants that sell to customers in cars or who consume the sold products in cars parked on the carry-out restaurant premises, or sell products through a sales window to customers who are in cars, for immediate consumption by the customer either on or off the premises; celluloid manufacture; cement, gypsum, lime or plaster-of-paris manufacture; dextrine, glucose and starch manufacture; distillation of bones, coal or wood; dye stuff manufacture (not including chemical dyes); emery, emery cloth and sand paper manufacture; fat rendering; fertilizer manufacture; fireworks or explosive manufacture or storage; flour and grain milling; forge plant; fuel manufacture; gas manufacture or storage; glass manufacture; glue, gelatin or size manufacture; incineration, reduction or dumping of garbage, dead animals, offal or refuse; iron, brass, copper or steel foundry or works (unless gas or electrically operated); lamp black manufacture, match manufacture; meat packing; motor fuel pumping stations (except where wholly contained within and accessory to a parking garage and providing there are no exterior signs on the premises advertising the motor fuel pumping station location); oilcloth or linoleum manufacture; oiled goods manufactured from raw materials; ore reduction; paint materials manufacture; paper and paper pulp manufacture; petroleum products refining (or wholesale storage thereof); potash or washing soda manufacture; proxylin manufacture; rock crushing; rolling mill; rubber or gutta percha manufacture; salt works; saw mill; smelting or refining of metals; soap manufacture from refuse; stockyard, corral or pen; stone mill or quarry; storage of barrels, bottles, iron, junk, rags or scrap paper; stove or shoe polish manufacture; sugar refining; tanning, curing or storage of green salted hides or skins, or leather dressing or coloring; tar distillation or manufacture; tar roofing or water proofing manufacture; telephone, outdoor pay, if the proposed telephone is located on a lot that is located contiguous with or directly across a street, alley, public or private easement from a dwelling district; tobacco (chewing) manufacture or treatment; used car lots, car leasing or car rental lots; vinegar, sauer-kraut or pickle manufacture; wool pulling or scouring; yeast manufacture; any use which is a nuisance per se. (Ord. 64167 § 6, 1997; prior: Ord. 59979 § 14 (part), 1986.)

26.52.025 Conditional uses.

The following conditional uses may be allowed in the I central business district

subject to the provisions of Section 26.80.010:

A. Telephone, outdoor pay, if the proposed telephone is located on a lot that is located contiguous with or directly across a street, alley, public or private easement from a dwelling district. (Ord. 64167 § 7, 1997.)

26.52.030 Parking and loading regulations.

No parking regulations shall be required for this district. Loading regulations are the same for uses enumerated in Chapters 26.20 through 26.48, inclusive. (Ord. 59979 § 14 (part), 1986.)

26.52.040 Height regulations.

Buildings may be erected to such height that the cubic contents of said building above the established grade shall not exceed the volume of a prism having a base equal to the projected horizontal area of the building and a height of two hundred (200) feet. In the case of buildings occupying a lot having frontage on intersecting streets and which buildings are so designed as to provide a setback or open space at one (1) corner or corners where such street intersections occur, or when such setback begins below the two hundred (200) foot height above the established grade, the volume determined by the above rule may be exceeded by an amount equal to the volume so taken out of the reference prism of two hundred (200) foot height; provided, however, that the total volume of the actual building shall not exceed by more than twenty-five per-cent (25%) the volume of said reference prism of two hundred (200) foot height. (Ord. 59979 § 14 (part), 1986.)

26.52.050 Area regulations.

There shall be a lot area of not less than two hundred and fifty (250) square feet for each dwelling unit up to and including eight (8) stories or one hundred (100) feet in height; thereafter there shall be provided a lot area of not less than one hundred (100) square feet for each additional dwelling unit above eight (8) stories or one hundred (100) feet in height. Sleeping rooms without cooking facilities shall have a lot area of not less than one hundred (100) square feet each. (Ord. 59979 § 14 (part), 1986.)

[Return to Top of Charter, Code, and Ordinances.](#)

[Return to Title 26](#)

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Charles Bryson
Director of Public Safety

City of St. Louis
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF BUILDING AND INSPECTION
FRANCIS G. SLAY
MAYOR



Frank Oswald
Acting Building Commissioner
Deputy Building Commissioner

CN 127235-98

DATE APRIL 27, 1998

CERTIFICATE OF OCCUPANCY AND ZONING

THIS CERTIFIES THAT THE UNIT/PROPERTY AT
1727 LOCUST HAS BEEN INSPECTED BY THE DIVISION OF
BUILDING AND INSPECTION AND HAS COMPLIED WITH APPLICABLE PROVISIONS OF ST.
LOUIS CITY ORDINANCES AS AMENDED, AS PERTAINING TO ITEMS LISTED BELOW AND
MAY BE USED/OPERATED AS DESCRIBED.

USE/TYPE	CURRENT ZONING
COMMERCIAL	CENTRAL BUSINESS DISTRICT

NAME CHANGE 08-22-03

USE GROUP I3

ISSUE TO: MERS/MISSOURI GOODWILL INDUSTRIES

FOR USE AS HALFWAY HOUSE 7TH FL (PMT)

BUILDING COMMISSIONER

METROPOLITAN EMPLOYMENT & REHAB SERVICE
ANNETTE GROVE
1727 LOCUST 7TH FLOOR
ST. LOUIS, MO 63103



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

VICTIM:

1. Where did the incident or alleged incident occur?

In the victim's room (if the victim and perpetrator share a room, count as the victim's room)

In a dormitory or other multiple housing unit

In a program service area (commissary, kitchen, storage, laundry, cafeteria, workshop)

Outside the facility but on facility grounds

Other - specify: _____

2. What time did the incident or alleged incident occur? (select all that apply)

Morning (6 a.m. to noon)

Afternoon (noon to 6 p.m.)

Evening (6 p.m. to midnight)

Overnight (midnight to 6 a.m.)

3. Number of victims or alleged victims involved in the incident? (if there were more than one victim please note additional victims' age, gender and race in the comment section) _____

4. Demographic information of victims or alleged victims: (if more than one victim please note additional demographic information in the comment section)

Age at the time of incident: _____ Gender: _____

Race / ethnic origin: _____

5. Did the victim or alleged victim sustain any physical injury during the incident? Yes No N/A

Broken bones Internal injuries

Anal or vaginal tearing Knocked unconscious

Chipped or knocked out teeth Bruises, black eye, sprains, cuts, scratches, swelling, welts

Other - specify: _____

6. If the victim or alleged victim received injuries, did the victim receive medical treatment for the injuries?

Yes No N/A

7. Who reported the incident or alleged incident? (select all that apply)

Victim Medical or Mental Health staff member

Another offender (non-victim) Instructor or Teacher

Family of victim Counselor

Residential staff member Other - specify: _____



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

NOTICE (CONTINUED)

8. After the incident was reported, was the victim or alleged victim: (select all that apply)

- Given a medical examination
- Tested for other sexually transmitted diseases
- Administered a rape kit
- Provided with counseling or mental health treatment
- Tested for HIV / AIDS
- None of the above

9. Are medical records pertaining to this incident included with the file material attached in the master report folder?

- Yes
- No
- N/A

TYPE OF OFFENDER SEXUAL VIOLENCE

- Offender on Offender
- Staff Member on Offender
- Non-consensual Sexual Acts
- Sexual Misconduct
- Abuse Sexual Contact
- Sexual Harassment

OFFENDER ON-OFFENDER SEXUAL VIOLENCE

1. How many perpetrators or alleged perpetrators were involved in the incident? (if there were more than one perpetrator, please note additional perpetrators' age, gender and race in the comment section)

2. What was the alleged perpetrator's gender? Female Male

3. Demographic information of perpetrator:

Age at the time of incident: Gender:

Race or ethnic origin:

4. What was the nature of the incident or alleged incident? (select all that apply)

- Voluntary sexual contact between adults
- Unwanted touching for sexual gratification
- Pressure or coercion (without force) resulting in a non-consensual sexual act
- Physical force (or the threat of force) resulting in a non-consensual sexual act

5. What type of pressure or physical force was used by the perpetrator or alleged perpetrator on the victim? (select all that apply)

- Persuasion or talked into sexual activity
- Physically held victim down or restrained in some way
- Bribery or blackmail
- Physically harmed or injured victim
- Gave victim drugs or alcohol
- Threatened with a weapon
- Offered protection from other offenders
- Other - specific:
- Threatened with physical harm
- None



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

STAFF MEMBER-ON-OFFENDER SEXUAL MISCONDUCT AND HARASSMENT

1. What was the nature of the incident or alleged incident? (select all that apply)

- Physical force resulting in a non-consensual sexual act
- Pressure or abuse of power resulting in a non-consensual sexual act
- Indecent exposure, invasion of privacy, or voyeurism for sexual gratification
- Unwanted touching for sexual gratification
- Sexual harassment or repeated verbal statements of a sexual nature by staff member
- Sexual relationship between offender and staff member that appeared to be willing
- Level of coercion unknown
- Other - specify:

2. How many staff members were involved or alleged to have been involved in the incident? (if more than one staff member was involved in the incident note staff member demographics in the comment section)

3. Demographic information of staff members involved or alleged to have been involved in the incident:

Age at the time of incident: Gender:

Race / ethnic origin:

4. Which of the following describes the staff member that was involved or alleged to have been involved in the incident? (select all that apply)

- Full or part-time paid employee
- Contracted employee or vendor
- Volunteer or intern
- Other - specify:

5. What was the primary position description of the staff member involved or alleged to have been involved in the incident? (select all that apply)

- Administrator
- Supervision staff member
- Clerical including secretaries, clerks, receptionists, and other administrative support
- Maintenance and other facility support staff members, including grounds keepers, janitors, cooks, and drivers
- Education staff members, including instructors, teachers, librarians, and education assistants
- Other program staff members
- Other - specify:



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

COMMENTS

INFORMATION

Offender Sexual Abuse includes the following

1. Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident; and
2. Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer.

Offender on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse

1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Staff Member on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the offender, detainee, or resident.

1. Contact between the penis and vulva or the penis and the anus, including penetration, however slight;
2. Contact between the mouth and the penis, vulva, or anus;
3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

INFORMATION CONTINUED

Staff Member on Offender Sexual Abuse (continued):

5. Any other intentional contact, either directly or through the clothing, or with the genitals, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1 through 5 of this definition;
7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitals, buttocks, or breast in the presence of an offender, detainee, or resident, and
8. Voyeurism by a staff member, contractor, or volunteer which is an invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

Offender Sexual Harassment:

1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender, detainee, or resident directed toward another; and
2. Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

*It is required to notify emergency medical personnel by phone for all allegations of sexual penetration defined as a sexual activity that involves the entry into the vagina, anus, and/or mouth, however slight, with a body part or an object. All other allegations of sexual abuse will be investigated and forwarded to the Chief Administrative Officer of the liaison district.

MERS/Goodwill Monthly Fire/Tornado Drill Report

ATTACHMENT 3

Type of Test Fire Tornado

Date of Test ___/___/___

Time of Test _____ am / pm

Staff present and participating _____

All in-house residents participated yes no

If no, explain _____

Type of warning device utilized to call drill

Manual Automatic Bell Verbal Intercom/Speaker Other

Emergency Lightening Operational yes no

Were all exit lights illuminated yes no

FIRE/TORNADO DRILL

1. Were fire extinguishers / smoke alarms served to confirm operational status yes no
2. Were fire routes posted yes no
3. Was roll taken at assembly point yes no
4. Total time for complete evacuation _____ minutes
5. Note any problems encountered or identified _____

ANNUAL EMERGENCY DRILL

Date of Test ___/___/___

Time of Test ___/___/___

Staff present and participating _____

Type of Annual Drill Conducted

- | | | |
|--|--------------------------|---|
| <input type="checkbox"/> Attempted suicide | <input type="checkbox"/> | Bomb threats |
| <input type="checkbox"/> Carbon monoxide poisoning | <input type="checkbox"/> | Collection, control and testing of suspected illegal contraband |
| <input type="checkbox"/> Death | <input type="checkbox"/> | Earthquakes |
| <input type="checkbox"/> Flooding | <input type="checkbox"/> | Hazardous material/chemical spill |
| <input type="checkbox"/> Medical emergency | <input type="checkbox"/> | Hostage situation and Riot disorder |

Staff Signature _____ Reviewed By _____ Date ___/___/___

Twelve-Hour Warrant Checklist

ATTACHMENT 4

Resident's Name _____ DOC# _____

Staff Initiating Report: _____ Date _____ Time _____:_____ am/pm

Before declaring a resident an "absconder" and contacting the DOC Command Center, the following places must be searched or contacted. As you perform each of the following instructions, initial and indicate time it was completed. If an instruction does not apply, initial the instruction and write "N/A".

Staff Initial	Time	Place/Institution
_____	____:____ am/pm	Discovered client is not at approved location or does not return as scheduled.
_____	____:____ am/pm	Checked sign-in/out form for return time. Time of scheduled return: _____
_____	____:____ am/pm	Physically searched 7 th floor.
_____	____:____ am/pm	Called number of destination signed out to.
_____	____:____ am/pm	Notified Director for further instruction.
_____	____:____ am/pm	Called resident's emergency contact number.
_____	____:____ am/pm	Called Barnes Jewish Hospital @ 747-3000
_____	____:____ am/pm	Called St. Louis University Hospital @ 577-8000
_____	____:____ am/pm	Called Alexian Brothers Hospital @ 865-7000
_____	____:____ am/pm	Called Prisoner Processing @ 621-5848 x 5
_____	____:____ am/pm	Called County Jail @ 615-5245
_____	____:____ am/pm	3 hours from time resident discovered missing: <i>During business hours, notify P&P Officer.</i> After hours call P&P Supervisor
_____	____:____ am/pm	12 hours after resident discovered missing <i>During business hours, notify P&P Officer of 12 hour status.</i> or
_____	____:____ am/pm	<i>After hours, call Command Center @ 1-800-816-8199</i> Security Code ER172788 Name of individual spoken with: _____
_____	____:____ am/pm	Notified Case Manager & Director that warrant was issued:

Signature of Staff Completing Report

Date

Dangerous Felon/ High Risk / No Show Three-Hour Warrant Checklist

Resident's Name _____ DOC# _____

Staff Initiating Report: _____ Date _____ Time _____ : _____ am/pm

Before declaring a resident an "absconder" and contacting the DOC Command Center, the following places must be searched or contacted. As you perform each of the following instructions, initial the line and document the time it was completed. If an instruction does not apply, initial the instruction and write "N/A". No-Show warrants may be called in as soon as checklist is complete.

Staff Initial	Time	Place/Institution
_____	_____ : _____ am/pm	Discovered client is not at approved location or does not return as scheduled.
_____	_____ : _____ am/pm	Checked sign-in/out form for return time. Time of scheduled return: _____
_____	_____ : _____ am/pm	Physically searched 7 th floor.
_____	_____ : _____ am/pm	Called number of destination signed out to.
_____	_____ : _____ am/pm	Called Director for further instruction.
_____	_____ : _____ am/pm	Called resident's emergency contact number.
_____	_____ : _____ am/pm	Called Barnes Jewish Hospital @ 747-3000
_____	_____ : _____ am/pm	Called St. Louis University Hospital @ 577-8000
_____	_____ : _____ am/pm	Called Alexian Brothers Hospital @ 865-7000
_____	_____ : _____ am/pm	Called Prisoner Processing @ 621-5848 x 5
_____	_____ : _____ am/pm	Called County Jail @ 615-5245
_____	_____ : _____ am/pm	3 hrs after resident discovered missing: <i>During business hours notify P&P Officer.</i> After hours call P&P Supervisor
_____	_____ : _____ am/pm	<i>If instructed, call Command Center @ 1-800-816-8199</i> Security Code: ER172788 Name of individual spoken with: _____
_____	_____ : _____ am/pm	Notified Case Manager & Director

Signature of Staff Completing Report

Date

OFFENDER COMPLAINT

If additional information is needed – attach to this form.

Offender Name _____ Number _____

Supervising officer _____ Date ____/____/____

OFFENDER COMPLAINT:

Offender Signature _____ Date ____/____/____

FACILITY PROGRAM DIRECTOR RESPONSE

Date Received ____/____/____

Date Reviewed ____/____/____

Director's Signature _____

I accept the decision made on ____/____/____ (date) Offender Signature _____

I wish to appeal the decision made on ____/____/____ (date) Offender Signature _____

STATE AGENCY REPRESENTATIVE RESPONSE

Date Received ____/____/____

Date Reviewed ____/____/____

Signature _____

I have received and reviewed the response of the Department on ____/____/____ (date)

Offender Signature _____

Disposition and Release of Personal Property

Offender Name _____ DOC Number _____

(Release of Property)

In the event of my discharge from the transitional housing facility, I understand that every attempt will be made to release my personal property to the person listed below.

Further, I understand that if my contacts listed do not pick up my property within 30 calendar days it will be disposed of by the transitional facility.

Release to:

Name _____ Relationship _____

Address _____

Telephone number _____ Alternate Telephone Number _____

Alternate Contact for release

Name _____ Relationship _____

Address _____

Telephone Number _____ Alternate Telephone Number _____

(Release of Money)

In the event that I abscond from my assigned transitional housing facility, I understand that all monies in excess of fees and court costs owed shall be considered forfeited.

All money in excess of fees and court costs owed shall be forwarded to the Missouri Department of Corrections.

Offender Signature _____ Date _____

Witness _____ Date _____

Consent for Release of Confidential Information

Offender Name: _____ **Number:** _____

I, _____, a participant in _____, hereby give consent for the release of all information relative to my program participation including but not limited to: progress; work place and performance; violations; attitude; behavior; dates of treatment; nature of discharge; social history; community involvement; drug, alcohol or other treatment; problems; breathalyzer testing; drug test result ; medical care and treatment; mental health care and treatment; and any information that would affect my successful reintegration into the community), to the Missouri Department of Corrections, Division of Probation and Parole.

I understand this consent will expire one year from the signing date, unless I revoke my consent for release of information earlier.

Offender Signature _____ **Date** _____

Witness Signature _____ **Date** _____

Property Inventory Covershee

ATTACHMENT 8

Offender Name _____ Number _____ Entry Date ____/____/____

Inventory Changes Date(s)	Offender Initials	Staff Initials
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

I verify that attached is a list of all my personal property. I understand that I must update my inventory list if I add or remove any items from the transitional housing facility. I also understand that MERS Goodwill transitional facility is not responsible for lost or stolen items/property.

Offender Signature _____ Date ____/____/____

Offender Printed Name _____

Witness _____ Date ____/____/____

INTAKE CONFIRMATION

Date of Arrival ___/___/___ Date Orientation Completed ___/___/___

I have read or have had read to me the rules under which I am expected to abide by while a resident of _____ I have been given the opportunity to ask any questions regarding these rules and understand the possible consequences if I fail to abide by these rules.

My initials and signature below verify that I understand the following:

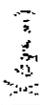
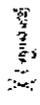
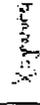
- 1. The Emergency Procedures (tornado, fire, etc.) _____
- 2. Program Expectations _____
- 3. Complaint Procedures _____
- 4. Medical Procedures
 - Responsibility for expenses _____
 - Standards on medications _____
 - Medical Resources/Addresses _____
- 5. Savings _____
- 6. Pass/Free Time Procedures _____
- 7. Meals/Sack Lunch Procedures _____
- 8. Absconder Warrant Process _____
- 9. Censored Materials Rules _____
- 10. Participated in Facility Tour by staff person _____

I have been assigned _____ as a case manager and _____ as a Probation and Parole officer.

Resident's Signature _____ Date _____

Staff Member's Signature _____ Date _____

MERS/Missouri Goodwill Industries- State Highway House
 Client Check In/Out Report for 10-28-2014 through 10-28-2014

Doe, Jane 00016000 	Time Out: 10-28-2014 10:59 AM Out By: mercadmn Verified By: staff initials 	Time In: 10-28-2014 11:30 AM In By: mercadmn Verified By: staff initials 	Time Due: 10-28-2014 01:30 PM Threshold: 150 Minutes Early Expired Time Out: 01:16:01 Min Comment: mercadmn- BA-0,00	Program Requirement (Via Facility Vehicle): New Biometric- 314-367-9983 1408 N Kingshighway St. Louis
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State Pass Request

ATTACHMENT 12

Resident Name _____ Date: ___/___/___

PO: _____ Case Manager: _____

I am currently eligible for the following: (must return by curfew at 9:00pm)

Bronze – 6 hours Silver – 12 hours Gold – 24 hours Diamond – 48 hours

I am requesting approval for a pass during the following time-period. I do understand that I am only eligible for a pass if I have been complying with house rules, successfully completing my weekly plan of action, and meeting program goals. I will stay at the address listed and the person(s) with whom I am staying will know my whereabouts at all times. I will remain at my overnight pass destination specifically between the hours of 10 p.m. and 6 a.m. each and every day unless special permission is granted to do otherwise. I understand that violation of these conditions may result in cancellation of the pass and disciplinary action. I also understand that I may be contacted at any time while on pass to verify my presence at the location or to be requested to return to the facility.

PASS BEGINS AT: ___:___ am/pm On (day) _____ Date: ___/___/___

PASS ENDS AT: ___:___ am/pm On (day) _____ Date: ___/___/___

PURPOSE OF PASS: Court Funeral Recreation Medical/Surgery Holiday

DESTINATION OF PASS:

Name: _____ Relationship: _____

Address: _____ City/Zip: _____ Phone: _____

Currently Employed (circle): YES NO Hours per week: _____ Last Paycheck ___/___/___

Resident's Signature: _____ Date ___/___/___

SIGN OUT: Resident's Signature: _____

Date: ___/___/___ Time: ___:___ am/pm • Staff Signature: _____

SIGN IN: Resident's Signature: _____

Date: ___/___/___ Time: ___:___ am/pm • Staff Signature: _____

B.A. RESULTS: _____

To Be Completed by Staff Only:

PASS STATUS:

Case Manager's Signature (Recommendation/Approval) Date: ___/___/___

Probation/Parole Officer Signature (Recommendation/Approval) Date: ___/___/___

Pass DENIED/Reason for denial: _____

Passes are due Tuesday at 10:00pm. Late passes will not be processed.

Doe, Jane (0000000)

Select another client by name Select another client by REG number Start Key Barcode: Go

Prescriptions

Medication	Physician	RX Number	Barc ode	Date Filled	Take PRN?	Dos age	Doses /Day	Initial Count	Current Count	Entere d By	Script Directions	Comments
Medication Name and mg	Physician, Name	00000			No	1	2.00	30.00	29.00	mersa dmin	any special instruction	special notes such as "fake with food"

Medication Dispense

Date	Medication (Date Filled)- RX #	Barcode #	# Dispensed	# Remaining	Result	Dispensed By	Comments
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10-28-2014 01:25 PM	Medication Name and mg (-) - 00000		1.00	29.00	Accepted	mersadmin	in
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offender signature is stored in each medication administration entry

mers	0	clientMedicationID	clientMedicationID	802	second
0	c2.lastName	ASC	802	bottom	

MERS/ Goodwill State Halfway House Savings Reduction/ Waiver Form

Date: _____
Client's Name: _____ DOC# _____
Case Manager: _____ PO: _____

Pay Check _____ SSI/ Disability Check _____
Check Date _____ Gross Pay: _____ Net Pay: _____

Reason for withholding funds from savings submission this pay period:
___ A. Discharging too soon for submission. Date of discharge: _____
___ B. Home plan deposit, rent, or application fees.
___ C. Home plan utilities deposit or payment.
___ D. Court cost, restitution, or Intervention Fee payment.
___ E. Medication or medical fees.
___ G. Other: _____

Amount to withhold: _____
___ Savings waived entirely
___ Offender must retain \$15.00 per week for employment purposes
___ Other _____

Verified? ___ Yes ___ No

The above individual is allowed to reduce / waive savings for the pay period ending ___/___/___
as determined by department representatives.

Client Signature _____

Case Manager Signature _____

PO Signature _____

Attach copy of pay stub if applicable.

CC: File
Residential File
Monthly Billing and Invoice

State Savings Authorization/Withdrawal Form

A ATTACHMENT 15

Resident's Name: _____ DOC#: _____ Date of Request: ___/___/___

Employed: __ Yes __ No If yes, list employer: _____

I, _____, request the amount of \$ _____ to be withdrawn from my savings. I understand that I can only withdraw from my savings for the following reasons stated below. Only under specific circumstances can a client withdraw funds from their savings prior to program completion. Expenditures from savings will be limited to the following:

- A. Work related: _____
- B. Transportation: _____
- C. Medical services or medication: _____
- D. Rent/Apartment deposit: _____
- E. Client discharging: _____
- F. Other: _____

Make Check Payable to: _____

Current Savings \$ _____ Withdrawal amount \$ _____

Savings after withdrawal \$ _____

Offender Signature: _____

Approved: _____ Denied: _____

Reason for Denial: _____

Case Manager Signature: _____ Date: ___/___/___

Probation/Parole Officer Signature: _____

REQUEST TO OPERATE A MOTOR VEHICLE

Offenders May be granted authority to possess and drive a motor vehicle while at the transitional housing facility if advance written approval is provided by the state agency pursuant to criteria.

I hereby request permission to operate a motor vehicle for the following reasons:

I understand that if permission is granted, it will be a privilege; and abuse of the privilege will result in the immediate termination of my driving privileges and could result in my return to the Missouri Department of Corrections.

Offender Signature _____ Date ____/____/____

Witness _____ Date ____/____/____

VEHICLE/ OPERATOR'S INFORMATION

Operator's License Number _____ Expiration Date ____/____/____

Insurance Company _____ Expiration Date ____/____/____

Owner of Vehicle _____ License Plate Number _____

**Offender must provide proof of liability insurance with application. A copy of the insurance face sheet, driver's or chauffeur license (both sides) must accompany this report.*

DEPARTMENT APPROVAL / DENIAL

Approved _____ Denied _____

Department of Corrections Representative Signature _____

Date ____/____/____

**AUTHORIZATON FOR RELEASE OF INFORMATION
(Employee)**

TO WHOM IT MAY CONCERN:

I hereby authorize and request release to the State of Missouri, Department of Corrections, any and all records and information, including, but not limited to, originals or copies of any records, documents, reports, criminal history record.

I understand that the State of Missouri, Department of Corrections, may conduct and/or review a background investigation before rendering a decision regarding my eligibility to perform services for the State of Missouri, Department of Corrections, and that this authorization is a part of that investigation.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Department of Corrections, and all other persons, firms, corporations and institutions supplying the above requested information.

Applicant's Name (Please Print)

Date

Applicant's Signature

Birth date

Applicant's Social Security Number

**STATE OF MISSOURI/DEPARTMENT OF CORRECTIONS
CONFIDENTIALITY OATH**

I will not reveal the condition or affairs of any person, firm or institution in this State, or any facts pertaining to same that may come to my knowledge by virtue of my work, unless required or authorized by law to do so.

Signature of Employee/Agent

Witness

Date

Violation Report

A

ATTACHMENT 19

RF Center _____ Reporting Party _____

Resident: _____ Case Mgr. _____ PO: _____

DOC # _____ STATUS: Parolee ___ CR ___ PROB ___ INTERSTATE ONLY ___

Nature of Violation:

- ARREST:** Arresting Authority _____ Date: ___/___/___ Charge: _____
- DRUG USE:** Results/Substance: _____ Date Sample: ___/___/___ Date Returned: ___/___/___
- ALCOHOL USE:** Breathalyzer Reading _____ % Date Tested: ___/___/___ Time: ___:___ am / pm
- AWOL:** Date /Resident left facility: ___/___/___ Time: ___:___ am / pm
 Status when resident left facility: AWOL ___ PASS ___ EMPLOYMENT ___ OTHER _____
 Scheduled Return: Date: ___/___/___ Time: ___:___ am / pm
 Actual Return Time: Date: ___/___/___ Time: ___:___ am / pm
TOTAL TIME AWOL: Hours _____ Minutes _____

COMMENTS: _____

- OTHER VIOLATIONS:** Nature of Violation: _____
 Date/Time of Occurrence: ___/___/___ ___:___ am / pm

EXPLANATION:

Check this box, if additional information is on the backside.

Date of Interview: ___/___/___ Time of Interview: ___:___ am / pm

***Resident must be informed of his/her responses may be provided to the court/parole board/adult institutions.

RESIDENT'S RESPONSE: _____

ACTIONS PLAN/CONSEQUENCES/RECOMMENDATION: _____

Residents Signature: _____ Witness/Program Director: _____

DOC Notified Date: ___/___/___ Time: ___:___ am / pm Name of staff notifying DOC: _____

Name of DOC staff notified: _____

Report Submitted by: _____ Date: ___/___/___

SAMPLE RESIDENTIAL INVOICE FORMAT

Submit To: Missouri Department of Corrections
 Attn: _____
 P.O. Box 236
 Jefferson City, MO 65102

Provider: *(Provider Name, Address, Contact Person, & Telephone Number)*

Invoice Number:

Contract: *(Contract #)*

Service Period: *(Month, Year)*

PART I – TOTAL NUMBER OF AWARDED TRANSITIONAL HOUSING SLOTS FOR THE INVOICE PERIOD:

A. Number of Transitional Housing Slots Awarded	x	B. Number of Days in Month/Invoice Period	=	C. Total Number of Awarded Transitional Housing Slots for the Invoice Period
	x		=	

PART II – MAXIMUM SLOT OVERAGE ALLOWED:

A. Total Number of Awarded Transitional Housing Slots for the Invoice Period (Part I, C)	x	B. 10% (.10)	=	C. Maximum Slot Overage Allowed
	x	.10	=	

PART III – INVOICE TOTAL DOLLAR AMOUNT:

A. Total Number of Awarded Transitional Housing Slots for the Invoice Period (Part I, C)	+	B. Slot Overage (Must be less than or equal to the Maximum Slot Overage Allowed (Part II, C))	x	C. Firm, Fixed Unit Price Per Transitional Housing Slot as Stated on the Pricing Page of the Contract	=	D. Invoice Total Dollar Amount
	+		x		=	

Signature _____

Date _____

**STATE OF MISSOURI
DIVISION OF PURCHASING AND MATERIALS MANAGEMENT**

TERMS AND CONDITIONS – REQUEST FOR PROPOSAL

1. TERMINOLOGY/DEFINITIONS

Whenever the following words and expressions appear in a Request for Proposal (RFP) document or any amendment thereto, the definition or meaning described below shall apply.

- a. **Agency and/or State Agency** means the statutory unit of state government in the State of Missouri for which the equipment, supplies, and/or services are being purchased by the **Division of Purchasing and Materials Management (DPMM)**. The agency is also responsible for payment.
- b. **Amendment** means a written, official modification to an RFP or to a contract.
- c. **Attachment** applies to all forms which are included with an RFP to incorporate any informational data or requirements related to the performance requirements and/or specifications.
- d. **Proposal Opening Date and Time** and similar expressions mean the exact deadline required by the RFP for the receipt of sealed proposals.
- e. **Offeror** means the person or organization that responds to an RFP by submitting a proposal with prices to provide the equipment, supplies, and/or services as required in the RFP document.
- f. **Buyer** means the procurement staff member of the DPMM. The **Contact Person** as referenced herein is usually the Buyer.
- g. **Contract** means a legal and binding agreement between two or more competent parties, for a consideration for the procurement of equipment, supplies, and/or services.
- h. **Contractor** means a person or organization who is a successful offeror as a result of an RFP and who enters into a contract.
- i. **Exhibit** applies to forms which are included with an RFP for the offeror to complete and submit with the sealed proposal prior to the specified opening date and time.
- j. **Request for Proposal (RFP)** means the solicitation document issued by the DPMM to potential offerors for the purchase of equipment, supplies, and/or services as described in the document. The definition includes these Terms and Conditions as well as all Pricing Pages, Exhibits, Attachments, and Amendments thereto.
- k. **May** means that a certain feature, component, or action is permissible, but not required.
- l. **Must** means that a certain feature, component, or action is a mandatory condition.
- m. **Pricing Page(s)** applies to the form(s) on which the offeror must state the price(s) applicable for the equipment, supplies, and/or services required in the RFP. The pricing pages must be completed and submitted by the offeror with the sealed proposal prior to the specified proposal opening date and time.
- n. **RSMo (Revised Statutes of Missouri)** refers to the body of laws enacted by the Legislature which govern the operations of all agencies of the State of Missouri. Chapter 34 of the statutes is the primary chapter governing the operations of DPMM.
- o. **Shall** has the same meaning as the word **must**.
- p. **Should** means that a certain feature, component and/or action is desirable but not mandatory.

2. APPLICABLE LAWS AND REGULATIONS

- a. The contract shall be construed according to the laws of the State of Missouri. The contractor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- b. To the extent that a provision of the contract is contrary to the Constitution or laws of the State of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the contract shall remain in force between the parties unless terminated by consent of both the contractor and the DPMM.
- c. The contractor must be registered and maintain good standing with the Secretary of State of the State of Missouri and other regulatory agencies, as may be required by law or regulations.
- d. The contractor must timely file and pay all Missouri sales, withholding, corporate and any other required Missouri tax returns and taxes, including interest and additions to tax.
- e. The exclusive venue for any legal proceeding relating to or arising out of the RFP or resulting contract shall be in the Circuit Court of Cole County, Missouri.
- f. The contractor shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and Executive Order 07-13 for work performed in the United States.

3. OPEN COMPETITION/REQUEST FOR PROPOSAL DOCUMENT

- a. It shall be the offeror's responsibility to ask questions, request changes or clarification, or otherwise advise the DPMM if any language, specifications or requirements of an RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source. Any and all communication from offerors regarding specifications, requirements, competitive proposal process, etc., must be directed to the buyer from the DPMM, unless the RFP specifically refers the offeror to another contact. Such e-mail, fax, or phone communication should be received at least ten calendar days prior to the official proposal opening date.
- b. Every attempt shall be made to ensure that the offeror receives an adequate and prompt response. However, in order to maintain a fair and equitable procurement process, all offerors will be advised, via the issuance of an amendment to the RFP, of any relevant or pertinent information related to the procurement. Therefore, offerors are advised that unless specified elsewhere in the RFP, any questions received less than ten calendar days prior to the RFP opening date may not be answered.
- c. Offerors are cautioned that the only official position of the State of Missouri is that which is issued by the DPMM in the RFP or an amendment thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
- d. The DPMM monitors all procurement activities to detect any possibility of deliberate restraint of competition, collusion among offerors, price-fixing by offerors, or any other anticompetitive conduct by offerors which appears to violate state and federal antitrust laws. Any suspected violation shall be referred to the Missouri Attorney General's Office for appropriate action.
- e. The RFP is available for viewing and downloading on the state's On-Line Bidding/Vendor Registration System website. Registered offerors are electronically notified of the proposal opportunity based on the information maintained in the State of Missouri's vendor database. If a registered offeror's e-mail address is incorrect, the offeror must update the e-mail address themselves on the state's On-Line Bidding/Vendor Registration System website.
- f. The DPMM reserves the right to officially amend or cancel an RFP after issuance. It shall be the sole responsibility of the offeror to monitor the State of Missouri On-Line Bidding/Vendor Registration System website at: <https://www.moclb.mo.gov> to obtain a copy of the amendment(s). Registered offerors who received e-mail notification of the proposal opportunity when the RFP was established and registered offerors who have responded to the RFP on-line prior to an amendment being issued will receive e-mail notification of the amendment(s). Registered offerors who received e-mail notification of the proposal opportunity when the RFP was established and registered offerors who have responded to the proposal on-line prior to a cancellation being issued will receive e-mail notification of a cancellation issued prior to the exact closing time and date specified in the RFP.

4. PREPARATION OF PROPOSALS

- a. Offerors **must** examine the entire RFP carefully. Failure to do so shall be at offeror's risk.
- b. Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All proposals must meet or exceed the stated specifications and requirements.
- c. Unless otherwise specifically stated in the RFP, any manufacturer names, trade names, brand names, information and/or catalog numbers listed in a specification and/or requirement are for informational purposes only and are not intended to limit competition. The offeror may offer any brand which meets or exceeds the specification for any item, but must state the manufacturer's name and model number for any such brands in the proposal. In addition, the offeror shall explain, in detail, (1) the reasons why the proposed equivalent meets or exceeds the specifications and/or requirements and (2) why the proposed equivalent should not be considered an exception thereto. Proposals which do not comply with the requirements and specifications are subject to rejection without clarification.
- d. Proposals lacking any indication of intent to offer an alternate brand or to take an exception shall be received and considered in complete compliance with the specifications and requirements as listed in the RFP.
- e. In the event that the offeror is an agency of state government or other such political subdivision which is prohibited by law or court decision from complying with certain provisions of an RFP, such an offeror may submit a proposal which contains a list of statutory limitations and identification of those prohibitive clauses. The offeror should include a complete list of statutory references and citations for each provision of the RFP, which is affected by this paragraph. The statutory limitations and prohibitive clauses may (1) be requested to be clarified in writing by DPMM or (2) be accepted without further clarification if the statutory limitations and prohibitive clauses are deemed acceptable by DPMM. If DPMM determines clarification of the statutory limitations and prohibitive clauses is necessary, the clarification will be conducted in order to agree to language that reflects the intent and compliance of such law and/or court order and the RFP.
- f. All equipment and supplies offered in a proposal must be new, of current production, and available for marketing by the manufacturer unless the RFP clearly specifies that used, reconditioned, or remanufactured equipment and supplies may be offered.
- g. Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed unless otherwise specified in the RFP.
- h. Proposals, including all prices therein, shall remain valid for 90 days from proposal opening or Best and Final Offer (BAFO) submission unless otherwise indicated. If the proposal is accepted, the entire proposal, including all prices, shall be firm for the specified contract period.
- i. Any foreign offeror not having an Employer Identification Number assigned by the United States Internal Revenue Service (IRS) must submit a completed IRS Form W-8 prior to or with the submission of their proposal in order to be considered for award.

5. SUBMISSION OF PROPOSALS

- a. Proposals may be submitted by delivery of a hard copy to the DPMM office. Electronic submission of proposals by registered offerors through the State of Missouri's On-Line Bidding/Vendor Registration System website is not available unless stipulated in the RFP. Delivered proposals must be sealed in an envelope or container, and received in the DPMM office located at 301 West High St, Rm 630 in Jefferson City, MO no later than the exact opening time and date specified in the RFP. All proposals must (1) be submitted by a duly authorized representative of the offeror's organization, (2) contain all information required by the RFP, and (3) be priced as required. Hard copy proposals may be mailed to the DPMM post office box address. However, it shall be the responsibility of the offeror to ensure their proposal is in the DPMM office (address listed above) no later than the exact opening time and date specified in the RFP.
- b. The sealed envelope or container containing a proposal should be clearly marked on the outside with (1) the official RFP number and (2) the official opening date and time. Different proposals should not be placed in the same envelope, although copies of the same proposal may be placed in the same envelope.
- c. A proposal submitted electronically by a registered offeror may be modified on-line prior to the official opening date and time. A proposal which has been delivered to the DPMM office may be modified by signed, written notice which has been received by the DPMM prior to the official opening date and time specified. A proposal may also be modified in person by the offeror or its authorized representative, provided proper identification is presented before the official opening date and time. Telephone or telegraphic requests to modify a proposal shall not be honored.
- d. A proposal submitted electronically by a registered offeror may be canceled on-line prior to the official opening date and time. A proposal which has been delivered to the DPMM office may only be withdrawn by a signed, written document on company letterhead transmitted via mail, e-mail, or facsimile which has been received by the DPMM prior to the official opening date and time specified. A proposal may also be withdrawn in person by the offeror or its authorized representative, provided proper identification is presented before the official opening date and time. Telephone or telegraphic requests to withdraw a proposal shall not be honored.
- e. A proposal may also be withdrawn after the proposal opening through submission of a written request by an authorized representative of the offeror. Justification of withdrawal decision may include a significant error or exposure of proposal information that may cause irreparable harm to the offeror.
- f. When submitting a proposal electronically, the registered offeror indicates acceptance of all RFP terms and conditions by clicking on the "Submit" button on the Electronic Bid Response Entry form. Offerors delivering a hard copy proposal to DPMM must sign and return the RFP cover page or, if applicable, the cover page of the last amendment thereto in order to constitute acceptance by the offeror of all RFP terms and conditions. Failure to do so may result in rejection of the proposal unless the offeror's full compliance with those documents is indicated elsewhere within the offeror's response.
- g. Faxed proposals shall not be accepted. However, faxed and e-mail no-bid notifications shall be accepted.

6. PROPOSAL OPENING

- a. Proposal openings are public on the opening date and at the opening time specified on the RFP document. Only the names of the respondents shall be read at the proposal opening. All vendors may view the same proposal response information on the state's On-Line Bidding/Vendor Registration System website. The contents of the responses shall not be disclosed at this time.
- b. Proposals which are not received in the DPMM office prior to the official opening date and time shall be considered late, regardless of the degree of lateness, and normally will not be opened. Late proposals may only be opened under extraordinary circumstances in accordance with 1 CSR 40-1.050.

7. PREFERENCES

- a. In the evaluation of proposals, preferences shall be applied in accordance with chapter 34, RSMo, other applicable Missouri statutes, and applicable Executive Orders. Contractors should apply the same preferences in selecting subcontractors.
- b. By virtue of statutory authority, a preference will be given to materials, products, supplies, provisions and all other articles produced, manufactured, mined, processed or grown within the State of Missouri and to all firms, corporations or individuals doing business as Missouri firms, corporations or individuals. Such preference shall be given when quality is equal or better and delivered price is the same or less.
- c. In accordance with Executive Order 05-30, contractors are encouraged to utilize certified minority and women-owned businesses in selecting subcontractors.

8. EVALUATION/AWARD

- a. Any clerical error, apparent on its face, may be corrected by the buyer before contract award. Upon discovering an apparent clerical error, the buyer shall contact the offeror and request clarification of the intended proposal. The correction shall be incorporated in the notice of award. Examples of apparent clerical errors are: 1) misplacement of a decimal point; and 2) obvious mistake in designation of unit.
- b. Any pricing information submitted by an offeror shall be subject to evaluation if deemed by the DPMM to be in the best interest of the State of Missouri.
- c. The offeror is encouraged to propose price discounts for prompt payment or propose other price discounts that would benefit the State of Missouri. However, unless otherwise specified in the RFP, pricing shall be evaluated at the maximum potential financial liability to the State of Missouri.

- d. Awards shall be made to the offeror whose proposal (1) complies with all mandatory specifications and requirements of the RFP and (2) is the lowest and best proposal, considering price, responsibility of the offeror, and all other evaluation criteria specified in the RFP and any subsequent negotiations and (3) complies with chapter 34, RSMo, other applicable Missouri statutes, and all applicable Executive Orders.
- e. In the event all offerors fail to meet the same mandatory requirement in an RFP, DPMM reserves the right, at its sole discretion, to waive that requirement for all offerors and to proceed with the evaluation. In addition, the DPMM reserves the right to waive any minor irregularity or technicality found in any individual proposal.
- f. The DPMM reserves the right to reject any and all proposals.
- g. When evaluating a proposal, the State of Missouri reserves the right to consider relevant information and fact, whether gained from a proposal, from an offeror, from offeror's references, or from any other source.
- h. Any information submitted with the proposal, regardless of the format or placement of such information, may be considered in making decisions related to the responsiveness and merit of a proposal and the award of a contract.
- i. Negotiations may be conducted with those offerors who submit potentially acceptable proposals. Proposal revisions may be permitted for the purpose of obtaining best and final offers. In conducting negotiations, there shall be no disclosure of any information submitted by competing offerors.
- j. Any award of a contract shall be made by notification from the DPMM to the successful offeror. The DPMM reserves the right to make awards by item, group of items, or an all or none basis. The grouping of items awarded shall be determined by DPMM based upon factors such as item similarity, location, administrative efficiency, or other considerations in the best interest of the State of Missouri.
- k. Pursuant to section 610.021, RSMo, proposals and related documents shall not be available for public review until after a contract is executed or all proposals are rejected.
- l. The DPMM posts all proposal results on the On-line Bidding/Vendor Registration System website for all vendors to view for a reasonable period after proposal award and maintains images of all proposal file material for review. Offerors who include an e-mail address with their proposal will be notified of the award results via e-mail.
- m. The DPMM reserves the right to request clarification of any portion of the offeror's response in order to verify the intent of the offeror. The offeror is cautioned, however, that its response may be subject to acceptance or rejection without further clarification.
- n. Any proposal award protest must be received within ten (10) business days after the date of award in accordance with the requirements of 1 CSR 40-1.050 (9).
- o. The final determination of contract(s) award shall be made by DPMM.

9. CONTRACT/PURCHASE ORDER

- a. By submitting a proposal, the offeror agrees to furnish any and all equipment, supplies and/or services specified in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein.
- b. A binding contract shall consist of: (1) the RFP, amendments thereto, and any Best and Final Offer (BAFO) request(s) with RFP changes/additions, (2) the contractor's proposal including any contractor BAFO response(s), (3) clarification of the proposal, if any, and (4) DPMM's acceptance of the proposal by "notice of award" or by "purchase order." All Exhibits and Attachments included in the RFP shall be incorporated into the contract by reference.
- c. A notice of award issued by the State of Missouri does not constitute an authorization for shipment of equipment or supplies or a directive to proceed with services. Before providing equipment, supplies and/or services for the State of Missouri, the contractor must receive a properly authorized purchase order or other form of authorization given to the contractor at the discretion of the state agency.
- d. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained therein. Any change to the contract, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of the contractor and the DPMM or by a modified purchase order prior to the effective date of such modification. The contractor expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification to the contract.

10. INVOICING AND PAYMENT

- a. The State of Missouri does not pay state or federal taxes unless otherwise required under law or regulation.
- b. The statewide financial management system has been designed to capture certain receipt and payment information. For each purchase order received, an invoice must be submitted that references the purchase order number and must be itemized in accordance with items listed on the purchase order. Failure to comply with this requirement may delay processing of invoices for payment.
- c. The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of the DPMM.
- d. Payment for all equipment, supplies, and/or services required herein shall be made in arrears unless otherwise indicated in the RFP.
- e. The State of Missouri assumes no obligation for equipment, supplies, and/or services shipped or provided in excess of the quantity ordered. Any unauthorized quantity is subject to the state's rejection and shall be returned at the contractor's expense.
- f. All invoices for equipment, supplies, and/or services purchased by the State of Missouri shall be subject to late payment charges as provided in section 34.055, RSMo.
- g. The State of Missouri reserves the right to purchase goods and services using the state purchasing card.

11. DELIVERY

Time is of the essence. Deliveries of equipment, supplies, and/or services must be made no later than the time stated in the contract or within a reasonable period of time, if a specific time is not stated.

12. INSPECTION AND ACCEPTANCE

- a. No equipment, supplies, and/or services received by an agency of the state pursuant to a contract shall be deemed accepted until the agency has had reasonable opportunity to inspect said equipment, supplies, and/or services.
- b. All equipment, supplies, and/or services which do not comply with the specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the contractor upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.
- c. The State of Missouri reserves the right to return any such rejected shipment at the contractor's expense for full credit or replacement and to specify a reasonable date by which replacements must be received.
- d. The State of Missouri's right to reject any unacceptable equipment, supplies, and/or services shall not exclude any other legal, equitable or contractual remedies the state may have.

13. WARRANTY

- a. The contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished to or adopted by the DPMM, (2) be fit and sufficient for the purpose expressed in the RFP, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect.
- b. Such warranty shall survive delivery and shall not be deemed waived either by reason of the state's acceptance of or payment for said equipment, supplies, and/or services.

14. CONFLICT OF INTEREST

- a. Elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.452 and 105.454, RSMo, regarding conflict of interest.
- b. The contractor hereby covenants that at the time of the submission of the proposal the contractor has no other contractual relationships which would create any actual or perceived conflict of interest. The contractor further agrees that during the term of the contract neither the contractor nor any of its employees shall acquire any other contractual relationships which create such a conflict.

15. REMEDIES AND RIGHTS

- a. No provision in the contract shall be construed, expressly or implied, as a waiver by the State of Missouri of any existing or future right and/or remedy available by law in the event of any claim by the State of Missouri of the contractor's default or breach of contract.
- b. The contractor agrees and understands that the contract shall constitute an assignment by the contractor to the State of Missouri of all rights, title and interest in and to all causes of action that the contractor may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular equipment, supplies, and/or services purchased or procured by the contractor in the fulfillment of the contract with the State of Missouri.

16. CANCELLATION OF CONTRACT

- a. In the event of material breach of the contractual obligations by the contractor, the DPMM may cancel the contract. At its sole discretion, the DPMM may give the contractor an opportunity to cure the breach or to explain how the breach will be cured. The actual cure must be completed within no more than 10 working days from notification, or at a minimum the contractor must provide DPMM within 10 working days from notification a written plan detailing how the contractor intends to cure the breach.
- b. If the contractor fails to cure the breach or if circumstances demand immediate action, the DPMM will issue a notice of cancellation terminating the contract immediately. If it is determined the DPMM improperly cancelled the contract, such cancellation shall be deemed a termination for convenience in accordance with the contract.
- c. If the DPMM cancels the contract for breach, the DPMM reserves the right to obtain the equipment, supplies, and/or services to be provided pursuant to the contract from other sources and upon such terms and in such manner as the DPMM deems appropriate and charge the contractor for any additional costs incurred thereby.
- d. The contractor understands and agrees that funds required to fund the contract must be appropriated by the General Assembly of the State of Missouri for each fiscal year included within the contract period. The contract shall not be binding upon the state for any period in which funds have not been appropriated, and the state shall not be liable for any costs associated with termination caused by lack of appropriations.

17. COMMUNICATIONS AND NOTICES

Any notice to the offeror/contractor shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the offeror/contractor.

18. BANKRUPTCY OR INSOLVENCY

- a. Upon filing for any bankruptcy or insolvency proceeding by or against the contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the contractor must notify the DPMM immediately.
- b. Upon learning of any such actions, the DPMM reserves the right, at its sole discretion, to either cancel the contract or affirm the contract and hold the contractor responsible for damages.

19. INVENTIONS, PATENTS AND COPYRIGHTS

The contractor shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or in equity resulting from patent and copyright infringement concerning the contractor's performance or products produced under the terms of the contract.

20. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status unless otherwise provided by law. If the contractor or subcontractor employs at least 50 persons, they shall have and maintain an affirmative action program which shall include:

- a. A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
- b. The identification of a person designated to handle affirmative action;
- c. The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- d. The exclusion of discrimination from all collective bargaining agreements; and
- e. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

If discrimination by a contractor is found to exist, the DPMM shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the contract, suspension, or debarment by the DPMM until corrective action by the contractor is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

21. AMERICANS WITH DISABILITIES ACT

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

22. FILING AND PAYMENT OF TAXES

The commissioner of administration and other agencies to which the state purchasing law applies shall not contract for goods or services with a vendor if the vendor or an affiliate of the vendor makes sales at retail of tangible personal property or for the purpose of storage, use, or consumption in this state but fails to collect and properly pay the tax as provided in chapter 144, RSMo. For the purposes of this section, "affiliate of the vendor" shall mean any person or entity that is controlled by or is under common control with the vendor, whether through stock ownership or otherwise. Therefore offeror's failure to maintain compliance with chapter 144, RSMo, may eliminate their proposal from consideration for award.

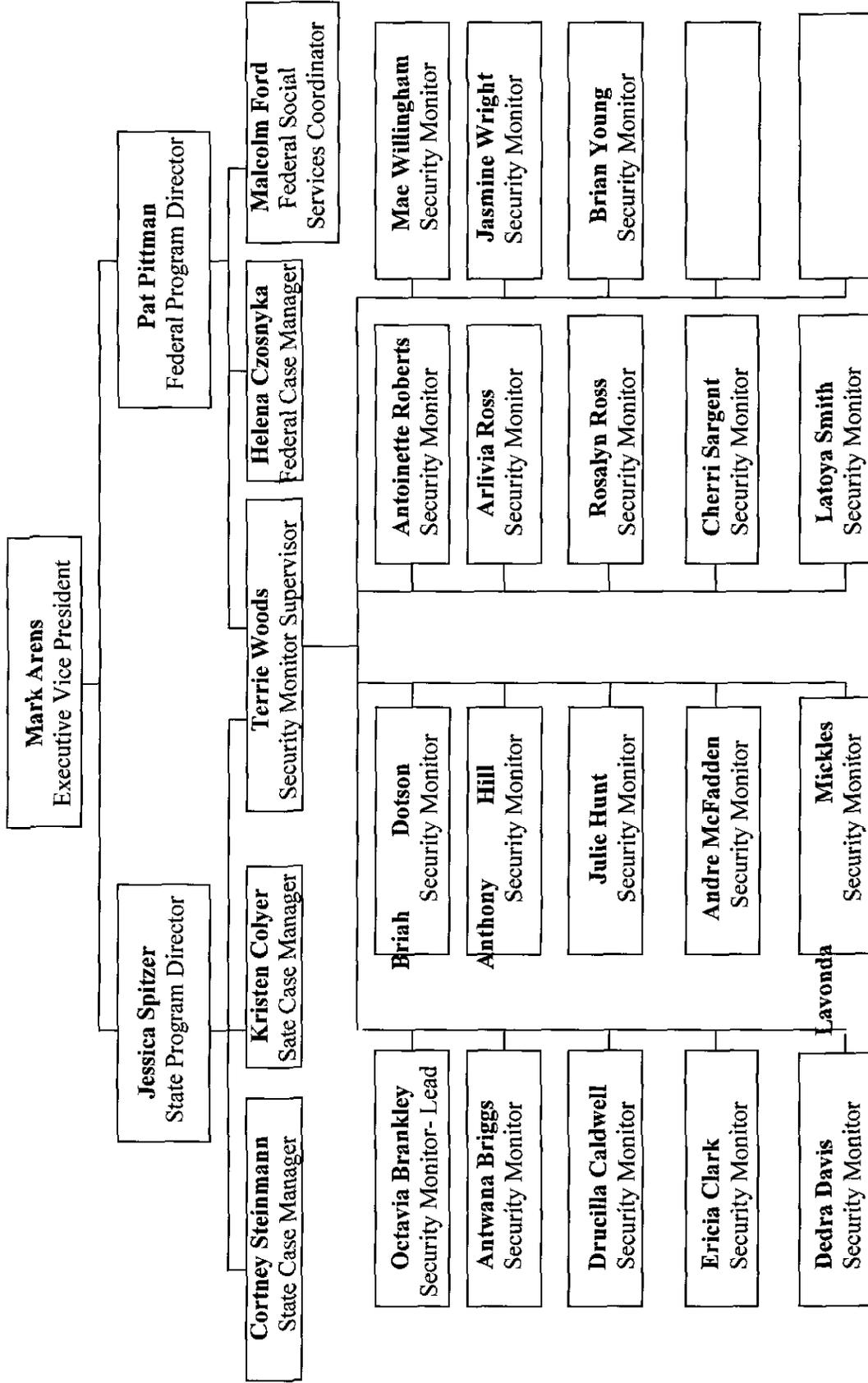
23. TITLES

Titles of paragraphs used herein are for the purpose of facilitating reference only and shall not be construed to infer a contractual construction of language.

Revised 12-27-12

Additional Unnumbered Attachments Referenced in Proposal
Organizational Chart

State and Federal Halfway House Organizational Chart



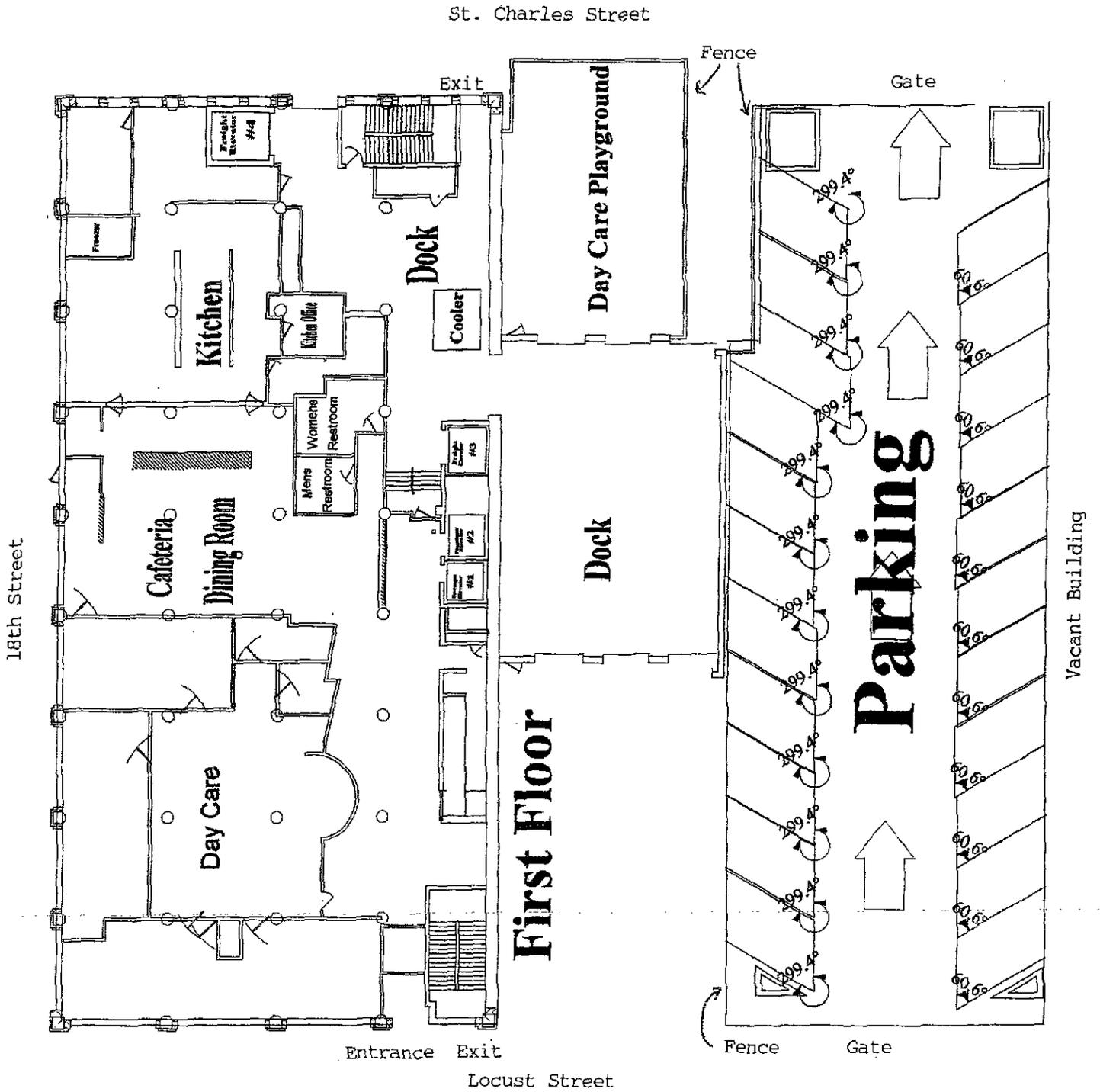
Revised 10/1/14

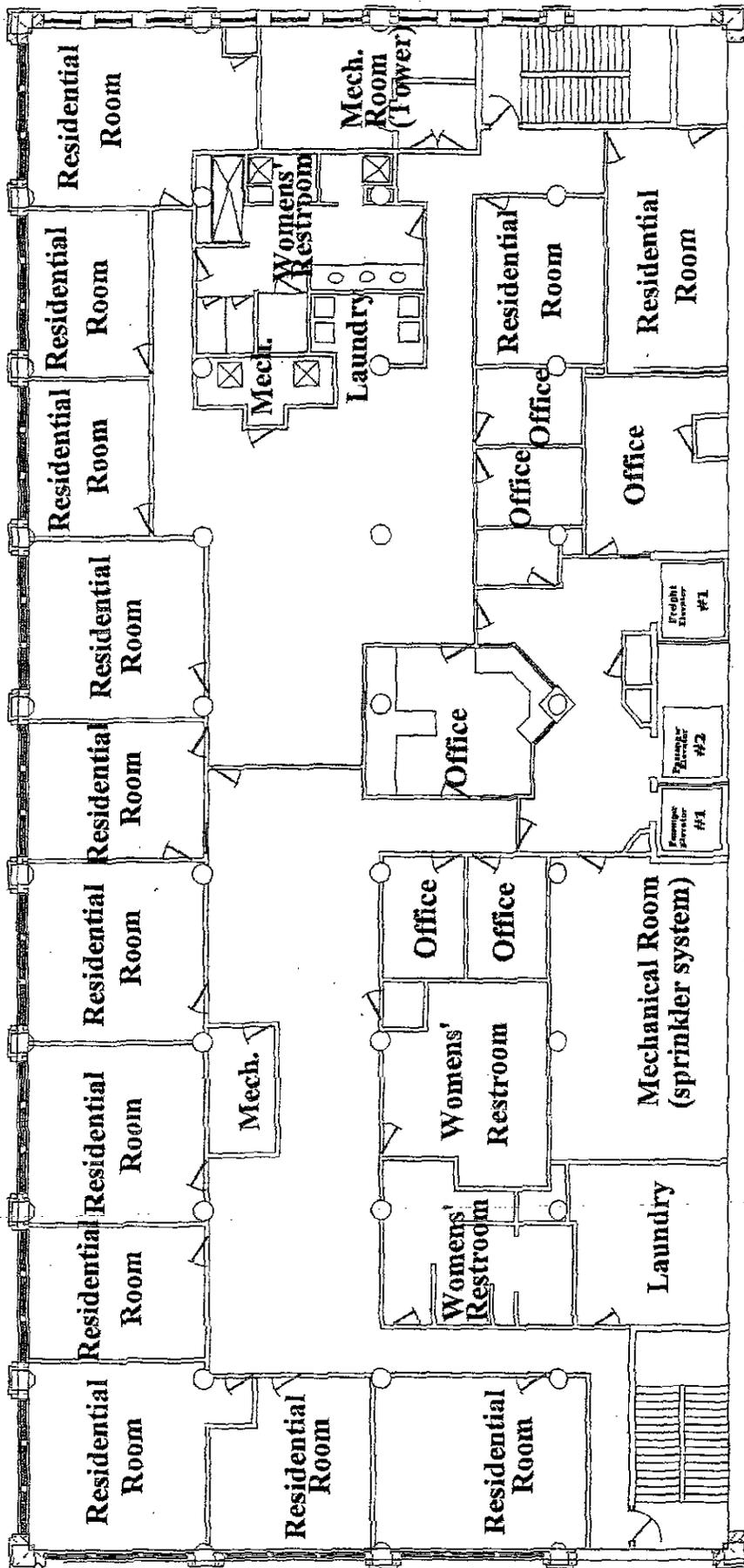
B3Z14319

Additional Unnumbered Attachments Referenced in Proposal
Floor Plans

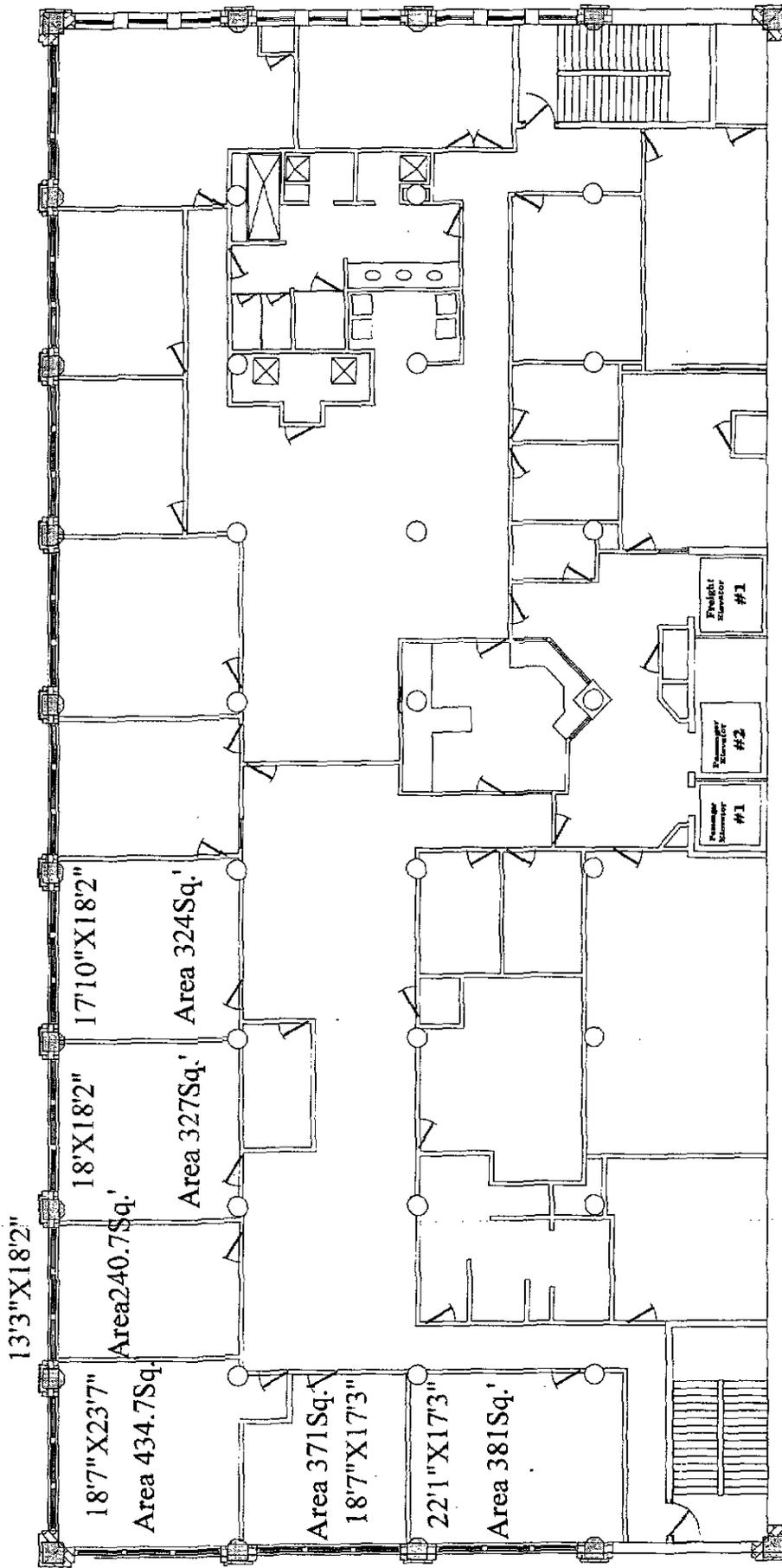
MERS/Goodwill Response for RFP B3Z14319

SITE PLAN



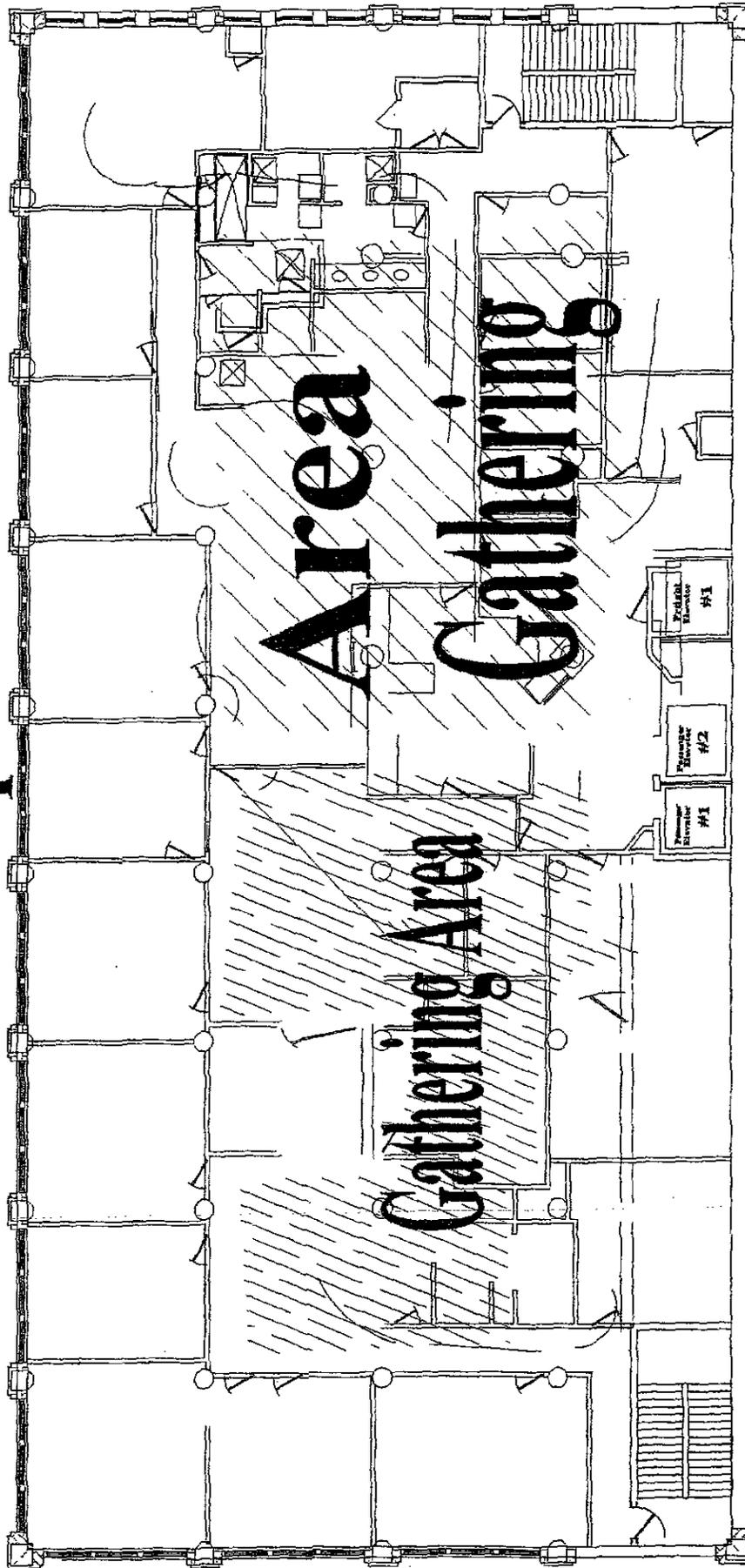


7th Floor



7th Floor

Earthquake/Tornado

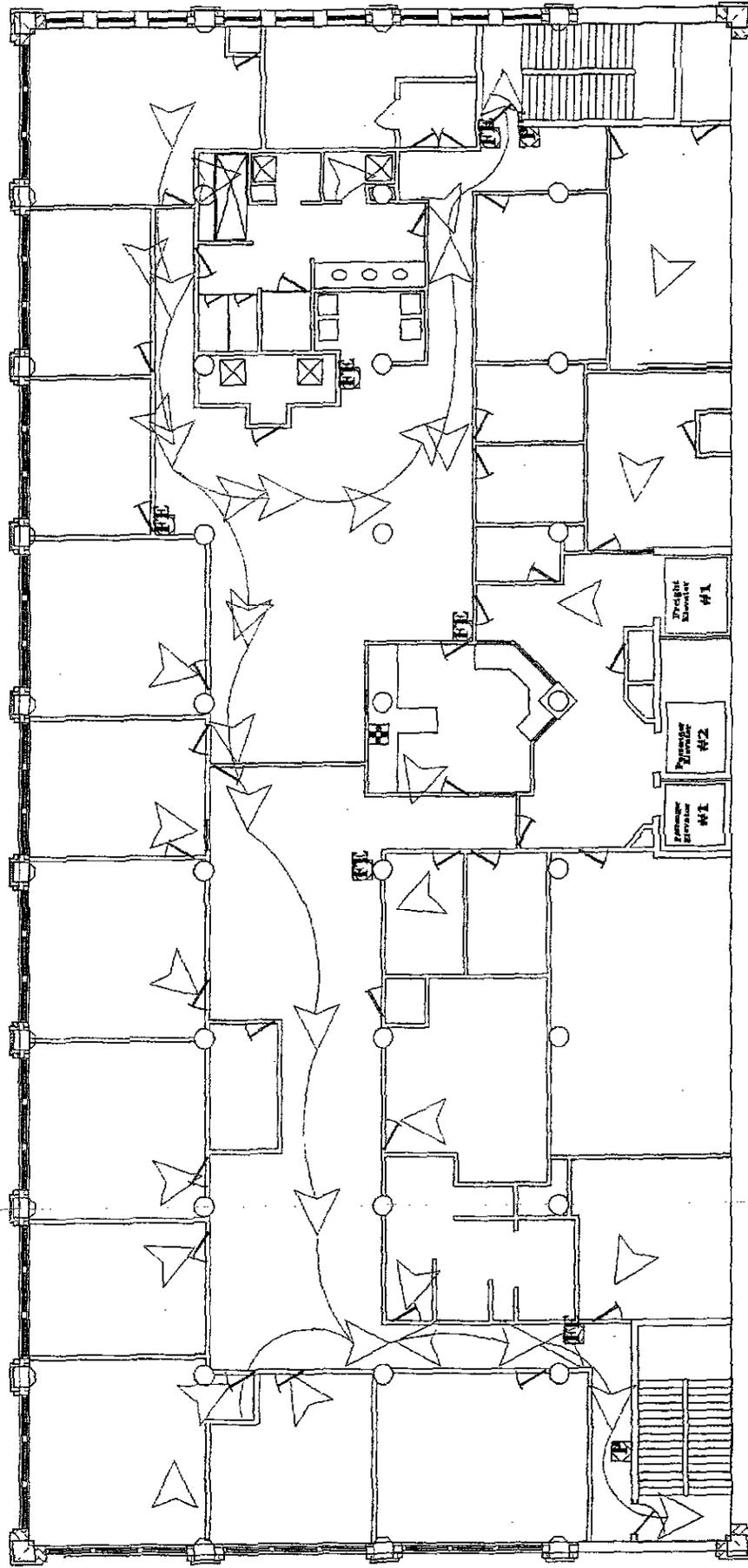


7th Floor

Evacuation/First Aid

Emergency Symbol Key

First Aid Kits	☒
Fire Pull Station	☑
Fire Extinguishers	☒



7th Floor

Additional Unnumbered Attachments Referenced in Proposal
ADA Compliance

ARCHITECTS
PLANNERS
INTERIOR
DESIGNERS

DENNIS
TACCHI
& ASSOCIATES

April 4, 2011

Mers / Goodwill
1727 Locust
St. Louis, Mo. 63103

Attn: Mr. Jeff Carnal

Re: Missouri Department of Corrections

Dear Jeff:

At your request we visited the 7th floor of the above referenced location to assess compliance with ADA Accessibility. The project was originally constructed in 2002 and was in compliance with ADA requirements at that time. No alterations to the premises have been made since the original renovation and in our opinion remain in compliance with ADA regulations.

If there is any additional information you need please feel free to contact me directly.

Sincerely,



Dennis G. Tacchi AIA





**DENNIS
TACCHI**
& ASSOCIATES

April 11, 2011

Mr. Jeff Cartnal
Mers / Goodwill
1727 Locust
St. Louis, MO. 63103

For architectural services rendered through April 11, 2011

MO. DEPT OF CORRECTIONS ADA COMPLIANCE

- Site Visit / Compliance Letter
2 hours @ \$110.00 / hr. 220.00
- Reimbursable – mileage 14.70

TOTAL DUE THIS INVOICE \$234.70

Services invoicing recap

Total contract fee - 0 -
Total invoiced to date **\$220.00**
Total invoicing remaining - 0 -

Reimbursable recap

Reimbursable previous invoices - 0 -
Reimbursable this invoice **\$14.70**
Total reimbursable to date **\$14.70**

TOTAL PAID TO DATE - 0 -

TOTAL PAID TO DATE - 0 -

**THANK YOU
WE APPRECIATE YOUR BUSINESS**

Additional Unnumbered Attachments Referenced in Proposal
Fire, Health, and Safety Permits and Inspections



City of St. Louis
DEPARTMENT OF PUBLIC SAFETY
DIVISION OF BUILDING AND INSPECTION
FRANCIS G. SLAY
MAYOR



FIRE SAFETY INSPECTION CERTIFICATE

Date Issued: April 14, 2014 Expiration Date: April 14, 2015

Issued To: **MERS GOODWILL**
1727 Locust
St. Louis, MO 63103

TO WHOM IT MAY CONCERN:

This Fire Safety Certificate has been issued in consideration that the above referenced building and/or occupant has been duly inspected and is in compliance for fire safety as is applicable to the Building Division, Fire Safety Unit in accordance with City of St. Louis Ordinance 69600 adopting the International Fire Code.

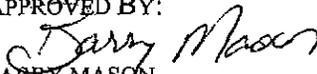
This certificate must be renewed annually and is issued on condition that all applicable Code provisions now adopted shall be in compliance.

Violation of any above mentioned code or ordinance may result in this certificate being null and void.

This certificate does not take the place of any License required by law and is not transferable. Any changes in use or occupancy of this premise shall require a new permit.

THIS PERMIT MUST BE POSTED AT ALL TIMES
AT THE ABOVE MENTIONED PREMISES.

APPROVED BY:


BARRY MASON

Fire Code Official

Fire Safety is NO Accident



**Missouri Division of Fire Safety
Elevator Safety Unit
P.O. Box 844
Jefferson City, MO 65102
573-751-2930**

**To: MERS Goodwill Industries
Attn:
1727 Locust St
St. Louis, MO 63103**

Elevator State Operating Certificate(s) shall be displayed in the elevator machine room, in a non-combustible frame. It is the responsibility of the owner, operator or lessee of the elevator equipment to post the State Operating Certificate. If State ID tag(s) is/are attached, please post the tag(s) on the controller of each unit, in the machine room.

If you have any questions or comments please contact us at 573-751-2930.

State Operating Certificate



State ID:	8661
Inspection Date:	06/12/2013
Year Installed:	1972
Variance Date:	
Expiration Date	06/01/2014

Owner Name: MERS Goodwill Industries
Owner Address: 1727 Locust St
Owner City: St. Louis, MO 63103

Equipment ID: 8661
Equipment Type: FT-Freight-Traction
Speed: 200
Inspector: Jerry Eckhart

Location Name: MERS Goodwill Industries
Location Address: 4140 Forest Park Blvd
Location City: St. Louis, MO 63108

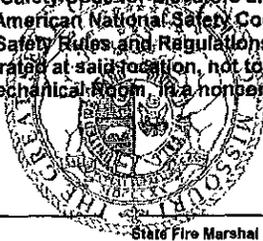
Location ID: REAR
Manufacturer: Otis
Capacity: 4000
Serial/Number: 325493

Comments:

This is to certify that the herein described equipment, duly conforms with the standards prescribed in the American Society of Mechanical Engineers, ASME A17.1, Safety Code for Elevators and Escalators, American National Standard Safety Code for Manlifts ANSI A90.1, American National Safety Code for Personnel Hoist ANSI A10.4 latest version adopted and amended by the Elevator Safety Rules and Regulations, RSMo 701.350 through 701.380 and 11 CSR 40-5.010 through 40-5.150 and may be operated at said location, not to exceed the speed and capacity listed above. This certificate is to be posted in the Mechanical Room in a noncombustible frame with a clear protective vision plate over it.

Larry Watson

Deputy Chief Elevator Inspector



Randy L. Allen

State Fire Marshal

City of St. Louis
Fire Department
Bureau of Fire Prevention

FIRE COMPLIANCE CERTIFICATE

No AO-463049

Date: 3/3/2014

Type: ANNUAL

Granted to: MERS 1727 LOCUST 63103
GOODWILL
OFFICE/ LIBRARY (5 FLOOR) PMT

To Whom it may concern

Upon witness by an authorized representative of the St. Louis Fire Marshal's Office of the aforementioned premises this CERTIFICATION is hereby granted. This certification is issued and accepted on the condition that all provisions now adopted or that may hereafter be adopted, shall be complied with.

This Certification expires 3/11/15 Firefighter/Inspector N. COLEMAN

Remarks

This certification does not take the place of any license required by law and is not transferable. Any changes in the use or occupancy of this premises shall require a new certification.

**THIS CERTIFICATE MUST BE POSTED ON THE
PREMISES MENTIONED ABOVE AT ALL TIMES**



Fire Marshal City of St. Louis

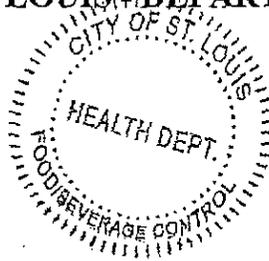
City of St Louis Payments
PO BOX 14702
St. Louis, MO 63178

REFERENCE NO : 7144

MERS MISSOURI GOODWILL
METROPOLITAN EMPLOYMENT
1727 LOCUST
ST LOUIS, MO 63103

CITY OF SAINT LOUIS, DEPARTMENT OF HEALTH

Establishment:
7144
METROPOLITAN EMPLOYMENT
1727 LOCUST (63103)



Date Issued: Jun 3 2014
Permit #: KHUS-9KPTUA
Expiration Date: 05/31/2015

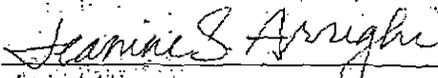


HEALTH PERMIT to operate a
FOOD SERVICE ESTABLISHMENT
-- Dine-in Establishment --

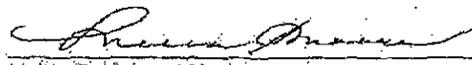


IN THE CITY OF ST. LOUIS, IN THE ABOVE DESCRIBED PREMISES, AS DEFINED BY ORDINANCE 68597,
IS HEREBY GRANTED, TO REMAIN IN FORCE UNTIL SUSPENDED OR REVOKED BY THE HEALTH
COMMISSIONER FOR CAUSE, OR UNTIL EXPIRATION DATE.

ATTEST


Jeanine Arrighi
Chief, Bureau of Environmental Health

BY ORDER OF:


Melba R. Moore, MS, CPHA
Health Commissioner

Blue Chip Pest Services Statement

service@stlbugs.com [service@stlbugs.com]

Sent: Wednesday, October 08, 2014 8:01 AM

To: Accounts Payable

STATEMENT

Statement Date: 10/08/14	Bill To [15214]
Blue Chip Pest Services	MERS Goodwill
1623 Headland Dr.	1727 Locust St
Fenton, MO 63026	Accts Payable: Sharon Futrell
636-343-7900	Saint Louis, MO 63103-1703

ENTERED OCT 09 2014

Date	Invoice	Description	Amount	Balance	Dues
Service Address: MERS Goodwill 1727 Locust St Accts Payable: Sharon Futrell, Saint Louis, MO 63103-1703					
09/10/14	700426	Rodent Control-Ck 5 Protectas	5.00	5.00	5.00
09/10/14	697969	General Pest Control Maintenance	180.00	180.00	180.00
09/24/14	697970	General Pest Control Maintenance	180.00	180.00	180.00
09/24/14	700427	Vector Maintenance-1 Plasma	20.00	20.00	20.00
Service Address: Missouri Goodwill - South County 10570 Baptist Church Rd, Saint Louis, MO 63128-1303					
09/26/14	696193	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill - St. Charles 2420 W Clay St, Saint Charles, MO 63301-2548					
09/03/14	696106	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill - Alton 1719 Homer M Adams Pkwy, Alton, IL 62002-5604					
09/04/14	696177	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill - Florissant 472 N Us Highway 67, Florissant, MO 63031-5102					
09/19/14	696269	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill - Brentwood 9116 Manchester Rd, Saint Louis, MO 63144-2626					
09/22/14	696316	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill - Retail 4140 Forest Park Ave, Saint Louis, MO 63108-2809					
09/12/14	696355	General Pest Control Maintenance	30.00	30.00	30.00

Service Address: Missouri Goodwill Industries 4140 Forest Park Ave, Saint Louis, MO 63108-2809

09/12/14	696381	General Pest Control Maintenance - 2 Story	169.00	169.00	169.00
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09/12/14	700287	Rodent Control - Check 12 Protectas	12.00	12.00	12.00
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Service Address: Missouri Goodwill- Festus 20 E Main St, Festus, MO 63028-1903

09/15/14	696523	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill - Glen Carbon 210 Junction Dr, Glen Carbon, IL 62034-4320

09/08/14	696634	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill 14373 Manchester Rd, Ballwin, MO 63011-4071

09/02/14	696898	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Woodriver 1435 Vaughn Rd, Wood River, IL 62095-1853

09/04/14	697575	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill 3675 Nameoki Rd, Granite City, IL 62040-3709

09/22/14	697576	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill - Belleville 100 Carlyle Plaza Dr, Belleville, IL 62221-6678

09/23/14	697594	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill - BTC Bldg 100 Carlyle Plaza Dr, Belleville, IL 62221-6678

09/23/14	697622	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill 10125 Watson Rd, Saint Louis, MO 63127-1101

09/22/14	697742	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Fairview Height 125 Commerce Ln, Fairview Heights, IL 62208-2030

09/09/14	697749	General Pest Control Maintenance	32.00	32.00	32.00
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Service Address: Missouri Goodwill - Bayless 4271 Bayless Ave, Saint Louis, MO 63123-7513

09/18/14	697849	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Arnold 3616 Richardson Square Way, Arnold, MO 63010-6002

09/10/14	697979	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill -Chesterfield Vly 17355 Edison Ave, Chesterfield, MO 63005-1250

09/17/14	697981	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Columbia 507 E Nifong Blvd, Columbia, MO 65201-3782

09/01/14	9109720	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Fenton 99 Sugar Creek Ctr, Fenton, MO 63026-4944

09/24/14	697982	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Hannibal 200 Steamboat Suite D, Hannibal, MO 63401

09/01/14	9109721	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Harvester 30 Harvester Sq, Saint Charles, MO 63303-6357

09/10/14	697983	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Jefferson City 1806 Missouri Blvd, Jefferson City, MO 65109-1776

09/01/14	9109722	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Moberly 1600 N Morley St, Moberly, MO 65270-3666

09/01/14	9109723	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Ozark 1551 E South St, Ozark, MO 65721-8622

09/01/14	9109724	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Rolla 1304 Forum Dr, Rolla, MO 65401-2588

09/01/14	9109725	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Springfield 520 E Battlefield St, Springfield, MO 65807-4804

09/01/14	9109726	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - St. Robert 220 Marshall Dr Suite 5, Saint Robert, MO 65584-8601

09/01/14	9109727	General Pest Control Maintenance	37.00	37.00	37.00
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Service Address: Missouri Goodwill - Washington 2030 Phoenix Center Dr, Washington, MO 63090-5544

09/05/14	697986	General Pest Control Maintenance	35.00	35.00	35.00
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Service Address: Missouri Goodwill - N Co Career Ctr 1760 N New Florissant Rd, Florissant, MO 63033-1906

09/15/14	697987	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - S Co Career Ctr 7321 S Lindbergh Blvd Suite 50, Saint Louis, MO 63125-4500

09/02/14	697988	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill - Chesterfield 11 Forum Shopping Ctr, Chesterfield, MO 63017-3006

09/08/14	698057	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill 14808 Clayton Rd, Chesterfield, MO 63017-7882

09/12/14	698132	General Pest Control Maintenance	30.00	30.00	30.00
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Service Address: Missouri Goodwill Career Center 1 Westbury Dr Bldg B - Suite 220, Saint Charles, MO 63301-2541

09/03/14	698590	General Pest Control Maintenance	33.00	33.00	33.00
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Service Address: Missouri Goodwill - Goodfellow 4300 Goodfellow Blvd, Saint Louis, MO 63120-

1703

09/02/14	698678	General Pest Control Maintenance	216.00	216.00	216.00
09/02/14	698683	Rodent Control - Check All Rodent Stations	15.00	15.00	15.00
09/05/14	708771	Animal Control - Prepaid Follow Up	75.00	75.00	75.00
09/08/14	698679	General Pest Control Maintenance	216.00	216.00	216.00
09/09/14	708926	Animal Control - Prepaid Follow Up	75.00	75.00	75.00
09/15/14	698680	General Pest Control Maintenance	216.00	216.00	216.00
09/19/14	709364	Animal Control - Prepaid Follow Up	75.00	75.00	75.00
09/22/14	698681	General Pest Control Maintenance	216.00	216.00	216.00
09/29/14	698682	General Pest Control Maintenance	216.00	216.00	216.00
Service Address: Missouri Goodwill Industries 3728 Market St, Saint Louis, MO 63110-1212					
09/10/14	699136	General Pest Control Maintenance	151.00	151.00	151.00
Service Address: Missouri Goodwill - Lake STL 913 Robert Raymond Dr, Lake Saint Louis, MO 63367-2679					
09/23/14	699522	General Pest Control Maintenance	42.00	42.00	42.00
09/23/14	709690	Sale of Product - Protecta	20.00	20.00	20.00
Service Address: Missouri Goodwill 620 Mid Rivers Mall Dr, Saint Peters, MO 63376-2460					
09/12/14	699865	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill 10764 W Florissant Ave, Saint Louis, MO 63136-2410					
09/15/14	699914	General Pest Control Maintenance	30.00	30.00	30.00
Service Address: Missouri Goodwill 7531 Olive Blvd, Saint Louis, MO 63130-1630					
09/11/14	702732	General Pest Control Maintenance	30.00	30.00	30.00

Current	30 Days	60 Days	Over 90 Days	Total
2,187.00	1,100.00	0.00	0.00	3,287.00

Click this link <http://secure.bluechipexterminating.com/myaccount/ePay.asp?Token=KFGGFCEJGCEIFEH> to pay your bill online.

City of Saint Louis

HOTEL/MOTEL

430652657
BUSINESS TYPE: HOTELS AND MOTELS
TERM OF LICENSE:
FROM TO
02/01/11 01/31/12
LICENSE # LC9643638
DATE ISSUED 02/22/11
FEE PAID 19.50



POST AT LOCATION LICENSED

If this is not a Business License the following applies: Pursuant to city ordinances and conditioned upon payment of the required fee or tax due, subject to audit and zoning requirements, license is hereby granted for the term and purpose stated.

If this is a Business License, the following applies: The City of Saint Louis: To all who shall see these presents, greeting: Know ye that the licensee, having paid to the City of Saint Louis the sum stated above, being the tax and license upon the licensee as a business, therefore, the said licensee is hereby authorized to sell any goods, wares, services and merchandise of any description, except as otherwise provided by ordinance at any one store, stand or place of business within the City, for the year ending as stated above. In testimony whereof, I, the comptroller of the City of Saint Louis have hereunto set my hand.

MERS MISSOURI GOODWILL IND
LICENSEE'S NAME AND ADDRESS:

MERS/MISSOURI GOODWILL INDUSTRIES
ATTEN: ACCTS PAYABLE
1727 LOCUST ST
ST LOUIS MO 63103

James J. May
REGISTER

Robert Gunn
COMPTROLLER

LOCATION
1727 LOCUST ST
ST LOUIS MO 63103

Michael Mc Miller
SIGNATURE OF LICENSE COLLECTOR OR DEPUTY

I 485834

Additional Unnumbered Attachments Referenced in Proposal
Pending and Final Legal Proceedings

Summary of MERS/Missouri Goodwill Industries Pending or Final Legal Proceedings

The below summary covers pending or final legal proceedings that took place in a court of law, administrative tribunal, or alternative dispute resolution process for the time period of October 21, 2011 – October 20, 2014, and in which MERS/Goodwill was a named party.

(Unemployment appeals filed with the Missouri Court of Appeals by former employees have been intentionally omitted due to the volume of those types of cases).

Plaintiff/ Complainant	Court/Agency	Date Filed	Allegations	Date Resolved/Outcome
Ashley Billingsley	Equal Employment Opportunity Commission (EEOC)	6/8/2012	Sexual Harassment/Retaliation	4/16/14 ~ EEOC found no violation and closed its investigation.
Romeo Butler	St. Louis County Circuit Court (Case No. 11SL-CC03232). St. Louis City Circuit Court (Case No. 1122-CC01611).	4/11/2011	Race discrimination/False Imprisonment	11/1/2013 – Case settled at mediation (no admission of wrongdoing). (Original EEOC charge found no violation and was dismissed).
Ashley Carter	Missouri Commission on Human Rights (MCHR)	2/10/2012	Sexual Harassment/Retaliation	11/1/2012 – MCHR found no violation and closed its investigation.
Ashley Carter	Greene County Circuit Court (Case No. 1231-CV16382).	11/20/2012	Sexual Harassment/Retaliation/Constructive Discharge/Negligent & Intentional Infliction of Emotional Distress	Case is pending.
Donovan Cain	St. Louis Civil Rights Enforcement Agency (STL CREA)	4/16/2014	Gender discrimination	9/22/2014 – CREA found no violation and closed its investigation.
Jamie Dodson	MCHR	5/6/2013	Gender discrimination/retaliation	12/18/2013 - MCHR found no violation and closed its

				investigation.
Roosevelt Fair-Kincaid	EEOC	10/25/2010	Race discrimination/retaliation	6/15/2012 - EEOC found no violation and closed its investigation.
Roosevelt Fair-Kincaid	U.S. District Court for the Southern District of Illinois (Case No. 12-cv-991-JPG-PMF).	4/11/2011	Race discrimination/retaliation	8/27/2013 – Case settled (no admission of wrongdoing).
Megan Gruber	MCHR	6/20/2011	Gender discrimination (pregnancy)	11/17/2011 - MCHR found no violation and closed its investigation.
Lonnell Harris	EEOC	1/31/2013	Disability discrimination	6/20/2013 - EEOC found no violation and closed its investigation.
Antoin Johnson	EEOC	12/23/2012	Gender discrimination	1/17/2014 - EEOC found no violation and closed its investigation.
Antoin Johnson	EEOC	1/25/2013	Retaliation	1/31/2013 - EEOC found no violation and closed its investigation.
Antoin Johnson	U.S. District Court for the Eastern District of Missouri (Case No. 4:14-cv-01069-CEJ).	4/17/2014	Gender discrimination/Retaliation	Case is pending. (Retaliation claim was dismissed by the court on 7/30/2014).
Rickey Lynn	EEOC	2/25/2012	Disability discrimination	6/8/2012 - EEOC found no violation and closed its investigation.
Nina Meredith	STL CREA	12/16/2011	Disability discrimination	3/26/2012 - Case settled (no

				admission of wrongdoing).
Angela Perry	St. Louis City Circuit Court (Case No. 1322-CC09069).	8/8/2013	Race and Age discrimination/Retaliation	Case is pending. (This case is no longer being handled by Armstrong Teasdale).
Teodora Petrova	EEOC	3/12/2013	Disability discrimination	7/14/2014 - EEOC found no violation and closed its investigation.
Eugene Randle	MCHR	8/5/2013	Age discrimination	4/8/14 - MCHR found no violation and closed its investigation.
Doris Rice	STL CREA	7/25/2012	Age and disability discrimination	9/28/2012 – STL CREA found no violation and closed its investigation.
Doris Rice	U.S. District Court for the Eastern District of Missouri (Case No. 4:13-cv-00115-CAS)	1/17/2013	Defamation	2/29/2013 – Dismissed by court for lack of jurisdiction. Plaintiff never refiled.
Ronald Smith	MCHR	2/21/2012	Disability discrimination	6/13/2012 - MCHR found no violation and closed its investigation.
Jeff Tacina	EEOC	1/2/2014	Disability discrimination/Retaliation	4/30/2014 - EEOC found no violation and closed its investigation.
Walter Yung	St. Louis County Circuit Court (Case No. 12SL-CC02568).	1/6/2012	Conversion/Replevin	8/5/2013 – Case dismissed by Plaintiff.
Nathaniel Walt	EEOC	12/11/2013	Disability discrimination/Retaliation	Case is pending. (Awaiting

				determination from the EEOC).
Gary Peters	U.S. District Court for the Eastern District of Missouri (Case No. 4:14-cv-01069-CEJ).	7/29/2014	Age discrimination	Case is pending.
Bennett Trust Litigation	St. Louis City Circuit Court (Case No. 1422-pr-00277).	4/30/2014	Case filed by trustee to modify trust of which MERS/Goodwill is a beneficiary	Case is pending.
MERS/Goodwill v. Wells Fargo Advisors	St. Louis County Circuit Court (Case No. 14SL-cc-00213).	1/23/2014	Declaratory judgment re ownership of a bank account	3/27/2014 – Consent judgment entered.
Eva Deal	Greene County Circuit Court (Case No. 1431-CC00344).	3/9/2014	Personal Injury	Case pending.
Charlotte Pope	Scott County Circuit Court (Case No. 13SO-CV00163).	1/22/2013	Personal Injury	Case pending.
James & Maida Coleman	St. Louis City Circuit Court (Case No. 1322-AC09989).	7/17/2013	Tort (Specific allegations unknown)	9/13/2013 – Case dismissed by Plaintiffs.
Eva-Simone Gordon	St. Louis City Circuit Court (Case No. 1322-CC09859).	11/6/2013	Personal Injury	Case pending.
Lydia Cayabyab	St. Louis County Circuit Court (Case	3/15/2013	Personal Injury	Case pending.

	No. 13SL-CC00918).			
Cynthia Ivancic	St. Louis County Circuit Court (Case No. 12SL-CC02857).	7/26/2012	Personal Injury	7/1/2014 – Case dismissed.
Linda Gardner	Greene County Circuit Court (Case No. 1231-CV11722).	8/15/2012	Personal Injury	9/25/2013 – Case dismissed.
MERS/Goodwill v. Renee Stout, Sean Kelley, & In Stages, Inc.	St. Louis County Circuit Court (Case No. 12SL-CC02039).	6/1/2012	Interpleader action (MERS/Goodwill found a substantial amount of cash in a donation and several parties claimed ownership. Deposited the funds with the court and court determined rightful owner).	11/19/2012 – Case tried and closed.
Jessica Williams	Douglas County Circuit Court (Case No. 12DG-AC00034).	3/22/2012	Personal injury	4/11/2012 – Case dismissed pursuant to settlement.
Marilyn Brym	St. Charles County Circuit Court (Case No. 1111-CV05387).	6/14/2011	Personal Injury	12/13/2012 – Case dismissed.
Earnest Jackson, Jr.	St. Louis City Circuit Court (Case No. 1022-CC01892).	4/30/2010	Personal Injury	1/20/2012 – Case dismissed.

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Additional Unnumbered Attachments Referenced in Proposal
2013 Financial Audit



**MERS/MISSOURI GOODWILL INDUSTRIES AND
AFFILIATES**

COMBINED FINANCIAL STATEMENTS

DECEMBER 31, 2013 AND 2012

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors
MERS/Missouri Goodwill Industries and Affiliates
St. Louis, Missouri

We have audited the accompanying combined financial statements of MERS/Missouri Goodwill Industries and Affiliates (A Non-Profit Organization) (collectively the "Agency") which comprise the combined statements of financial position as of December 31, 2013 and 2012, and the related combined statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Agency's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of MERS/Missouri Goodwill Industries and Affiliates as of December 31, 2013 and 2012 and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

MEMBERS

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS • MISSOURI SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
AICPA GOVERNMENTAL AUDIT QUALITY CENTER • AICPA EMPLOYEE BENEFIT PLAN AUDIT QUALITY CENTER

SCHOWALTER & JABOURI, P.C. IS A MEMBER OF NEXIA INTERNATIONAL, A WORLDWIDE NETWORK OF INDEPENDENT ACCOUNTING AND CONSULTING FIRMS.

Other Reporting Required By Government Auditing Standards

In accordance with *Government Auditing Standards*, we have also issued our report dated April 15, 2014, on our consideration of the Agency's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Agency's internal control over financial reporting and compliance.


SCHOWALTER & JABOURI, P.C.

St. Louis, Missouri
April 15, 2014

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

**COMBINED STATEMENTS OF FINANCIAL POSITION
DECEMBER 31, 2013 AND 2012**

<u>ASSETS</u>	<u>2013</u>	<u>2012</u>
Current Assets		
Cash and cash equivalents	\$ 13,172,634	\$ 12,108,223
Accounts receivable (net of allowance for potentially uncollectible accounts of \$80,462 and \$83,139 as of December 31, 2013 and 2012, respectively)	4,946,981	4,212,949
Promises to give	677,472	678,345
Inventories	2,301,811	2,345,444
Prepaid expenses	501,011	498,092
Investments	<u>14,068,133</u>	<u>12,124,222</u>
Total Current Assets	<u>35,668,042</u>	<u>31,967,275</u>
Other assets	209,891	191,324
Beneficial interest in split interest agreements	1,276,707	1,109,659
Property and equipment, net	19,354,506	18,599,075
Construction in progress	2,420,794	467,129
Investments	<u>192,551</u>	<u>216,593</u>
Total Assets	<u>\$ 59,122,291</u>	<u>\$ 52,551,055</u>
 <u>LIABILITIES AND NET ASSETS</u>		
Current Liabilities		
Current maturities of long-term debt	\$ 1,541,050	\$ 998,691
Accounts payable	1,841,602	1,779,861
Accrued expenses	3,474,951	4,911,555
Deferred revenue	<u>495,031</u>	<u>347,974</u>
Total Current Liabilities	<u>7,352,634</u>	<u>8,038,081</u>
Long-Term Debt, Less Current Maturities	<u>-</u>	<u>1,540,994</u>
Total Liabilities	<u>7,352,634</u>	<u>9,579,075</u>
Net Assets		
Unrestricted	49,809,589	41,046,824
Temporarily restricted	<u>1,960,068</u>	<u>1,925,156</u>
Total Net Assets	<u>51,769,657</u>	<u>42,971,980</u>
Total Liabilities and Net Assets	<u>\$ 59,122,291</u>	<u>\$ 52,551,055</u>

The Notes to Combined Financial Statements are an integral part of
these statements.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

**COMBINED STATEMENTS OF ACTIVITIES
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012**

	2013			
	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Permanently Restricted</u>	<u>Total</u>
Public Support				
Contributions of inventory	\$ 54,581,928	\$ -	\$ -	\$ 54,581,928
Associated organizations	-	698,927	-	698,927
Other contributions	<u>887,142</u>	<u>140,128</u>	-	<u>1,027,270</u>
Total Public Support	<u>55,469,070</u>	<u>839,055</u>	-	<u>56,308,125</u>
Revenue				
Stores and salvage sales	63,860,001	-	-	63,860,001
Contract services	7,183,693	-	-	7,183,693
Employment and training	18,441,619	-	-	18,441,619
Sheltered workshop	798,928	-	-	798,928
Other program services	1,709,901	-	-	1,709,901
Investment income (loss)	1,326,597	167,048	-	1,493,645
Miscellaneous	<u>113,813</u>	-	-	<u>113,813</u>
Total Revenue	<u>93,434,552</u>	<u>167,048</u>	-	<u>93,601,600</u>
Net Assets Released from Restrictions	<u>971,191</u>	<u>(971,191)</u>	-	-
Total Public Support and Revenue	<u>149,874,813</u>	<u>34,912</u>	-	<u>149,909,725</u>
Expenses				
Program Services				
Stores and salvage	104,655,232	-	-	104,655,232
Contract services	6,841,989	-	-	6,841,989
Employment and training	18,735,806	-	-	18,735,806
Sheltered workshop	867,083	-	-	867,083
Other services	<u>1,815,624</u>	-	-	<u>1,815,624</u>
Total Program Services	<u>132,915,734</u>	-	-	<u>132,915,734</u>
Supporting Services				
Management and general	5,678,755	-	-	5,678,755
Fundraising	<u>2,517,559</u>	-	-	<u>2,517,559</u>
Total Supporting Services	<u>8,196,314</u>	-	-	<u>8,196,314</u>
Total Expenses	<u>141,112,048</u>	-	-	<u>141,112,048</u>
Change in Net Assets	8,762,765	34,912	-	8,797,677
Net Assets, Beginning of Year	<u>41,046,824</u>	<u>1,925,156</u>	-	<u>42,971,980</u>
Net Assets, End of Year	\$ <u>49,809,589</u>	\$ <u>1,960,068</u>	\$ -	\$ <u>51,769,657</u>

	2012			Total
	Unrestricted	Temporarily Restricted	Permanently Restricted	
Public Support				
Contributions of inventory	\$ 50,368,731	\$ -	\$ -	\$ 50,368,731
Associated organizations	336	700,170	-	700,506
Other contributions	877,787	340,053	-	1,217,840
Total Public Support	<u>51,246,854</u>	<u>1,040,223</u>	<u>-</u>	<u>52,287,077</u>
Revenue				
Stores and salvage sales	58,825,277	-	-	58,825,277
Contract services	6,680,317	-	-	6,680,317
Employment and training	19,070,840	-	-	19,070,840
Sheltered workshop	682,081	-	-	682,081
Other program services	1,877,839	-	-	1,877,839
Investment income (loss)	601,801	100,797	-	702,598
Miscellaneous	76,918	-	-	76,918
Total Revenue	<u>87,815,073</u>	<u>100,797</u>	<u>-</u>	<u>87,915,870</u>
Net Assets Released from Restrictions	<u>1,180,621</u>	<u>(898,946)</u>	<u>(281,675)</u>	<u>-</u>
Total Public Support and Revenue	<u>140,242,548</u>	<u>242,074</u>	<u>(281,675)</u>	<u>140,202,947</u>
Expenses				
Program Services				
Stores and salvage	98,510,210	-	-	98,510,210
Contract services	6,176,667	-	-	6,176,667
Employment and training	19,137,248	-	-	19,137,248
Sheltered workshop	659,878	-	-	659,878
Other services	1,881,685	-	-	1,881,685
Total Program Services	<u>126,365,688</u>	<u>-</u>	<u>-</u>	<u>126,365,688</u>
Supporting Services				
Management and general	5,076,726	-	-	5,076,726
Fundraising	2,264,114	-	-	2,264,114
Total Supporting Services	<u>7,340,840</u>	<u>-</u>	<u>-</u>	<u>7,340,840</u>
Total Expenses	<u>133,706,528</u>	<u>-</u>	<u>-</u>	<u>133,706,528</u>
Change in Net Assets	6,536,020	242,074	(281,675)	6,496,419
Net Assets, Beginning of Year	<u>34,510,604</u>	<u>1,683,082</u>	<u>281,675</u>	<u>36,475,561</u>
Net Assets, End of Year	\$ <u>41,046,824</u>	\$ <u>1,925,156</u>	\$ <u>-</u>	\$ <u>42,971,980</u>

The Notes to Combined Financial Statements are an integral part of these statements.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

**COMBINED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2013**

	Program Services			
	Stores and <u>Salvage</u>	Contract <u>Services</u>	Employment and <u>Training</u>	Sheltered <u>Workshop</u>
Salaries and Wages	\$ 23,218,996	\$ 4,291,464	\$ 10,531,620	\$ 501,978
Employee Welfare	2,891,470	179,295	2,353,264	76,322
Payroll Taxes	<u>2,453,840</u>	<u>540,602</u>	<u>1,177,571</u>	<u>57,272</u>
Total Salaries and Related Expenses	<u>28,564,306</u>	<u>5,011,361</u>	<u>14,062,455</u>	<u>635,572</u>
Cost of Donated Goods Sold	54,581,976	-	-	-
Professional Fees and Contracts	1,087,677	905,565	404,013	16,419
Inventories and Supplies	6,255,886	538,673	344,730	34,808
Telephone	309,391	41,353	396,642	3,860
Postage and Shipping	436,589	495	68,680	15,510
Occupancy	7,827,189	31,026	828,492	121,469
Rental and Maintenance of Equipment	1,748,233	18,104	86,542	43,314
Local Transportation	892,660	93,176	521,190	8,038
Printing and Publications	6,251	-	2,384	-
Dues to Goodwill Industries				
International	-	-	-	-
Insurance	391,720	66,481	194,983	-
Interest and Bank Fees	893,943	1,097	2,441	1,413
Client Services	13,942	-	905,298	-
Miscellaneous Expense	201,412	83,154	727,998	(26,548)
Bad Debt Expense	8,936	16,539	41,358	-
Depreciation	<u>1,435,121</u>	<u>34,965</u>	<u>148,600</u>	<u>13,208</u>
Total Expenses	\$ <u>104,655,232</u>	\$ <u>6,841,989</u>	\$ <u>18,735,806</u>	\$ <u>867,083</u>

		Supporting Services					
Other Services	Total	Management and General	Fundraising	Total	Total	Total	
\$ 988,038	\$ 39,532,096	\$ 2,683,879	\$ 430,170	\$ 3,114,049	\$	\$ 42,646,145	
240,853	5,741,204	406,490	74,938	481,428		6,222,632	
<u>105,908</u>	<u>4,335,193</u>	<u>254,515</u>	<u>43,059</u>	<u>297,574</u>		<u>4,632,767</u>	
<u>1,334,799</u>	<u>49,608,493</u>	<u>3,344,884</u>	<u>548,167</u>	<u>3,893,051</u>		<u>53,501,544</u>	
-	54,581,976	-	-	-		54,581,976	
67,643	2,481,317	1,244,312	95,263	1,339,575		3,820,892	
294,776	7,468,873	184,002	5,474	189,476		7,658,349	
10,579	761,845	94,395	4,135	98,530		860,375	
-	521,274	49,763	2,487	52,250		573,524	
-	8,808,176	331,969	-	331,969		9,140,145	
11,994	1,908,187	170,503	293	170,796		2,078,983	
9,526	1,524,590	84,479	8,166	92,645		1,617,235	
-	8,635	17,427	1,810,816	1,828,243		1,836,878	
-	-	162,024	-	162,024		162,024	
-	653,184	104,350	1,785	106,135		759,319	
1,288	900,182	98,323	40	98,363		998,545	
18,999	938,239	-	-	-		938,239	
(1,375)	984,641	(433,609)	39,870	(393,739)		590,902	
689	67,522	-	-	-		67,522	
<u>66,706</u>	<u>1,698,600</u>	<u>225,933</u>	<u>1,063</u>	<u>226,996</u>		<u>1,926,596</u>	
<u>\$ 1,815,624</u>	<u>\$ 132,915,734</u>	<u>\$ 5,678,755</u>	<u>\$ 2,517,559</u>	<u>\$ 8,196,314</u>	<u>\$</u>	<u>\$ 141,112,048</u>	

The Notes to Combined Financial Statements are an integral part of these statements.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

**COMBINED STATEMENT OF FUNCTIONAL EXPENSES
FOR THE YEAR ENDED DECEMBER 31, 2012**

	Program Services			
	Stores and Salvage	Contract Services	Employment and Training	Sheltered Workshop
Salaries and Wages	\$ 22,016,638	\$ 4,015,267	\$ 10,521,477	\$ 471,039
Employee Welfare	2,535,887	155,535	2,301,937	57,418
Payroll Taxes	2,591,747	474,864	1,217,589	52,334
Total Salaries and Related Expenses	27,144,272	4,645,666	14,041,003	580,791
Cost of Donated Goods Sold	50,056,915	-	-	-
Professional Fees and Contracts	888,322	692,769	373,305	694
Inventories and Supplies	6,848,089	429,836	354,188	26,454
Telephone	263,241	32,196	300,687	2,503
Postage and Shipping	407,075	70	66,962	67
Occupancy	7,693,154	49,069	812,028	84,069
Rental and Maintenance of Equipment	1,808,577	18,019	41,799	6,062
Local Transportation	895,234	102,057	517,886	6,369
Printing and Publications	17,247	119	11,823	645
Dues to Goodwill industries International	-	-	-	-
Insurance	314,413	82,896	88,376	-
Interest and Bank Fees	816,835	756	3,249	94
Client Services	19,069	-	1,312,908	-
Miscellaneous Expense	107,207	92,274	847,535	(60,309)
Bad Debt Expense	(23,682)	5,754	221,329	(4,440)
Depreciation	1,254,242	25,186	144,190	16,879
Total Expenses	\$ 98,510,210	\$ 6,176,667	\$ 19,137,248	\$ 659,878

		Supporting Services			
Other Services	Total	Management and General	Fundraising	Total	Total
\$ 1,076,348	\$ 38,100,769	\$ 2,570,113	\$ 419,092	\$ 2,989,205	\$ 41,089,974
212,658	5,263,435	430,191	86,742	516,933	5,780,368
<u>124,856</u>	<u>4,461,190</u>	<u>243,972</u>	<u>40,608</u>	<u>284,580</u>	<u>4,745,770</u>
<u>1,413,662</u>	<u>47,825,394</u>	<u>3,244,276</u>	<u>546,442</u>	<u>3,790,718</u>	<u>51,616,112</u>
-	50,056,915	-	-	-	50,056,915
37,818	1,992,908	949,154	77,049	1,026,203	3,019,111
300,808	7,959,355	177,256	5,864	183,120	8,142,475
9,249	607,876	92,698	3,953	96,651	704,527
72	474,246	38,808	696	39,504	513,750
-	8,638,320	338,808	-	338,808	8,977,128
11,997	1,886,454	120,059	886	120,945	2,007,399
9,066	1,530,612	79,151	8,158	87,309	1,617,921
-	29,834	29,479	1,600,988	1,630,467	1,660,301
-	-	159,624	-	159,624	159,624
-	485,685	99,133	1,726	100,859	586,544
1,625	822,559	104,784	1	104,785	927,344
30,000	1,361,977	-	-	-	1,361,977
(1,016)	985,691	(583,033)	18,351	(564,682)	421,009
984	199,945	-	-	-	199,945
<u>67,420</u>	<u>1,507,917</u>	<u>226,529</u>	<u>-</u>	<u>226,529</u>	<u>1,734,446</u>
<u>\$ 1,881,685</u>	<u>\$ 126,365,688</u>	<u>\$ 5,076,726</u>	<u>\$ 2,264,114</u>	<u>\$ 7,340,840</u>	<u>\$ 133,706,528</u>

The Notes to Combined Financial Statements are an integral part of these statements.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

**COMBINED STATEMENTS OF CASH FLOWS
FOR THE YEARS ENDED DECEMBER 31, 2013 AND 2012**

	<u>2013</u>	<u>2012</u>
Cash Flows from Operating Activities		
Change in net assets	\$ 8,797,677	\$ 6,496,419
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	1,925,596	1,734,446
Gain on disposal of equipment	(3,472)	-
Change in value of investments	(1,919,869)	295,418
Change in value of split-interest agreements	(167,048)	(100,797)
Changes in assets - (increase) decrease		
Accounts receivable	(734,032)	660,002
Promises to give	873	(4,125)
Inventories	43,633	(346,064)
Prepaid expenses	(2,919)	(371,218)
Other assets	(18,367)	(22,102)
Changes in liabilities - increase (decrease)		
Accounts payable and accrued expenses	(1,374,863)	294,159
Deferred revenue	147,057	(298,786)
Net Cash Provided by Operating Activities	<u>6,694,266</u>	<u>8,337,352</u>
Cash Flows from Investing Activities		
Net proceeds from sale of property and equipment	9,239	-
Payments for property and equipment	(4,640,459)	(4,030,763)
Net Cash Used in Investing Activities	<u>(4,631,220)</u>	<u>(4,030,763)</u>
Cash Flows from Financing Activities		
Payments on long-term debt	(998,635)	(136,635)
Net Cash Used in Financing Activities	<u>(998,635)</u>	<u>(136,635)</u>
Net Increase in Cash and Cash Equivalents	1,064,411	4,169,954
Cash and Cash Equivalents, Beginning of Year	<u>12,108,223</u>	<u>7,938,269</u>
Cash and Cash Equivalents, End of Year	\$ <u>13,172,634</u>	\$ <u>12,108,223</u>
Supplemental Disclosure of Cash Flow Information		
Interest Paid	\$ <u>154,395</u>	\$ <u>161,880</u>

The Notes to Combined Financial Statements are an integral part of these statements.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION

Nature of Organization

MERS/Missouri Goodwill Industries and Affiliates (the "Agency") is a not-for-profit corporation that provides for the vocational needs of people with disabilities and disadvantages. The Agency believes that work not only helps achieve financial stability but also helps with autonomy, self-reliance and confidence of the clients served. The Agency has become a significant provider of vocational rehabilitation services in Missouri. Revenues from the Goodwill stores assist with funding the Agency's employment and training programs.

Missouri Goodwill Industries Services Corporation ("MGIS") is a not-for-profit corporation established for the purpose of accounting for the Agency's Ability One contract services. MERS/Missouri Goodwill Industries and MGIS have commonality through board members. Certain administrative expenses are allocated to MGIS as a part of the combined financial statements.

Service for Extended Employment and Development, Inc. ("SEED") is a not-for-profit corporation established for the purpose of accounting for the Agency's vocational training for mentally and physically disabled individuals within a sheltered workshop environment. MERS/Missouri Goodwill Industries and SEED have commonality through board members. Certain administrative expenses are allocated to SEED as a part of the combined financial statements.

The Agency's primary sources of revenue are store and salvage sales, contract services, employment and training, sheltered workshop and contributions.

Principles of Combination

The accompanying combined financial statements include the following affiliated non-profit organizations: MERS/Missouri Goodwill Industries ("M/MGI"), Missouri Goodwill Industries Services Corporation ("MGIS") and Service for Extended Employment and Development, Inc. ("SEED"). All significant inter-entity transactions and account balances have been eliminated. The designation, "Agency", includes both affiliated organizations combined.

Basis of Accounting

The financial statements of the Agency have been prepared on the accrual basis of accounting.

Basis of Presentation

The financial statement presentation follows the recommendations of the Financial Accounting Standards Board ASC 958-210, *Financial Statements of Not-For-Profit Organizations*. Under ASC 958-210, the Agency is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Estimates also affect reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Cash and Cash Equivalents

The Agency considers all temporary investments having maturities of three months or less to be cash and cash equivalents.

Accounts Receivable

Accounts receivable is stated at the amount management expects to collect from outstanding balances. These balances consist primarily of billings for grants, contract revenues and employment and training revenues.

The carrying amount of accounts receivable is reduced by an allowance for doubtful accounts based on estimated losses that will be incurred in collection of all receivables. Management provides for probable uncollected amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Management believes this method provides a proper recognition of bad debt expense in the period incurred. The allowance for doubtful accounts is \$80,462 and \$83,139 as of December 31, 2013 and 2012, respectively.

Promises to Give

Contributions related to promises to give are recognized when the donor makes an unconditional promise to give, and for conditional promises to give, only when the conditions on which they depend are substantially met and the promise becomes unconditional. These contributions are recorded as unrestricted, temporarily restricted or permanently restricted revenue depending on the existence or nature of any donor restrictions. Contributions and support that are restricted by the donor are reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets. Promises to give that are expected to be collected within one year are recorded at net realizable value. Promises to give that are expected to be collected in future years are measured at fair value using the present value of their estimated future cash flows.

Inventories

The Agency obtains most of its inventory from public donations and sells the donated merchandise in its retail sales activities. Donated inventory is valued at an estimated market value at the retail store level less gross profit based on estimates of inventory turnover at the retail stores. The Agency also purchases certain new items from commercial retailers at discounted retail value and records the purchased merchandise in inventory at cost.

Investments

The Agency's investments are stated at fair value except for the Agency's investment in a limited partnership, which is accounted for under the equity method. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Interest, dividend, capital gain and royalty income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses on disposals of investments are based on the historic cost of the securities sold using the specific identification method. Unrealized gains and losses on investment securities are based on the difference between the historic cost and the fair value on the measurement date of each investment. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held by the Agency during the year.

Beneficial Interest in Split Interest Agreements

The Agency's beneficial interests in split-interest agreements with donors consist of interests in charitable remainder trusts, for which the Agency does not serve as trustee. Temporarily restricted contribution revenue related to these agreements is recognized when the Agency is notified of the split interest agreements existence, and then only after the agreement becomes irrevocable.

The Agency records its interest at fair value based on estimated future cash receipts. Initial recognition and subsequent adjustments to the assets' carrying values are reported as investment income in the accompanying financial statements.

Property and Equipment

Property and equipment is capitalized at cost if purchased and fair value if contributed, and depreciated over its useful lives using straight-line depreciation. Major renewals and betterments, which extend the useful lives of assets, are capitalized. Maintenance and repairs are charged to operations as incurred.

Items used for training purposes are expensed upon acquisition. At December 31, 2013 and 2012, all property and equipment are unrestricted.

Restricted and Unrestricted Public Support and Revenues

The Agency reports gifts of cash and other assets as unrestricted, temporarily restricted or permanently restricted depending on the existence and/or nature of any donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions. When restricted revenue is received in the same reporting period in which it is spent, revenue is shown as unrestricted.

Donated Inventory, Materials and Services

Donated inventory and materials are recorded as contributions at estimated fair value based on the subsequent sale price of the items donated. Donated services are considered insignificant during the years ended December 31, 2013 and 2012.

Description of Program and Supporting Services

The following program and supporting services are included in the accompanying combined financial statements:

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Program Services

Stores and salvage sales

Activity associated with the collecting, pricing and selling of merchandise through the retail stores.

Contract services

Services available to the public, including janitorial services.

Employment and training

Identifies employment and training goals and potential of clients as well as providing counseling, training and job placement services necessary to obtain employment.

Sheltered workshop

Provides paid work within a facility setting for clients who have been determined unable to work competitively in the community.

Other services

Includes residential services, transportation services for clients involved in programs and training and support for clients living independently in the community.

Supporting Services

Management and general

Includes the functions necessary to maintain an equitable employment program, ensure an adequate working environment, provide coordination and articulation of the Agency's program strategy, secure proper administrative functioning of the Board of Directors and manage the financial and budgetary responsibilities of the Agency.

Fundraising

Provides the structure necessary to encourage and secure financial support for the Agency through grants and contributions.

Expense Allocation

Expenses are charged to programs and supporting services on the basis of actual costs incurred by the specific program or supporting service, as well as on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Agency.

Printing and Publications

Printing and Publication costs are expensed as incurred. Printing and publication expense amounted to \$1,836,878 and \$1,660,301 for the years ended December 31, 2013 and 2012, respectively.

Tax Status

The Agency constitutes a qualified not-for-profit organization under Section 509(a) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Income Tax Uncertainties

The Agency follows "FASB Accounting Standards Codification 740-10, *Income Taxes -- Overall*". The Agency has assessed its federal and state tax positions and determined that there were no unrelated business income taxes and no uncertainties or possible related effects that need to be recorded as of or for the years ended December 31, 2013 and 2012. The returns of the Agency for 2013, 2012, 2011 and 2010 are subject to examination by the respective taxing authorities generally for four years after they were filed.

NOTE 2 ACCOUNTS RECEIVABLE

Accounts receivable consists of the following as of December 31:

	<u>2013</u>	<u>2012</u>
Grants	\$ 1,988,118	\$ 1,530,834
Contract revenues	1,620,180	1,382,425
Employment and training revenues	779,225	710,039
Other	<u>639,920</u>	<u>672,790</u>
Accounts receivable, gross	5,027,443	4,296,088
Less allowance for doubtful accounts	<u>(80,462)</u>	<u>(83,139)</u>
Accounts receivable, net	<u>\$ 4,946,981</u>	<u>\$ 4,212,949</u>

NOTE 3 PROMISES TO GIVE

Promises to give include unconditional contributions from associated organizations of \$677,472 and \$678,345 at December 31, 2013 and 2012, respectively. Management expects to receive the cash for these promises within one year.

NOTE 4 INVESTMENTS

Investments consist of the following as of December 31:

	<u>2013</u>	<u>2012</u>
Marketable securities	\$ 4,651,935	\$ 2,899,778
Mutual funds	970,630	2,742,909
Corporate fixed income	5,365,541	3,738,179
Managed futures	555,418	553,361
Hedge funds	2,402,081	2,189,995
Private equity	122,528	-
Mineral leases	161,000	157,000
Limited partnership	<u>31,551</u>	<u>59,593</u>
Total	<u>\$ 14,260,684</u>	<u>\$ 12,340,815</u>

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 4 INVESTMENTS (CONTINUED)

Investments are as follows on the accompanying combined statements of financial position as of December 31:

	<u>2013</u>	<u>2012</u>
Investments, current	\$ 14,068,133	\$ 12,124,222
Investment, long term	192,551	216,593
Total	\$ 14,260,684	\$ 12,340,815

Investment earnings consist of the following for the years ended December 31:

	<u>2013</u>	<u>2012</u>
Interest	\$ 217,057	\$ 38,103
Dividends	144,105	180,620
Capital gains	18,237	16,564
Other	13,204	-
Royalties	26,546	27,208
Net appreciation	907,448	339,306
Total	\$ 1,326,597	\$ 601,801

Investment fees reported in the combined statements of activities were \$67,763 and \$135,827 for the years ended December 31, 2013 and 2012, respectively.

NOTE 5 FAIR VALUE

FASB ASC 820, *Fair Value Measurements and Disclosures*, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Agency has the ability to access.
Level 2	Inputs to the valuation methodology include: Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 FAIR VALUE (CONTINUED)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2013 as compared to December 31, 2012 except as noted below.

Corporate fixed income: Certain corporate fixed income securities (bonds) are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Managed Futures: Open positions are valued using various mark to market accounting principles.

Beneficial Interest in Split Interest Agreements: Valued based on discounted estimated future cash flows expected to be received.

Private Equity: In the absence of quoted market prices, fair value is determined by the General Partner.

Investment in Mineral Leases: For producing interests, fair value for December 31, 2013 was determined using 2013 production revenue times a factor of 5.5 and fair value for December 31, 2012 was determined using 2012 production revenue times a factor of 5.5. For nonproducing interests, the value was determined by determining net acreage owned in a particular tract, and multiplying net acreage by the most common bonus consideration that would be expected to be received. Properties that have been leased and are still in their primary terms are valued at 1.5 times leased bonus received.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Agency believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 FAIR VALUE (CONTINUED)

The following tables set forth by level, within the fair value hierarchy, the Agency's assets at fair value as of December 31, 2013 and 2012:

2013	Total	Level 1	Level 2	Level 3
Marketable securities				
Communications	\$ 75,821	\$ 75,821	\$ -	\$ -
Consumer	683,990	683,990	-	-
Technology	775,969	775,969	-	-
Mineral	204,221	204,221	-	-
Finance	1,788,695	1,788,695	-	-
Industrial	1,123,239	1,123,239	-	-
Mutual funds				
Equity	337,731	337,731	-	-
Commodities	29,149	29,149	-	-
International	560,441	560,441	-	-
Bond	23,832	23,832	-	-
Alternative	19,477	19,477	-	-
Corporate fixed income	5,365,541	-	5,365,541	-
Managed futures	555,418	-	555,418	-
Hedge funds	2,402,081	-	2,402,081	-
Private equity	122,528	-	-	122,528
Mineral leases	161,000	-	-	161,000
Beneficial Interest in Split Interest Agreements	1,276,707	-	-	1,276,707
Total	\$ 15,505,840	\$ 5,622,565	\$ 8,323,040	\$ 1,560,235
2012	Total	Level 1	Level 2	Level 3
Marketable securities				
Communications	\$ 128,073	\$ 128,073	\$ -	\$ -
Consumer	522,263	522,263	-	-
Technology	601,381	601,381	-	-
Mineral	172,279	172,279	-	-
Finance	1,006,697	1,006,697	-	-
Industrial	333,976	333,976	-	-
Utilities	135,109	135,109	-	-
Mutual funds				
Equity	845,710	845,710	-	-
Commodities	113,240	113,240	-	-
International	1,579,212	1,579,212	-	-
Bond	153,334	153,334	-	-
Alternative	51,413	51,413	-	-
Corporate fixed income	3,738,179	-	3,738,179	-
Managed futures	553,361	-	553,361	-
Hedge funds	2,189,995	-	2,189,995	-
Mineral leases	157,000	-	-	157,000
Beneficial Interest in Split Interest Agreements	1,109,659	-	-	1,109,659
Total	\$ 13,390,881	\$ 5,642,687	\$ 6,481,535	\$ 1,266,659

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 FAIR VALUE (CONTINUED)

For the years ended December 31, 2013 and 2012, the changes in assets measured using significant unobservable inputs (Level 3) were as follows:

	Level 3 Assets Year Ended December 31, 2013			Level 3 Assets Year Ended December 31, 2012	
	Private Equity	Mineral Leases	Beneficial Interest in Split Interest Agreements	Mineral Leases	Beneficial Interest in Split Interest Agreements
Balance, beginning of year	\$ -	\$ 157,000	\$ 1,109,659	\$ 163,765	\$ 1,008,862
Purchases	122,528	-	-	-	-
Unrealized gains (losses) relating to instruments still held at the reporting date	-	4,000	167,048	(6,765)	100,797
Balance, end of year	<u>\$ 122,528</u>	<u>\$ 161,000</u>	<u>\$ 1,276,707</u>	<u>\$ 157,000</u>	<u>\$ 1,109,659</u>

NOTE 6 BENEFICIAL INTEREST IN SPLIT INTEREST AGREEMENTS

The Agency is a beneficiary of a partial interest two charitable remainder trusts. The first trust entitles the Agency to five percent (5%) of the increase in market value of the trust investments and upon the death of all annuitants of the trust, the Agency will receive five percent (5%) of the remaining investment. The value of beneficiary interest in the charitable remainder trust increased \$134,928 and \$77,486 for the years ended December 31, 2013 and 2012, respectively. At December 31, 2013 and 2012, the promise is valued at \$860,021 and \$725,094, respectively. Management expects to receive the investments from this trust within two (2) years.

The second trust entitles the Agency to twenty percent (20%) of the net income of the Trust investments during the trust existence. Twenty-one years after the death of all annuitants of the Trust, the Agency will receive twenty-eight and one-half percent (28.5%) of the Trust property and related income. The value of beneficiary interest in the charitable remainder trust increased \$32,121 and \$23,311 for the years ended December 31, 2013 and 2012, respectively. At December 31, 2013 and 2012, the promise is valued at \$416,686 and \$384,565, respectively. Management expects to receive the investments from this trust within fifteen (15) years.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 7 PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	<u>2013</u>	<u>2012</u>
Land and buildings	\$ 31,864,807	\$ 30,966,991
Equipment, furniture, and fixtures	11,284,158	9,597,826
	<u>43,148,965</u>	<u>40,564,817</u>
Less: Accumulated depreciation	(23,794,459)	(21,965,742)
	<u>19,354,506</u>	<u>18,599,075</u>
Plus: Construction in progress	2,420,794	467,129
	<u>\$ 21,775,300</u>	<u>\$ 19,066,204</u>

NOTE 8 LONG-TERM DEBT

Long-term debt consists of the following at December 31:

	<u>2013</u>	<u>2012</u>
Note payable to a financial institution, secured by real property, principal and interest payments of \$11,308 due monthly at 6.35%, with remaining outstanding principal due at maturity on December 19, 2013	\$ -	\$ 931,325
Note payable to a financial institution, unsecured principal and interest payments of \$13,568 due monthly at 5.97%, maturity date, December 31, 2014	<u>1,541,050</u>	<u>1,608,360</u>
	1,541,050	2,539,685
Less: Current maturities	<u>(1,541,050)</u>	<u>(998,691)</u>
Long-term portion	<u>\$ -</u>	<u>\$ 1,540,994</u>

Maturities of the long-term debt are as follows at December 31, 2013:

2014	<u>\$ 1,541,050</u>
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MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 9 NET ASSETS

Temporarily Restricted

Temporarily restricted net assets are subject to the following donor-imposed restrictions:

	<u>2013</u>	<u>2012</u>
Time restriction:		
Charitable Remainder Trust	\$ 1,276,708	\$ 1,109,659
United Way allocation for 2014 and 2013	656,520	656,520
Simon Foundation	-	137,152
Jewish Federation	20,952	21,825
Coover Regional Grant	4,633	-
Illinois Lions Club	605	-
Private Individuals	650	-
	<u>\$ 1,960,068</u>	<u>\$ 1,925,156</u>

Net assets were released from donor-imposed restrictions as follows:

	<u>2013</u>	<u>2012</u>
United Way allocation for 2013 and 2012	\$ 657,023	\$ 649,220
Simon Foundation	246,524	197,901
Jewish Federation	42,777	46,825
Coover Regional Grant	12,867	-
Tilles	5,000	5,000
Autism Speaks	5,000	-
Private Individuals	1,820	-
Illinois Lions Club	180	-
	<u>\$ 971,191</u>	<u>\$ 898,946</u>

Permanently Restricted

Permanently restricted net assets consisted of the Agency's endowment fund and totaled \$281,675 for the year ended December 31, 2011. The Board Designated permanent restriction in the amount of \$199,200 was released with a supermajority vote in May 2012. The Bemstein Endowment Trust in the amount of \$82,475 was released in December 2012.

Unrestricted

Unrestricted net assets represent resources available for the support of operations, which have no donor imposed restrictions.

NOTE 10 DEFERRED COMPENSATION PLANS

The Agency adopted a defined contribution deferred compensation plan for certain key members of management who were actively employed with the Organization at January 1, 1996. Certain insurance policies were cancelled and the cash surrender values were transferred into the new plan. Vesting occurs on a graduated scale based on the years of service. The Agency's associated expense for the years ended December 31, 2013 and December 31, 2012 amounted to \$0 and \$12,250, respectively. The total asset value of

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 10 DEFERRED COMPENSATION PLANS (CONTINUED)

\$209,691 and \$191,324 is presented on the combined statements of financial position as other assets while the vested amount of \$209,691 and \$191,324 is included in accrued expenses as of December 31, 2013 and 2012, respectively.

The Agency has also adopted a tax-deferred annuity plan under Section 403(b) which allows eligible employees to make tax-deferred contributions. Eligible employees may contribute a percentage of their salaries up to the extent permitted by law. There is no employer match under this plan. The assets of this qualified Plan are held in trust and are appropriately not included in the combined financial statements.

The Agency also sponsors a qualified defined contribution plan under Section 401(a) of the Internal Revenue Code whereby the Agency makes contributions on behalf of eligible employees. Under this plan, employees are not allowed to make tax-deferred contributions. The Agency's associated expense amounted to \$829,810 and \$825,553 for the years ended December 31, 2013 and 2012, respectively. The assets of this qualified Plan are held in trust and are appropriately not included in the combined financial statements.

NOTE 11 LEASE COMMITMENTS

The Agency leases most of the buildings used for its retail stores and certain operating facilities and equipment under various renewable and non-renewable operating lease agreements, whose terms range from one (1) to twenty (20) years.

At December 31, 2013, minimum annual rental commitments are as follows:

2014	\$ 4,573,904
2015	3,805,214
2016	2,609,354
2017	2,241,553
2018	1,654,525
Thereafter	<u>3,145,318</u>
	<u>\$ 18,029,868</u>

Facility rent expense amounted to \$5,555,033 and \$5,430,204 as of December 31, 2013 and 2012, respectively.

NOTE 12 COMMITMENTS AND CONTINGENCIES

During the years ended December 31, 2013 and 2012, the Agency maintained a revolving loan agreement with its bank with a maximum credit limit of \$3,200,000. Borrowings under the revolving loan are due on September 30, 2014 and October 1, 2013, respectively. Interest was payable monthly at the bank's LIBOR daily floating rate plus one and one-half percent (1.5%). At December 31, 2013 and 2012, the Agency has an outstanding balance on this line-of-credit of \$0, respectively.

Grants, bequests and endowments require the fulfillment of certain conditions as set forth in each instrument. Failure to fulfill the conditions could result in the return of the funds, or a portion thereof, to the grantors. Although that is a possibility, the Board believes the contingency is remote, since by accepting the grants and their terms, the Board has accommodated the objectives of the Agency to the provisions of these grants.

MERS/MISSOURI GOODWILL INDUSTRIES AND AFFILIATES

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 12 COMMITMENTS AND CONTINGENCIES (CONTINUED)

The Agency maintains a self-insurance program for its employees' health care costs. The Agency is liable for losses on claims up to \$75,000 per employee for the years ended December 31, 2013 and 2012, respectively. The aggregate potential liability for the Agency is \$4,728,000 and \$4,522,000 for the years ended December 31, 2013 and 2012. The Agency has insurance coverage for any losses in excess of such amount. Self-insurance costs are accrued based on claims reported as of December 31, 2013 and 2012, as well as an estimated liability for claims incurred but not reported. The total accrued liability for self-insurance costs was \$267,443 and \$289,899 at December 31, 2013 and 2012, respectively.

The Agency is routinely involved in certain litigation and EEOC claims incidental to its business. The ultimate outcome of all claims pending at December 31, 2013 cannot presently be determined. However, management believes the ultimate outcome will not have a material, adverse effect on the Agency's financial position or results of operations.

The Agency maintains cash balances at various banks. These banks provide the maximum protection under regulations issued by the Federal Deposit Insurance Corporation ("FDIC"). The Agency periodically maintains funds in excess of FDIC insurance limits.

The Agency invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the financial statements.

The Agency has capital commitments for certain investments in the amount of \$562,472 as of December 31, 2013.

The Agency has entered into various contracts for construction and remodeling projects at various locations, of which approximately \$5,960,000 of work remains to be performed at December 31, 2013.

NOTE 13 AFFILIATION WITH GOODWILL INDUSTRIES INTERNATIONAL

The Agency is affiliated with Goodwill Industries International. The Agency paid dues to Goodwill Industries International amounting to \$162,024 and \$159,624 for the years ended December 31, 2013 and 2012, respectively.

NOTE 14 SUBSEQUENT EVENTS

Subsequent events have been evaluated by management through April 15, 2014, the date the combined financial statements were available to be issued.

Additional Unnumbered Attachments Referenced in Proposal
E-Verify Memorandum of Understanding



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THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and **MERS Missouri Goodwill Industries** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

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4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

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

B. RESPONSIBILITIES OF DHS

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

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

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

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

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

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

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

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

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nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

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

C. RESPONSIBILITIES OF THE EMPLOYER

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

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6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

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adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

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

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

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authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

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

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

D. RESPONSIBILITIES OF FEDERAL CONTRACTORS

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

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contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

ARTICLE III

REFERRAL OF INDIVIDUALS TO SSA AND DHS

A. REFERRAL TO SSA

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

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

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

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

B. REFERRAL TO DHS

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

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

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

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after the Employer receives it.

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

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

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

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

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

ARTICLE IV

SERVICE PROVISIONS

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

ARTICLE V

PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

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mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

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

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

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

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

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



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 200734

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

Employer MERS Missouri Goodwill Industries

RON PARTEE

Name (Please Type or Print)

Title

Electronically Signed

Signature

03/25/2009

Date

Department of Homeland Security – Verification Division

USCIS Verification Division

Name (Please Type or Print)

Title

Electronically Signed

Signature

03/25/2009

Date



Company ID Number: 200734

Information Required for the E-Verify Program

Information relating to your Company:

Company Name: MERS Missouri Goodwill Industries

Company Facility Address: 1727 Locust Street

Saint Louis, MO 63103

Company Alternate
Address:

County or Parish: SAINT LOUIS CITY

Employer Identification

Number: 430652657

North American Industry
Classification Systems

Code: 452

Parent Company: _____

Number of Employees: 1,000 to 2,499

Number of Sites Verified

for: 66

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

- MISSOURI 56 site(s)

Company ID Number: 200734

- ILLINOIS 10 site(s)

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

Name:	TALEANNA L MCGEE	Fax Number:	(314) 533 - 3334
Telephone Number:	(314) 241 - 3464 ext. 514514		
E-mail Address:	tmcgee@mersgoodwill.org		
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E-mail Address:	pwhite@mersgoodwill.org		

Additional Unnumbered Attachments Referenced in Proposal

MERS/Goodwill State Halfway House Standard Operations Procedures (House Rules)

**MERS/Goodwill
State Halfway House
Standard Operating Procedures (S.O.P.)**

**MERS/Goodwill State Program Halfway House
Standard Operations Procedures**

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Employee Conduct

1. If you witness a staff person breaking rules or regulations, YOU MUST REPORT them to the Security Monitor Supervisor or Director. Include the staff person's name, date and time of the occurrence, and nature of the incident. Failure to do so may result in your suspension or termination.
2. Staff may not allow any individual who is not an employee of MERS/Goodwill AND authorized by supervisory staff into the facility (past locked 7th floor security doors), unless that individual has current approval from supervisory staff (e.g. Probation and Parole, vending personnel, pest control, maintenance). If you do not recognize the individual, you must contact the Security Monitor Supervisor or Director for instructions. Former employees and family members of clients are not allowed to enter the facility.
3. Security Monitors must remain awake and alert at all times. You must remain in an upright position. Security Monitors may not use blankets or pillows. Do not lay your head down and give the appearance of "sleep". If you are asleep, or give the appearance of "sleep", you may be terminated. If you are working with someone who is sleeping on the job, and you do not report it, you may be held liable as well.
4. Security Monitors must stay at their assigned post unless conducting assigned duties elsewhere in the facility.
5. Security Monitors must remain in the facility unless conducting assigned duties (e.g. supervising meals and smoke breaks). Facility staff may take periodic 5-10 minute breaks on building property; however, the Security Monitor Supervisor and/or Director will determine whether breaks are excessive.
6. Staff may not take any paperwork or item that includes a client's name, DOC #, or other identifying information out of the facility unless in the course of conducting their official duties. Security Monitors may not access the program software system outside of the facility. Other staff may only do so when performing their official duties.
7. Staff are to maintain a *professional* relationship with clients.
 - a. Staff shall not interact with offenders except as is necessary to perform their job duties.
 - b. Staff shall not display favoritism or preferential treatment for individual clients or groups of clients.
 - c. Staff shall not engage in any personal or business relationship with any client under the state agency's jurisdiction, a client that has been a program participant within the last two years, or the client's family or associates.
 - d. Staff shall not give anything to nor accept anything from clients except in the normal performance of their job duties. Staff cannot accept gifts or money from clients. Staff cannot "make change" for clients to use the vending machines.
 - e. Staff shall not use their official positions to secure or receive advantages, gifts, money, or favors from clients, their families, or associates.
 - f. Staff shall value the human worth and dignity of all clients through fair treatment, respect to the individual, recognizing diversity and the client's individual rights.
 - g. Staff shall not engage in verbal arguments with clients and shall not abuse clients verbally (yelling, cursing etc.) or physically (grab, push, shove or hit).
 - h. Staff shall not make rude or sarcastic remarks to clients.
 - i. Staff shall recognize the client's right to privacy and adhere to confidentiality rules.
 - j. Staff shall not question clients on their current or past offenses, or reason for placement in the facility.
 - k. Staff shall address all clients by their last names and require clients to address them by their last names. Never use terms of endearment, such as "sweetie" or "dear", when talking to clients.
 - l. Staff shall not discuss one client with another or discuss other staff members with clients.
 - m. Staff shall not engage in any personal conversations with clients (e.g. problems at home, problems on the job, with spouse etc.).
 - n. Staff shall not touch clients other than as required in performing their duties (such as during pat-down searches). This includes, but is not limited to, hugging, patting on the back, and shaking hands.
8. If a client makes a report regarding another client, the Security Monitor must notify the Security Monitor Supervisor and/or Director verbally or in writing of the incident. The Security Monitor receiving the report must provide all information including name of client reporting, time and place of occurrence, and any other necessary details. When receiving the report from the client, Security Monitors must make every effort to do so in a way that is discreet and does not compromise the client's safety.
9. Male staff may never make rounds alone. They must be accompanied by another staff member.

10. Staff are to knock and announce themselves before entering a client's room. Male staff must wait for a response before entering *and must* have another staff person with them.
11. Staff should not place themselves in any compromising situations by complimenting clients in any way, being alone in secluded areas with a client, etc. Staff may have minimal contact with clients in their room, while conducting required duties. If the amount of time needed in the room is excessive, ask the client(s) to step out of the room, or have another staff member enter the room to assist.

Grievances- Attachment A

1. Clients are encouraged to address concerns and complaints with the staff person involved first in order to clarify misunderstanding. Staff must take the time to listen to the client's concern and provide explanation, as needed, for actions taken. This may include reference to the house rule book or facility procedure. If the matter cannot be resolved, refer the client to the Security Monitor Supervisor or Director.
2. If a client approaches you and wishes to file a grievance, refer them to the form wall and instruct them to place the completed grievance in the lock box marked such in the 7th floor lobby area. Staff may not tamper with grievances or the grievance lock box. The lock box must be checked daily by the Director and Security Monitor Supervisor. Probation and Parole also has access to the lock box.
3. The Director must respond to all grievances in 5 calendar days and forward the addressed grievance to Probation and Parole.
4. The Director must address complaints involving discrimination, sexual misconduct, or threats of physical abuse within twenty four (24) hours. The Director must notify the state agency by telephone upon receiving the complaint and work in concert with the state agency to resolve the issue.
5. The Director must submit complaints against the state agency Probation and Parole Officer to the officer's supervisor and refer all complaints relative to parole board decisions to the state agency.
6. The Director must retain a copy of the addressed grievance in the binder marked such and a copy must be placed in the client's case management file. The grievance binder must be kept in the Director's office.
7. Allegations against Staff- In the event a client makes an allegation against a staff person, including but not limited to theft, inappropriate relationship, or violation of client rights,
 - a. The allegation is considered confidential and cannot be discussed with or by any other staff members, other than the Director and Security Monitor Supervisor, nor clients.
 - b. The staff person receiving the report must notify the Director immediately.
 - c. If the Director is not present at the time, after contacting the Director by cell phone, the staff person receiving the report must instruct the client to provide a written statement and to submit that statement to the sealed grievance box in the 7th floor lobby.
 - d. The staff person receiving the report shall write an incident report providing the details surrounding the allegation. This report must be sealed and placed in the Director's mailbox.
 - e. No staff may access or read the client statement or the related incident report.
 - f. If interviewed regarding the allegation, staff must provide any, and all, relevant information in a true and factual manner.

Staff Scheduling

1. The Security Monitor schedule is kept in the Monitor Station. It is the responsibility of the Security Monitor Supervisor to complete and post the schedule with station assignments indicated.
2. Emergency staff numbers are also located in the Security Monitor work schedule binder. All 7th floor staff must provide a current phone number where they can be reached and are expected to answer or call back within 1 hour if called, unless extenuating circumstances occur. Staff are only to contact other staff in case of emergency or unless instructed by supervisory staff.
3. The Program Director, Security Monitor Supervisor, and Case Managers are on-call 24 hours per day, 7 days per week, and must respond to a call within 30 minutes, unless extenuating circumstances occur.
4. All part-time Security Monitors must be available and prepared to work a minimum of 3 shifts per week. This does not necessarily mean you will be scheduled for all of these shifts.

5. Security Monitors may not leave their shift until another staff member has relieved them.
6. Timely and regular attendance is an expectation of performance for all Security Monitors. To ensure adequate staffing, positive employee morale, and to meet staffing requirements, Security Monitors will be held accountable for adhering to their workplace schedule.
7. If calling in for a scheduled shift, Security Monitors must call the Security Monitor Supervisor directly on her work cell phone at least 4 hours in advance. You must leave a message if the supervisor is unavailable. This allows the Security Monitor Supervisor time to find a replacement.
8. Occurrences- An occurrence is documented as an absence, tardy, or missed time clock in/out. While an absence refers to a single failure to be at work, an occurrence may cover consecutive absent days when a monitor is out for the same reason.
 - a. Absent- A monitor is deemed absent when he/she is unavailable for work as assigned/ scheduled and such time off was not scheduled/ approved in advance. Monitors must submit time off / vacation requests no less than 4 weeks in advance. Requests are to be submitted through PayCom. Although we try to accommodate requests the best we can, sometimes it is not possible to grant time requested.
 - b. Tardy- A monitor is deemed tardy when he/she fails to report for work at the assigned/scheduled work time, leaves work prior to the end of assigned/scheduled work time without prior supervisory approval, or is away from their post for an extended period to be determined at the discretion of supervisory staff.
 - c. Time Clocks and Failure to Clock in/out- All employees are required to use the time clock to record their actual hours worked. An occurrence includes failure to clock in/out at the beginning and end of one's shift and/or clocking in/out early (or late) of assigned shift without prior approval.

	Occurrences	Disciplinary Step
1 Occurrence is equal to: <ul style="list-style-type: none"> • 1 Absence • 2 Tardies • 2 Missed Clocks 	3 Occurrences	Verbal Warning
	6 Occurrences	Written Warning
	8 Occurrences	Final Warning
	10 Occurrences	Corrective Action (may include suspension or termination)

*Number of occurrences is counted in a rolling 12 month period.

9. Leave Time: Full-time monitors who are tardy must use leave time. If a full-time monitor does not work 40 hours during a given week and the monitor does not have leave time to cover the missing hours, they may face disciplinary action, per company policy.
10. Staff are required to attend residential staff meetings and trainings as scheduled.

Security Monitor Parking

1. Security Monitors reporting to work for the 3:00pm - 11:00pm shift and the 11:00pm - 7:00am shift should park in the gated lot located next to the building. The code to open the locked gate can be found in the Security Monitor Schedule binder.
2. Security Monitors working the 7:00am - 3:00pm shift must park in the parking lot across the street.
3. All vehicles must be registered with the company for parking authorization.

Security Monitor Station

1. There must always be a monitor in the Monitor Station. In the event both monitors are required to leave the Monitor Station, the doors should be locked and the key taken with the last Monitor to leave.
2. Clients may not enter the Monitor Station. The doors of the Monitor station should be kept closed and locked to prevent clients from entering.
3. The Security Monitor should let the clients waiting to enter through the security doors enter one at a time. Do not allow clients inside the facility open the security doors for clients waiting to enter.
4. There is a video camera inside the Monitor Station that records all activity 24 hours a day.

General Rules Regarding Documenting Information

1. All written documentation of information must be done in print, using black ink. All other documentation must be entered appropriately into the program's software system (e.g. Safe Keep).
2. Whiteout may NOT be used on any document. If you make a mistake, draw one line through the error, place your initials directly after the mistake, and write in the correct information.
3. When documenting time, ALWAYS write am or pm. This is very important since we operate 24 hours a day.
4. Remember that any document you fill out may be subpoenaed in a court of law. It is imperative that all documents be filled out completely and correctly.

Completing Assignments

1. Complete all reports, documentation, and shift duties before ending your shift. Do not save work for the next shift. *You will be compensated for your time. Some work will be transferred to the next shift as needed, including new arrival intake and warrant procedures.*
2. If you ever have any questions or doubts regarding a rule or procedure, first refer to this manual and the program rulebook. If a question still remains, call the Security Monitor Supervisor for proper instruction.

Written/Verbal Communication

1. All movement of clients must be entered in the program software system (e.g. Safe Keep), including sign-outs and sign-ins. *The system must be updated with revised return times as needed.*
2. All calls from or regarding clients must be entered in the program software system (e.g. Safe Keep).
3. When your shift relief arrives, you must verbally communicate all pertinent information, including on-going warrant procedures, late returns, new intake status, client disruptions, etc.
4. Before leaving from your shift, you must ensure all client whereabouts are appropriately noted on the accountability board and match the program software system (e.g. Safe Keep).

Telephone Use

1. Security Monitors must answer every call to the monitor station. If both phones are in use or you are on the phone and another monitor is not available, you must place the call on hold to answer the incoming call.
2. All call information from a client or regarding a client must be entered into the program's software system (e.g. Safe Keep).
3. If a client is not available and receives a business message, the message must be documented and given to the client.
4. Clients are allowed to use the office phones for business use only, for no more than 15 minutes at a time unless reasonable circumstances exist. They can use the phones between 8:00 a.m. - 5:00 p.m. if the phones are available. The phones are not necessarily available if monitors are assisting with medication or otherwise occupied and/or if the other phone is currently in use.

Daily Folder and State Room Assignment Form- Attachment B

1. Green daily folders are located in the Monitor Station and include forms each shift must complete.
2. It is the responsibility of the 11:00 p.m. to 7:00 a.m. shift to complete the required paperwork for the day the shift begins, placing that day's green folder in the designated receptacle, and beginning a new green daily folder for the day their shift ends. This includes completing the "State Room Assignment" form.

State Security Monitor's Daily Worksheet- Attachment C

1. List all new intakes, no-shows, discharges, absconders, EMS calls, and hospital admissions that occur on your shift on the State Security Monitor's Daily Worksheet. The worksheet is located in the green daily folder.

Shift Check List - Attachments D, E, F

1. A "Shift Checklist" for each shift is located in the green daily folder reminds you of tasks you must complete during your shift. The monitor stationed to the State side desk is responsible for ensuring all tasks are complete, although the monitor stationed to the State Common Room is expected to assist with certain duties that may appear on the checklist.
2. You are required to complete all items on the checklist during your shift and initial in the space provided as you complete the task (not at the end of the shift). The individual completing the task is the individual who must initial by the task. By initialing, you are verifying you have completed the task assigned. When your shift is complete, all monitors whose initials appear on the checklist must sign and date at the bottom.
3. If there is something that is not applicable, place "NA", in that space. No space may be left blank.
4. 11:00 pm to 7:00 am shift; the date you place on the checklist should be the date your shift actually started.

Accountability Board

1. The accountability board is used to keep track of all client activity and movement. The board must be updated with any client movement as the movement occurs. The board must match the program software system at all times (e.g. Safe Keep). Anyone walking into the facility should be able to look at the board and determine where each client is, and when each is scheduled to return.
2. Make sure that you are conscious of the scheduled return times indicated for each client. If a client fails to return on time, notify the Director within 1 hour and follow warrant checklist procedure.
3. Make sure the number of clients at the top of the board reflects the number of clients in the program.

Shift Count

1. A physical count of all clients in the facility must be completed upon the start of each shift and halfway through each shift. Never assume that all clients are accounted for.
2. The monitor stationed at the Monitor Station desk is responsible for completing the shift count. If a male is at this station, they must take a female staff member with them. Announce to the clients that you are performing a "shift count." Instruct all clients to remain seated where they are until the count is complete. Review the accountability board to determine how many clients are listed in the facility. Make sure your count reflects the correct number.
3. If the count is incorrect, recount, then systematically determine who is missing, or who is not indicated "in" or "out" on the Accountability Board. If someone is determined missing, contact the Director for further instruction.

Client Waiting List

1. It is every Security Monitors responsibility to check the client "Waiting List", which is issued to us from the Probation and Parole Office. This list is kept next to the accountability board.

Example:

Name	DOC ID	Gender	Cliential Facility	Case Type	Priority	Approved Arrival Date
Jane Doe	1234567	I- DF	MERS CLIENTIAL FACILITY	Parole	Home Plan	00/00/00

Client's Name Client's DOC# Referral Source/ Dangerous Felon Status Scheduled arrival date

2. The waiting list includes client name, DOC #, referral source (Field "F" or Institution "I"), Dangerous Felon status, and arrival date. The appearance of the waiting list may change periodically, but will include all necessary information.
3. Each shift must review the waiting list at the beginning of their shift and upon the arrival of a new client to the facility to verify whether a client is scheduled to report. If a client arrives who is not on the waiting list, contact the Director for further instruction. DO NOT allow a client into the facility until you have confirmed they are scheduled and/or approved to enter.

New Client Arrivals and Orientation

1. After you have determined that the client is supposed to report to the facility, welcome the client, introduce yourself including your role, and provide a short explanation of the intake procedure.
2. Take a "State New Arrival Packet" from under the State Side desk. If the waiting list indicates the client is a Dangerous Felon or Probation and Parole indicates the client is High Risk, use a packet marked such ("DF/HR"). Inside the packet you will find a Red folder. All other packets contain Blue folders. Follow the enclosed instructions:
 - a. Log in the time of the new arrival on the State Security Monitor's Daily Worksheet.
 - b. Check roster to see if client is Dangerous Felon. If so, use intake packet marked DF/HR.
 - c. Give the client both "Packet 1", "Rules and Regulations Handbook", Early Discharge/Compliance Credit Brochure, and Prescription Advisory Letter.
 - d. Instruct the client to complete all forms in "Packet 1" and return to you.
 - e. Advise the client they will be submitting a urinalysis and that they have 2 hours to submit.
 - f. Ask the client if they have any contraband items listed on page 1 of the intake packet. Confiscate these items. Call the Director if drugs, drug paraphernalia, or weapons are found.
 - g. Wand the client, her jacket, all personal belongings, and her bags. Thoroughly search ALL belongings.
 - h. Ensure the client has only the allotted amount of personal items (7 pants, skirts, or dresses; 7 shirts; 7 sets of underwear; 3 pajamas; 1 robe; 3 pair of shoes; 1 pair shower shoes; 2 work uniforms; 1 alarm clock/clock radio; 1 TV (no larger than 13 inch). Bag any excess items and place in storage with label stating date client must have removed by (7 days from arrival date).
 - i. Assign a bed to the new arrival and place their name on the accountability board. Update the accountability board with the correct number of clients.
 - j. Place client's name on the folder in this packet. (Did you check if they are DF?)
 - k. Prepare a personal property storage bin. Put any contraband turned in into the storage bin with a note stating date client must have removed by (7 days from arrival date).
 - l. Complete medication log and designate a storage box in the medication cart.
 - m. Get bedding (1 fitted sheet, 1 flat sheet, 1 pillow case, 1 pink blanket, 1 thermal blanket, 1 pillow) and towels (2 towels, 2 washcloths) and place with client's belongings.
 - n. If the client requires any toiletries put together and provide a personal care package.
 - o. Once the client has completed "Packet 1", check to make sure ALL information has been filled out correctly. The ONLY empty space is "Date Orientation Completed" on the "Intake Confirmation Form". Sign and date EVERY form that has a "witness signature" line.
 - p. Assign the client a combination lock. Write the lock number in the "Special Notes" section of the "MERS House State Inventory Sheet".
 - q. Have the client perform the urinalysis.
 - r. After the client has submitted the urinalysis, show the client to their room.

- s. Take the client on a tour of the 7th floor pointing out and explaining use of fire extinguishers, escape routes, laundry facilities, cleaning equipment, case management offices, chore list, and meal sheet.
 - t. Enter client's name, date of entry, DOC#, and all prescription medications into SafeKeep.
 - u. Place this completed sheet and "Packet 1" in the daily green folder.
3. The Case Manager must provide an in-depth orientation with the client no later than one business day after the client's arrival. The orientation must consist of full review of the House Rule Book, review of PREA procedures, explanation of role and function of the Case Manager and Probation and Parole Officer, and review of forms the client will use while a resident (including schedules, pass requests, visitation sheets, Prescription Advisory Forms, etc.)

Client No-Shows

1. By midnight each night, the 11:00pm - 7:00am shift must verify that all scheduled arrivals for the day their shift began have arrived to the facility. If by 12:00a.m., a client scheduled to report has not arrived, the following procedures must be followed:
 - a. If the client scheduled to report is an *Institutional Referral*, as denoted by "I", you will utilize the 3-hour warrant checklist. When utilizing the checklist for an institutional no-show, you will contact Probation and Parole and the Director by office phone and leave a voice mail message regarding the no-show AFTER calling the Command Center. You will contact the Command Center at 1-800-816-8199 and provide authorization code, ER1727-88. Explain to them a client scheduled to report today has not shown. Complete a Major Violation for "No-Show" once the warrant has been called in, but remember, clients failing to report DO NOT get a three hour grace period on the "3 Hour Warrant Checklist".
 - b. If a client is scheduled to report is a *Field Referral*, as denoted by "F", DO NOT call the Command Center to have a warrant issued. Leave a voice mail message for both the Probation and Parole Officer and Director on their office phone regarding the no-show. Complete a Major Violation for "No-Show".
2. Add all no-shows to the State Security Monitor's Daily Worksheet located in the green daily folder for the day they were due to report.

Daily Activity Report- Attachment G

1. The Daily Activity Report must be completed each morning. The Director, or designee, must utilize the Security Monitor's Daily Worksheet, waiting list, and accountability board and/or program software system to ensure accuracy.
2. The report must be faxed to Probation and Parole, to the attention of the current program booking officer and/or Unit Supervisor.

Personal Property

1. Clients are allowed the following personal property:
 - 7 pairs of pants, skirts, or dresses
 - 7 shirts
 - 7 sets of underwear
 - 3 pairs of shoes (plus one pair shower shoes)
 - 2 jackets/coats
 - 3 sets of pajamas/ lounge wear
 - 2 uniforms, 1 pair uniform shoes
 - 1 robe
 - 1 alarm clock/clock radio
 - 1 TV (no larger than 13 inch)
 - Personal care items, as needed
2. Any personal items over this allotment will be confiscated and discarded.
3. If a client brings back clothing or any items from a destination (other than passes or wellness walks), you must check the red Additional Responsibility Book to verify PRIOR approval. If not noted in the book, check with the

Case Manager. If the client does not have prior approval, confiscate and discard the items. Write an Incident Report regarding such.

4. Clients are issued lockers located in the 7th floor lobby.
 - a. The designated Case Manager is responsible for assigning lockers and issuing locker keys upon client orientation, or when a locker is available.
 - b. Clients are responsible for keeping track of their locker key. If they lose or misplace the key, they will not be issued a new key and lose locker privileges. Any client losing locker privileges may not keep cigarettes, cigarette smoking paraphernalia, cell-phones, or cell-phone equipment anywhere in the building.
 - c. All cigarettes must be kept in a clear plastic sandwich bag, provided by staff.
 - d. The 11:00 p.m. – 7:00 a.m. shift must search these lockers for contraband every night.
 - e. Upon discharge, clients must return their locker key. If a client absconds or is arrested, confiscate their key. Place the key, along with locker number/ client name, in the designated Case Manager's mailbox.

Property Inventory Sheets- Attachment H

1. Property Inventory sheets must be completed by the Security Monitor with the client upon intake. Upon completion of the form, place the sheet in the State Property Inventory binder, which is kept in the Security Monitor's Station. The sheet is not to be given to the client to take away from the Monitor's Station window.
2. It is your responsibility to check client bags when exiting the facility to check for removal of facility property and/or client personal property. If clients remove personal property items or bring new items to the facility, it is your responsibility to facilitate their updating of their "Property Inventory Sheet".
3. Except during Intake, if clients bring in new items (as allowed under conditions stated above under "Personal Property") and go over their allotment (based on the "Property Inventory Sheet"), you must give the client the opportunity to switch out items.
 - a. Hold the new items in the monitor station until the client immediately switches out the correct number of items.
 - b. Update the "Property Inventory Sheet" to note the switch-out.
 - c. Advise the client they have 7 days to remove the switched-out items or they will be discarded.
 - d. Bag and label the items, using the state pack-out form, with client name, date confiscated, 7 day removal date, and your name. The pack-out form must be placed inside the bag, facing outward so that it can easily be read.
 - e. Place the items in the storage closet.
For example, if a client brings in 3 sweaters from treatment and the "Property Inventory Sheet" shows the client already has 7 shirts, hold the 3 sweaters in the Monitor Station and have the client retrieve 3 shirts to switch out. Update the property inventory sheet, bag, label, and store the switched-out items.

Medication - Attachment I

1. All prescription and over-the-counter medication must be kept in the Monitor Station, unless otherwise noted by the Director or Case Manager. Each client's prescription medication(s) must be stored in the secured medication lock box, requiring key access. The medications are to be locked at all times when not in use. Any medication requiring refrigeration must be kept in the 7th floor refrigerator, which must remain locked when not in use.
2. All prescription medication must be entered into the program software system (e.g. Safe Keep) and any medication log sheet currently in use. Upon intake or when new prescriptions are brought in, medication must be entered into the program software system as follows:
 - a. Enter the appropriate client's name and medication lock box number.
 - b. Enter the prescription number and medication name, including milligrams. Medication name may be selected from the drop box. If the appropriate medication with milligrams is not found in the drop box, you must enter the medication name under "Medications" in the software system.
 - c. Select the prescribing physician from the drop box. If the physician is not found in the drop box, you must enter the physician under "Physicians" in the software system.
 - d. Enter date prescription was filled.
 - e. Enter the initial count, which is the amount indicated on the prescription package.

- f. Under your supervision, have the client count the medication in the package. Indicate the **current** count. Never assume that when a client brings in medication that the number of pills indicated on the bottle is the number of pills that are actually in the bottle.
 - g. Enter the dosage as indicated on the prescription package (e.g. “1” if prescription states “1 pill twice per day”).
 - h. Enter the dosage per day as indicated on the package (e.g. “2” if prescription states “1 pill twice per day”).
 - i. Enter the script directions as worded on the package (e.g. “Take 1 pill by mouth at 8 a.m.”).
 - j. Indicate whether the medication is to be taken as needed (e.g. “Yes” if prescription states “take as needed”).
 - k. Select “enabled” for current medication and “disabled” if the medication is a refill the client will begin taking once current package is empty.
 - l. List comments as needed (e.g. “May cause drowsiness” or “Take with food”).
 - m. If currently in use, indicate all information above on the medication log sheet completely, accurately, and legibly. This sheet is located in the client’s folder in the Monitor Station.
3. All medication must be taken at the Monitor Station window unless being pre-packaged for the client when exiting for required destinations (e.g. treatment, work, school, pass). Clients must bring a beverage to the Monitor Station window when taking medication and the monitor must verify the client has swallowed the medication before the client leaves the window.
 4. When assisting with medication:
 - a. Staff may **NOT** dispense or handle medication(s) out of their bottles. Clients are required to handle their own medication. When performing medication procedures with a client, do not attempt any other task. Do not answer the phone, sign anyone in or out, let anyone through the door, etc. **You must completely focus all of your attention on the client and the medication.**
 - b. It is your responsibility to check prescription instructions to ensure clients are taking medications as prescribed. This includes number dosage and doses per day. For example, if the prescription states “twice per day” ensure the client does not exceed that amount of doses per day.
 - c. **You must physically watch the client count their pills with no distractions** and verify the count. If your count does not match the previous count, have the client recount the pills. If the previous count is incorrect, *make a note of the correct amount of pills in the program software system and medication sheet.* Once the correction has been made, allow the client take their pill(s), as directed.
 - d. *Enter the number of pills taken and current count in the software system and medication sheet.* Be sure to enter the information under the correct medication, including dosage. For example, if a client has two of the same medication with different dosage, *enter the information under the medication with the correct dosage amount.*
 - e. When you and the client place your initials in the program software system and medication sheet(s), you are *verifying* the client took a certain amount of pills; and the number of pills remaining in the package are the same number the recorded and all other information is correct.
 5. If a client brings in a new prescription, but has an old prescription of the **SAME** medication (meaning same pill name, same dosage, takes the pills in the same manner as prescribed on the old package), be sure to complete the old package before starting a new one. When the old package is empty you must disable that medication in the program software system and enable the refill in the system. Be sure to enable and disable the correct medication by referencing the prescription number and/or date filled.
 6. Snack items are available in the Monitor Station for clients taking medication prescribed “take with food” if the medication is not taken immediately following meal time.
 7. Medication Times have been established; however, these times are just a guideline. If a client requests their medicine, you must give it to them. (As long as it falls within the pharmaceutical guidelines on the package). Times are as follows:

Monday- Friday:	5:00 a.m. to 6:30 a.m.	1:00 p.m. to 2:00 p.m.	7:30 p.m. to 9:00 p.m.
Weekends/ Holidays:	7:30 a.m. to 9:00 a.m.	1:00 p.m. to 2:00 p.m.	7:30 p.m. to 9:00 p.m.
 8. It is the responsibility of the 11:00 p.m. – 7:00 a.m. shift to review medication logs each night and to write an Incident Report regarding any client’s failure to take prescribed medication that day. Place the Incident Report in the green daily folder for the day the medication should have been taken.

Meal Sheet

1. The "State Meal Sheet" is located in the green daily folder and must be made available for clients to sign up a day in advance. The 11:00 p.m. – 7:00 a.m. shift must remove this sheet from the green daily folder each morning and post the sheet on the computer table in the state common area by 5:00 a.m.
2. It is the responsibility of the 3:00 p.m. – 11:00 p.m. shift to review the completed meal sheet prior to in-house curfew to ensure clients have signed up appropriately for meals. If you note missing names, check with the client to ensure they are not requesting meals for the day. Make sure clients have not signed up for multiples of the same meal. For example, clients may not sign up for lunch, saved lunch, and sack lunch.
3. It is the responsibility of the 11:00 p.m. - 7:00 a.m. shift to make a copy of *both* sides of the completed "State Meal Sheet" from the prior day. The original must remain in the Monitor Station and the copy must be taken to the kitchen staff in the cafeteria by 5:00 a.m. on the day the meals will be consumed.

Meals

1. The assigned monitor is required to *escort* clients down to the cafeteria at every meal and ensure clients in the cafeteria are accounted for at all times. Monitors are not allowed to leave the cafeteria without all clients being accounted for. *The Security Monitor going downstairs should take a cell phone or walkie-talkie from the Security Monitor Station with them.*
2. *The monitor must review the meal sheet and ensure only those clients listed go down for the meal.*
 - a. Clients on Total Restriction and Rest are not allowed to go to meals in the cafeteria.
 - b. Clients not signing up to dine in the facility are not allowed to go downstairs for that meal and do not receive a saved meal. They will be given a sack lunch.
3. Clients must be fully and appropriately dressed any time they leave the 7th floor, including for meals in the cafeteria.
 - a. They must wear shoes.
 - b. They may not wear pajamas, nightgowns, slippers, robes, spaghetti straps, tank tops, halters, tube-tops, shirts showing cleavage or other inappropriate dress. Sheer/ see-through clothing must have appropriate clothing underneath.
 - c. Shorts/ skirts/ dresses must be longer than the length of their fingertips when their arms are extended with hands to their side.
 - d. Clients must remove curlers, headscarves/wraps, perms/conditioner/hair-dye prior to going to the cafeteria. If they are in the middle of a hair-care process, they are not allowed to go to the cafeteria and will receive a sack lunch.
4. There is an allotted amount of time set aside for all meals. Make sure that the clients go down for meals on time. Meal times are as follows:

	Breakfast	Lunch	Dinner
Monday- Friday:	6:30 a.m. to 7:00 a.m.	11:15 a.m. to 12:00 p.m.	5:00 p.m. to 5:45 p.m.
Weekend/ Holidays:	9:00 a.m. to 9:45 a.m.	12:00 p.m. to 12:45 p.m.	4:00 p.m. to 4:45 p.m.
5. Clients are not allowed to go behind the serving counter for any reason.
6. Clients are not allowed to take food from the cafeteria, including bringing any food or beverages to the 7th floor from the cafeteria. Clients are not allowed to get "To Go" plates or meals from the cafeteria.
7. *The monitor supervising meal time must bring all saved meals to the 7th floor. All saved meals that are brought up for clients who are away from the facility must be labeled with the names of those clients who signed up for a saved meal. After the names have been placed on the meals, they need to be refrigerated until the client arrives and requests their meal.*
8. It is the responsibility of the 7:00 a.m. – 3:00 p.m. shift to ensure there are enough sack lunches in the 7th floor refrigerator each day. All sack lunches that are brought up need to be refrigerated upon their arrival. The dates on sack lunches must be checked daily. Sack lunches that are more than two days old need to be discarded.

9. The 7th floor refrigerator must remain locked when not in use.

Signing Clients In/Out

1. Clients may only be signed out to the *approved* destination, at the exact time reflected on their schedule in the program software system, pass, or schedule add-on form, as approved by the Case Manager, Director or Probation and Parole Officer. Do not sign any client out of the facility based on their word that they were given permission to sign out for a particular activity or based on their prior sign-outs. Clients are **NOT** allowed to remove passes or schedule add-on forms from the monitor's station window.
2. Clients may not exit or enter the facility out of the facility without signing in or out using the program software system. The staff person signing the client out must verify all sign-out information is accurate. If a client exits the facility without signing-out appropriately and with the staff person's permission to exit, the staff person must instruct the client to return. If a client exits without signing out properly, the staff person must complete a Major Violation and may begin warrant proceedings if the client fails to reenter the facility immediately.
3. Once signed out of the facility, the client must immediately exit and is not allowed to reenter the facility without permission and due to extenuating circumstances.
4. All clients returning to the facility must be signed in using the program software system. You must complete a Major Violation if a client fails to sign-in properly.
5. Security Monitor must administer a Breathalyzer test on every client returning to the facility. The results must be documented in the program software system (refer to Breathalyzer Section for proper procedure)

Schedules

1. Clients must complete and submit schedules for the following week to the Case Manager by Tuesday night at 10:00 p.m. each week. Failure to do so results in loss of pass time for the weekend the schedule was due.
2. The Case Manager is responsible for ensuring all clients have submitted their schedule Wednesday morning of each week and denying passes if the schedule has not been submitted. The Case Manager must meet with any client not submitting a schedule in time to ensure the client completes and submits a schedule immediately.
3. The Case Manager must review schedules on Wednesdays, check the schedule for accuracy, verify all appointments and facility exit/ return times, and seek clarification from clients for any additional questions regarding the schedule.
4. The Case Manager must enter all schedules for the following week (which includes destination, exit/return times, and any special instructions) and destinations in the program software system no later than the end of their final workday for the week. Case Managers may not remove schedules nor any other paperwork with client information from the facility.
5. Case Managers may provide clients with a copy of their schedule and/or should ensure the client uses a calendar or planner to record their schedule.

Schedule Change/ Add-on Forms - Attachment J

1. A "Schedule Change or Add-on" form may be completed for sign-outs that are not listed on the client's schedule. This may include treatment assessments, work call-ins, and medical appointments. Generally the Case Manager is responsible for completing this form with the client; however, circumstances may exist wherein the Case Manager will instruct the Security Monitor to complete the form, such as on weekends, evenings, and holidays. Medical add-on forms are located on the form wall. Other schedule add-on forms can be found in the Monitor Station.
2. If a client reports an appointment that requires an add-on form, it is the responsibility of the Case Manager to verify the appointment in a timely manner. The Case Manager may not wait until the day of the appointment to verify, unless the information is provided that day. This allows the destination time to return the call if necessary.

3. If a client attempts to sign-out, but the sign-out is not in the program software system, the staff signing the individual out must check the client's folder for this form. The form must be signed by the Case Manager, Director, or by a Security Monitor if given direct approval from the Case Manager or Director. The Security Monitor must note the approval on the form. If no form exists, the staff person must contact the Case Manager for further instruction.
4. If it is after hours, and the client wants to sign out for anything other than work or treatment, they need to be instructed to discuss their schedule with the Case Manager or Director on the next business day.
5. The Case Manager and/or Security Monitor (with Case Manager or Director approval) must ensure the form is filled out completely and accurately and that all appointment and/or work information has been verified. While the sign-out may not be entered in the program software system, the client must still be signed-out in the program software system.
6. If you attempt to contact the destination listed on the form and are unable to verify the information, indicate on the change form that an attempt was made to verify the information and the outcome of the attempt. The form should not be approved until verification can be established and the client may not sign-out.

Pass Forms - Attachment K

1. Clients are required to fill out pass forms if they will be away from the facility for more than three hours with the exception of work and treatment. Pass forms must be completed for court appearances and weekend pass time. Pass forms are located on the form wall.
2. Clients wishing to take weekend passes must submit their pass forms to their Case Manager no later than Tuesday nights by 10:00 p.m. each week for the coming weekend. Pass forms submitted after this time are late and should be denied. Clients may not alter their passes after submission. It is the Case Manager's responsibility to notify clients of their pass level no later than that Tuesday (refer to the house rulebook for pass rules and to determine pass levels). The Case Manager must retrieve, review, and approve or deny weekend pass requests on Wednesday mornings and submit these forms to the Probation/Parole Officer's mailbox no later than 12:00p.m. that day. The Case Manager must also enter the pass destination(s) in the program software system prior to submitting the passes to the Probation/Parole Officer's mailbox.
3. Case Managers are responsible for denying/pulling any approved passes if a client is placed on restriction later in the week and the restriction covers the approved pass time.
4. **Staff may not allow a client to exit/ sign-out on a pass that has been denied for any reason or that does not contain the signatures of both the Case Manager and Probation and Parole Officer.** This information is at the bottom of the pass form. The staff signing the client out on the pass must review that they are signing-out on the correct pass and on the approved date and time for the pass. The client must signed out both on the pass and in the program software system.
5. Clients may exit for their weekend pass any time after the approved pass time has begun; however, clients may not sign-out early for pass time. Clients choosing to exit late for their pass must still return by the approved return time. The missed pass time may not be added to the end of their pass.
6. Clients are not allowed to sign out on overnight passes after 9:00p.m. and all pass time must end by 9:00 p.m. on the scheduled return date. Clients earning 12-hour pass time or less are not allowed to take passes overnight.

Case Management and Case Management Files

1. The Case Manager is responsible for maintaining a case management file for all clients assigned to them. This file must contain, but is not limited to:
 - a. Urinalysis (UA) and Breathalyzer (BA) results;
 - b. Case Manager notes;
 - c. Complaint/ Grievance forms;
 - d. Job search and employment verification data;
 - e. Notes/ directions from the Probation and Parole Officer;
 - f. Passes;

- g. Savings payments, waivers, withdrawals, copies of money orders, and signed verification of withdrawal receipt;
 - h. Signed intake paperwork;
 - i. Signed release of information;
 - j. Signed personal property and inventory log;
 - k. Schedules, add-on forms, and sign-in/out sheets; and
 - l. *Violation reports and Infractions.*
2. The Case Manager must meet with all clients assigned to them for a full case *management meeting* a minimum of once per week. The Case Manager may not hold clients from work or other commitments relating to community reintegration to conduct case management meetings. The Case Manager must maintain legible notes reflecting, at a minimum, the following:
 - a. Treatment progress;
 - b. Reentry needs;
 - c. Job search activities, if applicable;
 - d. Medical and mental health concerns;
 - e. Home plan status; and
 - f. Goal setting for the upcoming week.
 3. The Case Manager must monitor client participation in programs as outlined by the Probation and Parole Officer, including monitoring appointments to ensure the client is attending as required, establishing appointments with resources and establishing resources in the community.
 4. The Case Manager must assist clients applying for Medicaid/SSI and other benefits when applicable, obtaining identification documents as needed, obtaining clothing and other basic reentry needs as needed. The Case Manager must take into consideration the needs of the client, including but not limited to medical and mental health needs, transportation needs, and financial abilities when making referrals.
 5. The Case Manager must ensure all clients eligible to seek employment conduct meaningful job search activities. Eligible clients not in treatment are required to obtain full-time employment. Eligible clients in treatment must obtain a minimum of part-time employment, such that their treatment and work hours equal 35 hours per week. The Case Manager must document job search activities in the case management file, including:
 - a. Creation of a working resume;
 - b. Obtaining interview appropriate clothing;
 - c. Attending weekly Job Readiness Training sessions;
 - d. Submitting applications;
 - e. Attending available job fairs and interviews; and
 - f. Working with the residential program Employment Specialist, if applicable.
 6. Once the client is employed, the Case Manager must provide the client with the Employment Verification Form. The client must immediately complete this form and the Case Manager must complete the employment verification process. The form must be retained in the case management file.

Collecting Savings/ Bus Ticket Payments- Attachment L, M, N
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1. The Case Manager is responsible for the following:
 - a. verifying any and all client income;
 - b. requiring clients to submit their paycheck and paystub within one business day of receipt;
 - c. accurately completing the savings pay ticket and issuing the pay ticket to the client the day the income/ paycheck is received;
 - d. requiring clients to submit 50% of gross earnings from any income within one business day;
 - e. maintaining an accurate and up-to-date savings submission spreadsheet;
 - f. distributing copies of the savings pay ticket, income source (pay stub), and money orders to accounting, the Director, and the client's case management file;
 - g. submitting the money orders to accounting; and
 - h. requesting checks for the savings balance in full upon notification of client discharge.
2. While completing the Savings Pay Ticket (Attachment L), the Case Manager must determine the amount the client owes towards bus tickets. Clients are required to pay towards any bus tickets previously received out of their income until the amount is paid in full.

3. Regardless of the gross income amount or amount owed to bus tickets, savings collection and bus ticket payment may be reduced to ensure the client has at least \$15 per week remaining for incidentals. In any case where the client will not submit the full 50% of Gross Income, the Case Manager must complete a "Special Case Note" that will be attached to the pay stub, payment slip (if applicable) and placed in the client's case management file. A note stating "see special case note" must be added to the client's savings spreadsheet as well.
4. In rare instances, the Probation and Parole (P&P) Officer may waive or reduce savings payments, or request an early withdrawal.
 - a. Appropriate instances include, but are not limited to, rent, rent deposit, work uniform, and medication.
 - b. The Case Manager must notify the Probation and Parole Officer of the request via e-mail and the Case Manager must obtain written approval for such from the Probation and Parole Officer.
 - c. The Case Manager must then complete the appropriate "Savings Waiver Form" (Attachment M) in the case of savings waivers or reductions and the "Savings Authorization/Withdrawal Form" in the case of early withdrawals. In either case, the form must be signed by the Probation and Parole Officer.
 - d. The Case Manager must attach the client's pay stub or proof of income to the form, place the original in the client's case management file, and provide a copy to the Director.
 - e. If requesting an early withdrawal, the Case Manager and Director (or designee) will follow the procedure below.
5. When a client is discharging and has submitted savings,
 - a. The Case Manager must complete the "Savings Authorization/Withdrawal Form" (Attachment N) which includes the client printing their name as they want it written on the check and signing the form.
 - b. The form must contain the Probation and Parole Officer's signature indicating approval for the withdrawal.
 - c. The Case Manager must submit this form to the Program Director or designee.
 - d. The Case Manager must also review the accuracy of the savings spreadsheet against all savings submission forms and money orders and e-mail the Program Director the Savings Spreadsheet along with the preferred name the client would like the check written out to.
 - e. Savings withdrawal checks will not be requested until the Case Manager(s) and/or Program Director have received an official discharge letter from Probation and Parole.
 - f. When requesting the check, the Director (or designee) must ensure the savings spreadsheet includes the withdrawal amount, which is equal to the remaining balance, that the client is discharging, and the date of discharge. The Director (or designee) must e-mail the savings spreadsheet to accounting along with a request for the check, including amount to withdraw and the exact name the client has requested their check made out to.
6. When a client absconds or is arrested from the facility and has any amount in their savings account, within one (1) week, the Case Manager must:
 - a. Complete the "Savings Authorization/Withdrawal Form" by indicating the circumstances of the client's departure, date of departure, and that they check should be made out to "Missouri Department of Corrections".
 - b. The form must contain the Probation and Parole Officer's signature indicating approval for the withdrawal.
 - c. The Case Manager must submit this form to the Program Director or designee.
 - d. The Case Manager must also review the accuracy of the savings spreadsheet against all savings submission forms and money orders and e-mail the Program Director (or designee) the Savings Spreadsheet.
 - e. The Director (or designee) may wait an additional amount of time, up to three (3) weeks before requesting the check in case the client is reengaged, and returned to the facility, by Probation and Parole. The Director (or designee) will follow the procedure above for requesting the check, but indicate the check be made out to "Missouri Department of Corrections" with the client's name and DOC number on the memo line.
 - f. Upon receiving the check from accounting, the Director (or designee) will create a letter to DOC explaining that the client is no longer a client. The Director will send the letter, savings spreadsheet, "Savings Authorization/Withdrawal Form", and money order to DOC via certified mail. A copy of each must be retained in the client's case management file with the certified mail slip.
7. Security Monitors: When a client is making savings and bus ticket payments,
 - a. The client must show the Security Monitor their "Savings Pay Ticket". This form provides the required authorization for the client to sign-out to cash their check and obtain money orders. The form will indicate the current approved location for the client to do so.
 - b. The Security Monitor must sign the client out to the approved location in Safe Keep. They may exit any time the approved location is open and must return within 20 minutes.

- c. Upon return, the client must provide the savings pay ticket, one money order matching the required savings amount, and one money order matching the amount due to bus tickets. **Do not accept payments from clients without the "Savings Pay Ticket" and only accept money orders.**
 - d. The client must make both money orders payable to MERS/Goodwill. They must print their name and write "savings" and "bus tickets" on the appropriate money orders.
 - e. After clients turn in their money orders, they must be given receipts for *each* money order that they turn in. (2 money orders turned in = 2 receipts issued.) The receipt must reflect the client's name, the date, the amount paid and the purpose in which payment was made.
 - f. Sign and date the "Savings Pay Ticket".
 - g. Make three (3) copies of the money orders and two (2) copies of the "Savings Pay Ticket". Make sure all copies are readable. Paperclip these forms with the money orders and place all in the appropriate Case Manager's mailbox.
8. When receiving a savings withdrawal check, a copy must be made of the check. The client must sign and date the copy upon receipt and the staff person witnessing the client's receipt must sign. The check copy with signatures and date must be placed in the Director's mailbox.

Breath Analysis or B.A.

1. Except for smoke breaks and meals, clients returning to the facility must be given a Breathalyzer Test each time they return. Clients can also be tested randomly or if alcohol use is suspected.
2. Breathalyzer Testing equipment is located on each desk in the Security Monitors Station. Each client must have a breathalyzer tube in order to conduct the B.A.. Press the "set button" on the Breathalyzer. Have the client attach their tube to the device. Have the client blow a strong continuous breath through the tube. (Make sure the client is exhaling through the tube and not inhaling.) As the client is blowing, press the "read" button and hold. Read the result and show the result to the client.
3. The machine will always read .000 unless the client has consumed alcohol. If the client has consumed alcohol, the machine will register numbers other than zero.
 - a. In the event a positive result appears, instruct the client to sit under surveillance and wait 15 minutes, at which time the B.A. will be re-administered using a new breathalyzer tube.
 - b. If the second reading is positive, write a Major Violation with the B.A. results. If this occurs over the weekend, contact the Director as any remaining pass time may be denied.
 - c. Whether or not the second reading is positive, the client must submit a urinalysis.
4. If the B.A. is conducted upon client sign-in to the facility, enter the result into the program software system and pass form, if applicable.
5. **Note:** If you ever press and hold the READ button and numbers start to appear and you are **NOT** administering a test on anyone, **DO NOT** use the machine. Notify the Security Monitor Supervisor.

Urinalysis (U.A.) - Attachment O

1. **ONLY** female Security Monitors may collect urine samples.
2. At the start of each shift, the Security Monitors must check the "Additional Responsibility Book" (red book) for any scheduled urinalysis tests to be conducted. Staff may also instruct clients to submit to urinalysis collection if illegal substance use is suspected.
3. *Notify the client they are required to submit a urine sample and immediately place the client under direct surveillance in the common room area (ie in front of Monitor Station window). The client may not leave surveillance and may not have direct contact with other clients until the sample is submitted.*
 - a. If the client attempts to leave the designated surveillance area, the client must be given a warning and/or Major Violation as appropriate. This includes leaving the area to attend meals, smoke breaks, wellness walks, pass time, etc.
 - b. If the urinalysis interferes with the client's mealtime, provide a saved meal to the client.
 - c. Security Monitors must refer to the client's schedule prior to advising a client a sample must be submitted. If a client is scheduled to leave for an appointment within 2 hours, do not begin UA proceedings NOR notify the

client of the scheduled UA. The client must submit the UA upon return. If the client is not scheduled to return until after your shift concludes, add the client's name to the next shift's additional responsibility form.

4. Before you take the client to the restroom, complete all of the necessary paper work, with the exception of time submitted and signatures/ initials. The clients DOC # must appear correctly on the paperwork . If the DOC # is incorrect, the drop results cannot be used.
5. They have two hours to produce a sample. The two hours begins at the time that they are notified. If they do not supply a urine sample within two hours, write a Major Violation. However, they are still required to remain in the common area until they produce the sample.
6. Follow UA submission procedures as follows:
 - a. Always use universal health precautions when conducting a UA or handling any bodily fluids, including wearing latex gloves.
 - b. When collecting the sample, take the client into the handicap stall.
 - c. Instruct the client to wash their hands with soap prior to submitting the sample to ensure the client does not have any substance on their hands that may adulterate the sample.
 - d. Instruct the client to pull their pants and panties to their ankles and shirts up to their chest.
 - e. Instruct the client to squat, cough a total of three times, and allow the client to begin urinating.
 - f. The client must catch the urine stream in the urine sample cup provided to the client by staff.
 - g. They are to use one hand to hold the cup at the bottom and the other should be used to hold their blouse in the middle of their chest. During this process, the client's hands must be visible and the client cannot touch anything other than the bottom of the cup and the shirt they are holding at their chest.
7. The urine sample bottle should *never* make contact with the vaginal area.
8. You must observe the urine stream exit the client and enter the urine sample cup. The client may not close the stall door.
9. You and the client must both maintain eye contact with the sample cup at all times, until the sample is sealed. If you have to go to the counter for any reason, take the bottle with you.
10. Once the client has produced a sample, ensure there is a temperature reading on the cup. This assists in determining whether the specimen came from the client's body.
11. If you collect a sample and don't get a temperature reading, discard the urine sample and place the client back under surveillance. Continue the standard collection process and have the client sit in the common area until they are able to produce another sample.
12. When a successful sample has been submitted, have the client sign and initial all paper work. The client may not leave the restroom until the urine sample has been *sealed*.
13. Log the urine sample information in the UA Log Book and place the urine in the small *white* refrigerator located in the Monitor's Station.
14. Place the UA submission forms in the designated receptacle.
15. After sealing and storing the sample, wash your hands.

Client Searches/ Room Search Form- Attachment P

1. When clients return to the facility after being signed out, the client must submit to search of property and being wanded with the metal detector. Any bags, purses, boxes, or coats/jackets must be dumped into the provided receptacle and all belongings must be thoroughly searched
2. Clients are not allowed to bring open beverages or food of any kind onto the 7th floor.
3. The 3:00 p.m. – 11:00 p.m. shift is responsible for conducting a room search each evening. The "Room Search Form" is located in the green daily folder and indicates the room to be searched. Room searches may also be

conducted upon suspicion of contraband and if a full-house search is coordinated by the Security Monitor Supervisor and/or Director.

4. Staff may not search a client room, or any property in a client room alone. Another staff person must be present in the room. This is for the protection of both you and the client.

5. Pat-Down Searches may be conducted as deemed necessary and do not require advanced approval from the Director.

- a. Justification for Conducting Pat-Down Searches

A monitor may perform a pat-down search of the outer garments of a client if there is reasonable suspicion the client may possess contraband on their person. Following are some criteria that may establish justification for performing a pat-down search. This list is not all-inclusive:

- 1) Prior knowledge of the client's propensity to carry contraband.
- 2) The appearance and demeanor of the client.
- 3) Visual indications which suggest that the client is carrying contraband.
- 4) Receiving information from Probation and Parole, the treatment provider, other clients, and/or other sources indicating the client is in possession of contraband.

- b. Procedures for Performing a Pat-Down Search

When reasonable suspicion exists to perform a pat-down search, it should be performed with due caution, restraint and sensitivity. Under these circumstances, pat-down searches must be conducted in the following manner:

- 1) Pat-down searches may only be conducted by female monitors and a second female staff member must be present.
- 2) Pat down searches should be performed with the client in a standing position.
- 3) The client's feet should be spread apart with their arms stretched out to their sides, horizontal to the floor.
- 4) Place your feet in a T-stance for stability.
- 5) Your touch should be firm enough to feel solid contact with the client's body, but not abrasive.
- 6) Beginning at the top of the client's torso, pat your hands down both sides of her body. With your palms together, use the edge of your hands to gently press down on the middle of the chest area. Follow the bra line, patting with the backs of your hands. Pat your hands down the center of the client's chest, back, sides and arms. Be sure to cover all parts of the body, including armpits, the nape of the neck, and the waistband.
- 7) Repeat the patting procedure on the client's legs, feet, and abdomen. Do not forget the back of the knees and the shoes. You may ask the client to remove their shoes to be searched separately.
- 8) Only externally feel the outer clothing of the client. A monitor may not place her hands in pockets or inside the client's clothing.
- 9) If an item is felt on the client that may be contraband, ask the client to remove the item. If the client fails to do so, the pat down search will become a strip search. (See Strip Search procedure below).
- 10) If contraband is discovered upon search, the contraband is to be confiscated and a violation report or Infraction is to be written. If a weapon or drugs are discovered, the monitor is to call 911 and the Director.
- 11) If a client refuses to submit to a pat-down search, they are to be removed from the common room area to the area outside the monitor station. They must remain in view of a monitor at all times. The Director should be called for further direction.

6. Strip Searches may only be initiated with the permission of the Director or Security Monitor Supervisor. Only Female staff may perform or be present during a strip search. A search of a transgender or intersex offender for the sole purpose of determining the offender's genital status is prohibited.

- a. Justification for Conducting Strip Searches

A monitor may perform a strip search of a client if there is reasonable suspicion the client may possess a **weapon or drugs** on their person and/or if a pat-down search indicates a client is concealing contraband the

client fails to produce said contraband. Following are some criteria that may establish justification for performing a strip search. This list is not all-inclusive:

- 1) Prior knowledge of the client's propensity to carry weapons or drugs.
- 2) Visual indications which suggest that the client is carrying a weapon or drugs.
- 3) Receiving information from Probation and Parole, the treatment provider, other clients, and/or other sources indicating the client is in possession of a weapon or drugs.

b. Procedures for Performing a Strip Search

When reasonable suspicion exists to perform a strip search, the monitor will contact either the Security Monitor Supervisor or Director for approval. The strip search must be performed in a professional and dignified manner with respect and with consideration for the dignity and feelings of the client. Staff members are not to make degrading, insulting, or harassing remarks while conducting strip searches. Under these circumstances, strip searches must be conducted in the following manner:

- 1) Female monitors only are to conduct strip searches and two monitors must be present. Both monitors must wear gloves throughout the search.
- 2) Strip searches are to be conducted in private in the staff restroom, unless extenuating circumstances exist to where the search must be conducted in the client restroom; however, no other clients may be present to where they can observe the strip search. Only staff directly involved in a search may be present while the search is being conducted.
- 3) Give the client verbal instructions to remove all clothing, including any head coverings and accessories. Have the client shake out the hair on their heads to verify nothing is concealed.
- 4) The monitor must search the client by visual observation of the body and conduct a complete search of the clothing to include pockets, the wire of the bra, inside the shoes, etc. The monitor must never touch the client during the strip search other than the hair on her head if necessary to verify no items are concealed.
- 5) Give the client verbal instruction to open their mouth for the monitor to view inside.
- 6) The client may be asked to raise their feet for the monitor to see underneath.
- 7) Give the client verbal instruction to turn for the monitor to fully observe their person.
- 8) Following the strip search, the monitor will complete an incident report. The incident report must include the facts indicating reasonable suspicion for the search, the name and title of the individual who approved the search, when (date and time) and where the search was conducted, the names of the monitors conducting the search, and an inventory of any contraband found during the search.
- 9) If contraband is discovered upon search, the contraband is to be confiscated and a violation report or Infraction is to be written. If a weapon or drugs are discovered, the monitor must call 911 and the Director.
- 10) If a client refuses to submit to a strip search, remove the client from the common room area to the 7th floor lobby area. They must remain in view of a monitor at all times. The Director should be called for further direction.

Contraband

1. Staff must immediately confiscate all contraband and may not dispose of the contraband nor allow the client to dispose of the contraband.
 - a. Should staff find illegal drugs, drug paraphernalia, firearms, or any weapon defined as lethal or deadly by law, they must call 911 and the Director immediately. When police arrive, request that the client be arrested. Whether or not the client is arrested, request the police to remove the contraband.
 - b. Should staff find other contraband, they must bag and label the item(s) with the client's name and date and time of confiscation. Place the item(s) in the Director's mailbox.
2. Confiscation of Cell Phone/ Electronic Device-
 - a. When a cell phone, or any other electronic device, is confiscated, the staff person who confiscated the device must label the device with the owner's name and date of confiscation and immediately turn the device over to the Director.
 - b. If the Director is not present, the staff person who confiscated the device must immediately place the device in the Director's mailbox.

- c. No staff person other than the individual who confiscated the device may have the device in their possession.
 - d. No staff person may turn the device on, nor utilize any application on the device, nor access any information on the device. The Director or Security Monitor Supervisor may turn the device off if on and ringing.
3. See House Rulebook for list of items considered contraband. An Infraction or Major Violation must be completed if contraband is found on a client's person, in their property, in their room, or if their prior possession of the contraband is confirmed. Refer to the rulebook to determine whether an Infraction or Major Violation is appropriate. If you ever have any questions about something being contraband, ask the Security Monitor Supervisor or Director.
 4. Clients may not possess EBT cards. They must turn in these cards, which will be returned upon discharge. If an EBT card is found, label the card with date confiscated, place it in the Director's mailbox, and write an incident report.

Major Violations - Attachment Q

1. The Major Violation form must be filled out correctly, completely, and legibly on the day the violation took place. Different sections of the form are for different types of violations. Be sure to fill out the appropriate information with all details surrounding the violation.
2. The "comments" or "explanation area" should include enough detailed information to account for what happened. Include who, what, when, where, and how. Be brief, but be thorough so that minimal to no further investigation is needed. This allows the Director to address the violation the next business day. **If further information is needed, you are subject to notification via phone call to gain more information. You are required to respond that day in a timely manner. You may also be instructed to report to the facility to complete the form appropriately. These calls can be avoided by filling out the form appropriately.**
3. Refer to the House Rulebook for a list of activities that warrant a Major Violation. If you ever have any questions regarding any activity, contact the Security Monitor Supervisor or Director.
4. Place the completed form in the back of the green daily folder.

Infractions - Attachment R

1. Refer to the House Rulebook for a list of activities that would warrant an Infraction. If you ever have any questions regarding any activity, contact the Security Monitor Supervisor or Director.
2. Security Monitors must complete the Infraction form, which is located in the Security Monitor Station, completely and accurately in full detail. Include who, what, when, where, and how. For example, if a client has food in their room, list the food type, how much, when and where it was found.
5. Place the completed form in the back of the green daily folder.

Incident Reports - Attachment S

1. Incident reports need to be completed anytime something out of the ordinary happens, someone is injured, something is wrong with the facility, or for any of the reasons listed above.
2. Security Monitors must complete the Incident form, which is located in the Security Monitor Station, completely and accurately in full detail. Include who, what, when, where, and how.
3. Place the completed form in the back of the green daily folder.

Physical Altercations Among Clients

1. If two or more clients begin fighting, one Security Monitor must call 911 and the Director immediately while the other Security Monitor instructs all other clients to clear the floor. Normally clients should return to their rooms; however, if circumstances necessitate, you may move all clients to the opposite program side of the facility.

2. The Security Monitors should protect and secure themselves in the Monitor Station and lock the door.
3. DO NOT touch or hold back either client or attempt to stop or control the fight yourself. You should never risk injuring yourself.
4. You may provide verbal instructions for the clients to separate. If the clients follow the verbal instructions, instruct one of the clients to sit in the 7th floor lobby and the other to sit in the common room area.
5. When the police arrive, give them as much information as you can in regards to who started the altercation, who swung first, and if the victim retaliated. Let the police do their job and determine what happened. You may utilize camera footage to determine these details.
6. Make sure the police arrest and remove the aggressor of the altercation from the facility. If they or you cannot determine who the aggressor is, have them both removed. If neither client wants to press charges against one another, notify the police that you would like them arrested for "Peace Disturbance". Do not allow the police to leave without removing the individual(s). If the police refuse, notify the Director for further instruction.
7. Complete Major Violation and Incident Reports as needed regarding all parties involved. If there is a fight, there must be a separate Major Violation report for each individual involved.
8. Seek medical attention for the remaining client if applicable. If the remaining client refuses medical treatment, document it on the Incident Report.

Absconders - Attachments T, U

1. If a Security Monitor cannot locate a client, a client exits without permission, or a client does not return to the facility, the client is an absconder. A "Major Violation" and "Warrant Checklist" must be completed.
 - a. Example 1: A client walks out of the facility and forgets to sign out. Her schedule reflects that she's supposed to be at treatment. You call the treatment center and she is there. She must receive a violation for not signing out properly, but she is not an absconder.
 - b. Example 2: A client signs out for treatment. The treatment center calls to advise the client never arrived. The client is an absconder, and the "Warrant Checklist" must be started.
2. If the client exits the facility and states they are leaving (absconding) and it is during Probation and Parole office hours (M-F, 7:00am to 4:30pm, excluding state employee holidays), contact the Director and then the Probation and Parole Officer. If this occurs after business hours, contact the Director and then the Probation and Parole Unit Supervisor. Before the client exits, request their locker key and note whether they are taking all personal belongings with them. If they ask for their medication or other items held in the Monitor Station, you must give all items to the client.
3. If you cannot locate a client or the client does not return to the facility, the "Warrant Checklist" begins at the time that the client is found missing. (Example: A client signs out for treatment at 8:00am and the treatment center calls at 10:30am to advise the client never arrived. The "Warrant Checklist" starts at 10:30 am when the client was discovered missing.)
4. When performing the "Warrant Checklist," make sure that every duty listed is performed. Make sure that the warrant is NOT called in *before* the designated time has elapsed.
5. If the client's file is *Blue*, the "12-Hour Warrant Checklist" (Attachment T) must be used.
 - a. If 3 hours has elapsed from the noted absence and it is during Probation and Parole office hours, contact the Probation and Parole Officer. After hours, contact the Probation and Parole Unit Supervisor.
 - b. If 12 hours has elapsed from the noted absence during Probation and Parole office hours, contact the Probation and Parole Officer. During Probation and Parole office hours, the Probation and Parole Officer must issue the warrant. DO NOT contact the command center or issue the warrant for any reason during these hours. If the Probation & Parole Officer will issue the warrant, indicate so on the checklist and on the Major Violation form.

- c. If **12 hours** has elapsed and it is outside of Probation and Parole office hours, call the DOC Command Center to issue the warrant.
 - d. If conducting the “12-Hour Warrant Checklist”, it is crucial that you communicate the status of the checklist to the next shift. The shift beginning the checklist must also begin the Major Violation form, listing all known details. The following shift(s) must continue the checklist and Major Violation form, adding any new pertinent information.
6. If the client’s file is *Red*, that client is a Dangerous Felon or High Risk, and the “**3-Hour Warrant Checklist**” (Attachment U) must be used.
 - a. If **3 hours** has elapsed during Probation and Parole office hours, contact the Probation and Parole Officer who will issue the warrant. Indicate this on the checklist and on the Major Violation form.
 - b. If **3 hours** has elapsed outside of Probation and Parole office hours, contact the Probation and Parole Unit Supervisor. Advise the Unit Supervisor that the client is a dangerous felon/ high risk and of the time they absconded. Then call the Command Center to issue the warrant as instructed.
 7. Once the warrant is called in:
 - a. Pack the client out if they did not take all property (see below for proper procedure).
 - b. Erase the client from the accountability board.
 - c. Enter and save the abscond date and archive the client in the program software system.
 - d. Make sure the Major Violation is complete, including what time the warrant was called in and whether the client took their property or whether their property was packed out. This informs the Case Manager as to whether someone must be contacted to pick-up any remaining belongings.
 - e. List the client as an absconder on the State Security Monitor’s Daily Worksheet.
 - f. Place the blue file in the designated receptacle.
 8. Immediately in the morning on the next business day, the Director or an appointed staff member must notify Probation and Parole via fax of any individuals who have absconded and whether a warrant has been requested. This is done using the Daily Activity Report and by faxing the Major Violation and Warrant Checklist to Probation and Parole.
 9. If a client who has absconded returns to the facility prior to the warrant being issued, contact the Director for further instruction.

Discharges

1. **Staff may not terminate a client from the program or allow a client to discharge from the facility without written discharge instructions from Probation and Parole.** Staff must provide a copy of the discharge instructions to the client and retain a copy in the client’s file.
2. The Security Monitor must ensure the client washes and returns all linens, blankets, pillow, towel, and wash cloths issued to them. The client must also return their facility issued combination lock and locker key.
3. The client must complete the discharge paperwork in their file.
4. If the client has a savings check to collect upon exit, do not give the check to the client until they discharge.

Packing-out Personal Belongings- Attachment V

1. All clients’ personal belongings must be packed-out no later than 1 hour *after* the warrant has been called in for their arrest or they have been taken into custody from our facility.
 - a. Two staff members must be present during personal property pack-out.
 - b. It is the responsibility of the shift calling in the warrant to pack-out the belongings.

- c. If the warrant was called in between the hours of 10:00 p.m. and 5:00 a.m., the shift on duty must pack-out the property between 5:00 a.m. and 7:00 a.m.
2. When packing-out, you will utilize the client's Property Inventory Sheet, their lock combination, trash bags, and the "Pack Out" form.
 - a. Place all of the client's belongings on their bed and begin to identify all of those items that are listed on their Property Inventory Sheet. As you identify items listed on the sheet, place the date and your initials next to it.
 - b. Once finished, place all belongings in the trash bags. DO NOT pack-out facility linens, blankets, pillows, towels, or washcloths. You are responsible for washing and storing these items appropriately.
 - c. Fill out the "Pack Out" form and place it in the bag so that it can be easily seen.
 - d. Once you have packed –out the items, place the bags in the storage closet.
 - e. Separately bag and label all medication and cell-phone/cell-phone equipment with client's name and date of pack-out, and place these items in the Director's mailbox for safe storage and/or disposal.
 3. When a client has absconded and left personal property, the Case Manager must contact the individual(s) listed on the client's Disposition and Release of Personal Property form and notify the listed individual(s) they may pick up the property in person within 30 calendar days from the date the client absconded.
 - a. No later than the first business day after the client has exited, the Case Manager must make a copy of the Disposition and Release of Personal Property Form and place the copy in the state "Personal Property" binder located in the Monitor Station.
 - b. Contact must be attempted within two business days following the client's exit.
 - c. First contact must be attempted by telephone. If unavailable, the Case Manager must leave a voice mail message.
 - d. Whether or not a voice mail message is left, if the Case Manager does not speak with the individual(s), the Case Manager must mail a letter to the individual(s) regarding the property.
 - e. The Case Manager must note all contact attempts on the Disposition and Release of Personal Property form, including method of contact (e.g. phone, mailed letter), date and time of attempt, and outcome (e.g. left voice mail, letter returned).
 4. 30 days after the client has absconded or was arrested, all personal property may be discarded.
 5. When an individual arrives to pick up client property,
 - a. Check the state Personal Property binder for the appropriate "Disposition and Release of Personal Property" form. That individual must be listed on the form and show their photo identification.
 - b. Make a copy of the id and have the individual sign the "Property Pick-up Form".
 - c. Staple the copy of the id, the signed property pick up form and the "Disposition and Release of Personal Property" form together and place these in the Director's mailbox.
 - d. Release the property to the individual.
 - e. The individual(s) may not enter the locked doors of the facility.

Client's Visitors and Visitation – Attachment W, X

Visiting hours: Saturday and Sunday (and Thanksgiving and Christmas) 5:30 P.M. to 8:30 P.M.

1. The client must complete and submit a Visitation Request form (Attachment W) to their Case Manager by Tuesday at 10:00 p.m. each week if they would like to participate in Visitation for the coming weekend.
 - a. The Case Manager must place all submitted Visitation forms in the Probation and Parole Officer's mailbox no later than Wednesday at 12:00 p.m. each week.
 - b. After processing these forms, the Probation and Parole Officer will place the forms in the "State Paperwork" mailbox.
 - c. The 11:00 p.m. – 7:00 a.m. shift is responsible for filing the processed forms in the State Visitor Log binder in the Monitor Station .
2. The Security Monitor performing the visitation should take a cell phone or walkie-talkie from the Monitors Station, along with the Visitor Log Binder with Visitor Sign-in Sheet (Attachment X), and proceed to the Cafeteria. The Security Monitor should then begin screening the visitors.
3. All visitors must be on the client's Visitation Sheet and approved by the Probation and Parole Officer for the date the visitor arrives. This includes minor children. If a visitor arrives, but is not approved for that date, they are not allowed to come in. **Visitors must show identification and sign in every time they visit.**

4. Rules regarding Visitor entry to the facility:
 - a. Visitors may not enter the facility with weapons, alcohol, or drugs or under the influence of alcohol or drugs.
 - b. The Security Monitor must search all Visitors by a handheld metal detector and search their property and all packages brought in to the client.
 - c. Staff must inform a visitor with weapons, alcohol, or drugs in their possession and/or a visitor suspected to be under the influence to leave the facility immediately. If a visitor refuses to leave the facility, the Security Monitor must immediately contact the police.
 - d. Visitors must appear in acceptable dress and to conduct themselves in an acceptable manner. Do not allow a Visitor dressed inappropriately to enter the building.
 - e. Visitors may not use cell phones in the facility during Visitation.
 - f. *Visitors must not visit with or harass other visitors or clients.*
4. Once the visitors have all been signed in, call the Monitors Station and request the appropriate clients to be sent down to the cafeteria.
 - a. Visitation will take place on the main floor of the building in the cafeteria **only**.
 - b. Visitors are restricted to this area and are not allowed to wander around. The lobby area is off limits.
 - c. An adult must accompany small children. Children may not roam around the cafeteria. Children cannot be dropped off and left with clients for visits.
 - d. If a visitor decides to exit the building for any reason, the visit will be considered terminated, and the visitor will not be allowed back in the building.
 - e. If the client returns to the 7th floor during Visitation, their visit is considered over and they may not return to the cafeteria.
5. *Visitors may only visit with the client that they signed-in to visit. A visitor may not visit with more than one (1) client at a time unless the client is an immediate relative.*
6. Clients must conduct themselves appropriately during Visitation.
 - a. THE USE OF SEXUAL LANGUAGE, SEXUAL CONTACT, ABUSIVE OR FOUL LANGUAGE BY EITHER THE CLIENT OR THE VISITOR WILL NOT BE TOLERATED. (Hugging and kissing in an intimate manner are included).
 - b. Neither the visitor nor the client may sit on the other person's lap.
 - c. If you witness this behavior, terminate the visit immediately.
7. The Security Monitor must observe Visitation to ensure clients and Visitors do not engage in inappropriate activity (doing hair, using cell phones, etc). They may not to leave the visitation area unattended for any reason or engage in prolonged conversation with clients or visitors.
8. Neither clients nor visitors may not eat during Visitation. Any food brought to a client from a visitor must be held until visit is over. The client can then bring the food to the 7th floor and eat in the common area.
9. Upon completion of Visitation on Sunday, the Security Monitor must remove that weekend's Visitation forms from the State Visitation binder and distribute the forms to the appropriate Case Manager's mailbox.
10. Clients may not to receive any visits outside of the designated visiting hours without *prior* approval by the Case Manager or Director.
 - a. Clients may not meet, visit, or socialize with family, friends, or any other individual while signed out from the facility other than during pass time, or unless otherwise specifically approved by the Probation and Parole Officer.
 - b. This includes interactions with individuals on the way to a destination or at the destination, and receiving unapproved rides.
 - c. Such interactions will result in a Major Violation for Unauthorized Visit.

Facility Cleanliness/ Client Chores and Chore List – Attachment Y
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1. It is the responsibility of every shift to make sure that the clients leave the common area, bathrooms, and their room in an orderly fashion.
 - a. Clients' beds must be made if the client is not using it.
 - b. Clients may not store or leave food, drinks, or cups unattended in the common room area or outside of their room.
 - c. All food and drinks must be consumed and/or disposed of prior to in-house curfew.

2. Before the clients retire to their rooms at curfew, instruct them to straighten the common area. The chairs must be neatly placed under the tables, the microwave table and coffee machine must be cleaned, the common area tables must be free of any cups, bottles, paper, etc.
3. Security Monitors working the 11:00 p.m. to 7:00 a.m. shift on Sundays are responsible for completing a new chore list and assigning client's weekly chores.
 - a. Refer to the accountability board to assign clients that are currently in the program.
 - b. Attempt to assign different chores to clients each week.
 - c. Refer to client folders or posted notes regarding allergies to cleaning supplies or prohibitions against a client completing certain chores.
4. All Security Monitors are responsible for checking chores to verify those assigned during their shift have been completed. Once you have determined the chore was completed, initial the Chore List showing it was completed. The Chore List should have two initials, both the Security Monitor and the client's.
5. Do not leave your shift without checking every chore and signing off on them. If you check the chore and it appears not to have been done, or was not done correctly, instruct the client to perform the chore again. If the client refuses or is not in the house, write an Infraction.

Emergency Medical Procedure

1. If a client requires immediate medical attention, call 911 and summon an ambulance. Notify the Director after you have called 911.
2. You must complete an Incident Report and follow any other current organization procedures as necessary. Make sure that all necessary information is in the report, including all parties involved, time you became aware of the emergency, times the EMS arrived and departed, and the result of the EMS call (was the client taken to the hospital).
3. If the EMTs request medication information, you may print the medication log from the program software system and hand it to the client.

Suicide Procedures - Attachment Z

1. If a client is feeling suicidal or mentions that they want to harm themselves, notify the Case Manager and/or Director.
2. Immediately place the client under suicide watch and start a "Suicide Watch Log". You must visually check the client every 15 minutes and initial the log accordingly.
3. Contact Behavioral Health Response (BHR) to speak with the client.
 - a. Allow a BHR representative to report to the premises if they deem it necessary. They must show identification upon arrival.
 - b. The BHR representative may not enter the locked doors of the facility, but may meet with the client in the 7th floor conference room if available or in the cafeteria for privacy during the evening, nighttime, weekend, or holidays.
 - c. If BHR determines (over the phone or in person) that the client needs emergency medical attention, contact 911.
4. If 911 is called and EMS does not remove the client from the facility, suicide watch must continue until the client is further assessed. The Case Manager and/or Director will notify Security Monitor staff when this has occurred.
5. The Security Monitor must complete an Incident Report in full regarding the incident. Any completed "Suicide Watch Logs" must be placed in the green daily folder.

Death of Client

1. In the event of a client's death, one Security Monitor must call 911 and then the Director immediately. The Director must immediately notify the Probation and Parole Unit Supervisor and the Director's supervisor.
2. The other Security Monitor must clear all clients from the area and clear the floor.

3. If the death occurs in a bedroom, the Security Monitor must secure that room. Once it has been determined the client is dead, no one may touch or move the body until the authorities arrive. Do not remove or touch any items in the room where they body is located.
4. Complete an incident report detailing the events that lead to the death, if known.

PREA (Prison Rape Elimination Act)

1. MERS/Goodwill has a zero tolerance policy for any form of sexual misconduct to include staff/ volunteer/ visitor on offender or offender on offender sexual harassment, sexual assault, sexual abusive contact and consensual sex.
2. Any employee who witnesses sexual abuse or sexual harassment must immediately report it to the Program Director or designee appointed to act on behalf of the Program Director in the Director's absence. Any employee who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders will be subject to termination from employment with the agency.
3. Staff shall follow all policies and procedures regarding PREA set forth by the agency.

In addition to the procedures listed above, staff must be familiar with the client rulebook, the MERS/Goodwill Health & Safety Manual, and the MERS/Goodwill Exposure Control Plan and follow all procedures accordingly.

OFFENDER COMPLAINT

If additional information is needed – attach to this form.

Offender Name _____ Number _____

Supervising officer _____ Date ____/____/____

OFFENDER COMPLAINT:

Offender Signature _____ Date ____/____/____

FACILITY PROGRAM DIRECTOR RESPONSE

Date Received ____/____/____

Date Reviewed ____/____/____

Director's Signature _____

I accept the decision made on ____/____/____ Offender Signature _____
(date)

I wish to appeal the decision made on ____/____/____ Offender Signature _____
(date)

STATE AGENCY REPRESENTATIVE RESPONSE

Date Received ____/____/____

Date Reviewed ____/____/____

Signature _____

I have received and reviewed the response of the Department on ____/____/____ (date)

Offender Signature _____

STATE ROOM ASSIGNMENT FORM

_____ (DATE) AS OF 12:00 A.M.

THIS FORM IS TO BE COMPLETED BY THE 11-7 SHIFT EVERYDAY

ROOM 717

ROOM

718

ROOM 719

ROOM

720

ROOM 721

ROOM

722

ROOM 723

ROOM

709

ROOM 710

TO

TOTAL NUMBER OF
ASSIGNED ROOMS _____

TOTAL NUMBER OF
STATE RESIDENTS _____

Security Monitor Signature Date

State Security Monitor's Daily Worksheet for: _____ (date)
--

This form should remain in the Green Daily Workbook. Each shift should add information to the sheet throughout the day.

List New Arrivals:

<u>Name</u>	<u>Time Entered</u>	<u>Staff Initials</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List No-Shows:

<u>Name</u>	<u>Time Discharged</u>	<u>Staff Initials</u>
_____	_____	_____
_____	_____	_____

List Discharges:

<u>Name</u>	<u>Time Discharged</u>	<u>Staff Initials</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List Absconders:

<u>Name</u>	<u>Time Entered</u>	<u>Staff Initials</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMS Calls:

<u>Name</u>	<u>Time Entered</u>	<u>Staff Initials</u>
_____	_____	_____
_____	_____	_____

New Hospital Admissions:

<u>Name</u>	<u>Time Entered</u>	<u>Staff Initials</u>
_____	_____	_____

State Side Checklist for 7am- 3pm Shift

All duties and tasks are to be completed prior to your shift ending. Once you have completed the task, initial the space provided. By initialing the task, you are stating that you have completed it.

Today's Date: _____

Initial

Task

- | | |
|--|---|
| | I have performed a physical count of all resident at _____ a.m. and _____ p.m. All residents are accounted for and the accountability board is accurate. |
| | I have reviewed the red "Additional Shift Responsibility" book for scheduled drops and additional duties. |
| | I have updated the "State Security Monitor's Daily Worksheet" in the green "State Daily Workbook" with all arrivals, discharges, absconders, and EMS calls that occurred during my shift. |
| | I have verified all information on resident Sign In/Out sheets. |
| | I have completed a round every hour during my shift. I have checked all bedrooms for cleanliness. I have written all necessary infractions. |
| | I have checked and signed off on resident chore list. I have written all necessary infractions. |
| | I have checked there are enough sack lunches for the following day. |
| | I have wiped down and straightened all counter tops and medicine cabinet, removing any unnecessary items. I have swept the monitor station, removing all trash. |
| | I have returned all linens and towels for discharged clients to the storage closet. I have straightened all linens and towels in the storage closet. |
| | I have emptied all supply delivery boxes in storage. |
| | I have refilled toiletry crates as needed. |
| | I have notified the Director of any supplies needed. |

Security Monitor's Signature

Date

State Side Checklist for 3pm- 11pm Shift

All duties and tasks are to be completed prior to your shift ending. Once you have completed the task, initial the space provided. By initialing the task, you are stating that you have completed it.

Today's Date: _____

Initial	Task
_____	I have performed a physical count of all resident at _____ p.m. and _____ p.m. All residents are accounted for and the accountability board is accurate.
_____	I have reviewed the red "Additional Shift Responsibility" book for scheduled drops and additional duties.
_____	I have updated the "State Security Monitor's Daily Worksheet" in the green "State Daily Workbook" with all arrivals, discharges, absconders, and EMS calls that occurred during my shift.
_____	I have verified all information on resident Sign In/Out sheets.
_____	I have completed a round every hour during my shift and have checked all bedrooms for cleanliness. I have written all necessary infractions.
_____	I have reviewed the meal sheets to ensure all clients have signed-up and ensured that clients have not signed for multiples of the same meal (lunch, saved lunch, sack lunch, etc).
_____	I have checked and signed off on resident chore list. I have written all necessary infractions.
_____	I have wiped down and straightened all counter tops and medicine cabinet, removing any unnecessary items. I have swept the monitor station, removing all trash.
_____	I have stored away all cleaning supplies. I have straightened the shelves with cleaning supplies in the storage closet.
_____	I have notified the Director of any supplies needed.

Security Monitor's Signature

Date

State Side Checklist for 11pm- 7am Shift

All duties and tasks are to be completed prior to your shift ending. Once you have completed the task, initial the space provided. By initialing the task, you are stating that you have completed it.

Today's Date: _____

Initial	Task
----------------	-------------

- | | |
|-------|---|
| _____ | I performed a physical count of all clients at _____ p.m. and _____ a.m. All clients are accounted for and the accountability board is accurate. |
| _____ | I reviewed the "Additional Shift Responsibility" book. |
| _____ | I have checked the roster for "No Shows", written Major Violations, and called in warrants, as necessary. |
| _____ | I have started a new Daily Workbook, putting the new date on every form, and placed the old workbook in the designated receptacle. |
| _____ | I have updated the "State Security Monitor's Daily Worksheet" in the Daily Workbook with all arrivals, no-shows, discharges, absconders, and EMS calls that occurred during my shift. |
| _____ | I have checked all client medication logs for accuracy, and to ensure all clients have taken medication as prescribed, and have written an Incident report for any client failing to do so. |
| _____ | I have replaced soap, towels, and/or toilet paper in the staff bathroom. |
| _____ | I have stored away all cleaning supplies. |
| _____ | I have searched all lock boxes for contraband. |
| _____ | I have completed a round every hour during my shift |
| _____ | I have swept and mopped the monitor station, removing all trash. All trash has been placed ON the freight elevator (not in the hallway). I have vacuumed the elevators and the rug in front of the elevator. |
| _____ | I have wiped down and straightened all counter tops and medicine cabinet, removing any unnecessary items. |
| _____ | I have delivered the meal sheets to the kitchen by 5:00am. |

Security Monitor's Signature

Date



1727 Locust Avenue, 7th Floor
 Saint Louis, MO 63103
 Office: (314) 231-6100
 Fax: (314) 241-2597

Attention:
Booking Officer

MERS/ Goodwill Residential Daily Activity Report

Complete every morning and fax to: (314) 877-1082

Date: _____ Time: _____ A.M. Completed by _____

Number of beds currently being used: _____

Activity Type	Name	DOC#	Date of Activity
New Arrivals	1.		
	2.		
	3.		
	4.		
	5.		
No Shows	1.		
	2.		
	3.		
	4.		
	5.		
Discharges	1.		
	2.		
	3.		
	4.		
	5.		
Arrests	1.		
	2.		
Absconders	1.		
	2.		
	3.		
Warrants Issued	1.		
	2.		
	3.		
Hospital Adm.	1.		
	2.		

Comments: _____

Property Inventory Coversheet

Offender Name _____ Number _____ Entry Date ____/____/____

Inventory Changes Date(s)	Offender Initials	Staff Initials
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____
____/____/____	_____	_____

I verify that attached is a list of all my personal property. I understand that I must update my inventory list if I add or remove any items from the transitional housing facility. I also understand that MERS Goodwill transitional facility is not responsible for lost or stolen items/property.

Offender Signature _____ Date ____/____/____

Offender Printed Name _____

Witness _____ Date ____/____/____

Schedule Change or Add On Form

Work change Treatment change Add on to Schedule

Clients Name _____ Today's date ____/____/____

PO Name _____ Case Manager Name _____

Original Schedule – What is currently on your weekly schedule?

<u>Destination:</u> Name, Phone Number & Address	Exit Time	Appointment Time	Return Time	Date of Change

Revised Schedule – What would you like to change/add to your schedule?

<u>Destination:</u> Name, Phone Number & Address	Exit Time	Appointment Time	Return Time	Date of Change

Reason for change/add on?

Staff Verification of Changes:

Person Contacted for verification _____	Time verified ____:____ am/pm
Date verified ____/____/____	
Method of Verification:	
<input type="checkbox"/> Verification not required	<input type="checkbox"/> Submitted too late to verify
<input type="checkbox"/> PO approved/authorized	<input type="checkbox"/> Attempted contact, no return call/e-mail
<input type="checkbox"/> Spoke to destination [phone]	<input type="checkbox"/> Contact made, no appointment
<input type="checkbox"/> Client has documentation of appointment	

Instructions for client per Case Manager:

Request **APPROVED**

Request **DENIED**

Request **PENDING**

MERS Staff Signature: _____ Date: ____/____/____

You must return with proof you were at the approved destination.

State Pass Request

Resident Name _____ Date: ___/___/___
 PO: _____ Case Manager: _____

I am currently eligible for the following: *(must return by curfew at 9:00pm)*
 Bronze – 6 hours **Silver – 12 hours** **Gold – 24 hours** **Diamond – 48 hours**

I am requesting approval for a pass during the following time-period. I do understand that I am only eligible for a pass if I have been complying with house rules, successfully completing my weekly plan of action, and meeting program goals. I will stay at the address listed and the person(s) with whom I am staying will know my whereabouts at all times. I will remain at my overnight pass destination specifically between the hours of 10 p.m. and 6 a.m. each and every day unless special permission is granted to do otherwise. I understand that violation of these conditions may result in cancellation of the pass and disciplinary action. I also understand that I may be contacted at any time while on pass to verify my presence at the location or to be requested to return to the facility.

PASS BEGINS AT: _____: _____ am/pm On (day) _____ Date: ___/___/___
 PASS ENDS AT: _____: _____ am/pm On (day) _____ Date: ___/___/___

PURPOSE OF PASS: Court Funeral Recreation Medical/Surgery Holiday

DESTINATION OF PASS:

Name: _____ Relationship: _____
 Address: _____ City/Zip: _____ Phone: _____
 Currently Employed (circle): YES NO Hours per week: _____ Last Paycheck ___/___/___
 Resident's Signature: _____ Date ___/___/___

SIGN OUT: Resident's Signature: _____

Date: ___/___/___ Time: _____: _____ am/pm • Staff Signature: _____

SIGN IN: Resident's Signature: _____

Date: ___/___/___ Time: _____: _____ am/pm • Staff Signature: _____

B.A. RESULTS: _____

To Be Completed by Staff Only:

PASS STATUS:

_____ Date: ___/___/___
 Case Manager's Signature (Recommendation/Approval)

_____ Date: ___/___/___
 Probation/Parole Officer Signature (Recommendation/Approval)

Pass DENIED/Reason for denial: _____

Passes are due Tuesday at 10:00pm. Late passes will not be processed.

Savings Pay Ticket

- Submit copy of check stub Out of pocket payment
- Waiver granted SSI payment

Gross Amount: \$ _____

Date Issued: ____ / ____ / ____

SAVINGS AMOUNT	BUS TICKET AMOUNT
\$ _____	\$ _____

Ms. _____ has been directed to obtain the following money orders. Clients must have the exact amount in order for this payment to be processed.

Staff Signature _____ Date ____ / ____ / ____

It is a major violation not to pay on your savings. You only have a total of **24 hours** to report your paycheck stub and get the payment to the monitors.

Make a copy of the paycheck stub and slide under your case manager's office door. Never submit your original check, it could be misplaced.

You **do not** need to complete an add-on form to go to the currency exchange to get your money orders. Once you receive this pay ticket, the monitors will allow 20 minutes to go the currency exchange. Once you return with the money orders make them out to **MERS**, print your name, and indicate if you are paying for **SAVINGS** or **BUS TICKETS - PLEASE PRINT**. Then you will give the money orders, this pay ticket, and your paycheck stub (copy) to the monitors. They will give you a receipt for each money order.

Do not leave the monitor's station without getting your receipts.

If you **do not** get the correct amount on the money orders, the monitors will **not** accept your payments and you may receive a **MAJOR VIOLATION** for failure to pay.

Office Use Only: Date of entry into Excel ____ / ____ / ____

MERS/ Goodwill State Halfway House Savings Reduction/ Waiver Form

Date: _____

Client's Name: _____ DOC# _____

Case Manager: _____ PO: _____

Pay Check _____

SSI/ Disability Check _____

Check Date _____

Gross Pay: _____

Net Pay: _____

Reason for withholding funds from savings submission this pay period:

- A. Discharging too soon for submission. Date of discharge: _____
- B. Home plan deposit, rent, or application fees.
- C. Home plan utilities deposit or payment.
- D. Court cost, restitution, or Intervention Fee payment.
- E. Medication or medical fees.
- G. Other: _____

Amount to withhold: _____

Savings waived entirely

Offender must retain \$15.00 per week for employment purposes

Other _____

Verified? Yes No

The above individual is allowed to reduce / waive savings for the pay period ending ___/___/___ as determined by department representatives.

Client Signature _____

Case Manager Signature _____

PO Signature _____

Attach copy of pay stub if applicable.

CC: File
Residential File
Monthly Billing and Invoice

State Savings Authorization/Withdrawal Form

Resident's Name: _____ DOC#: _____ Date of Request: ____/____/____

Employed: __ Yes __ No If yes, list employer: _____

I, _____, request the amount of \$ _____ to be withdrawn from my savings. I understand that I can only withdraw from my savings for the following reasons stated below. Only under specific circumstances can a client withdraw funds from their savings prior to program completion. Expenditures from savings will be limited to the following:

- A. Work related: _____
- B. Transportation: _____
- C. Medical services or medication: _____
- D. Rent/Apartment deposit: _____
- E. Client discharging: _____
- F. Other: _____

Make Check Payable to: _____

Current Savings \$ _____ Withdrawal amount \$ _____

Savings after withdrawal \$ _____

Offender Signature: _____

Approved: _____ Denied: _____

Reason for Denial: _____

Case Manager Signature: _____ Date: ____/____/____

Probation/Parole Officer Signature: _____

MERS Goodwill State Halfway House Room Search Form

Date: _____ Room Searched: _____

Names of residents currently housed in this room:

Staff Initials:

_____ I have searched all lockers, footlockers, beds, and furniture in the room.

_____ I have identified and searched each resident's personal property in the room. (Clothing, hygiene, purses, backpacks etc.)

_____ I have searched the entire room from floor to ceiling. (Under beds, drapes, windowsills)

_____ I have verified all residents have only the allotted amount of pillows (1), towels (2), washcloths (2), and clothing.

_____ I have confiscated all contraband and any excess items.

Contraband Found:

Resident Responsible:

Staff Signature

Date Completed

Violation Report

RF Center _____ Reporting Party _____

Resident: _____ Case Mgr. _____ PO: _____
DOC # _____ STATUS: Parolee ___ CR ___ PROB ___ INTERSTATE ONLY ___

Nature of Violation:

- ARREST:** Arresting Authority _____ Date: ___/___/___ Charge: _____
- DRUG USE:** Results/Substance: _____ Date Sample: ___/___/___ Date Returned: ___/___/___
- ALCOHOL USE:** Breathalyzer Reading _____ % Date Tested: ___/___/___ Time: _____:_____ am / pm
- AWOL:** Date /Resident left facility: ___/___/___ Time: _____:_____ am / pm
 Status when resident left facility: AWOL ___ PASS ___ EMPLOYMENT ___ OTHER _____
 Scheduled Return: Date: ___/___/___ Time: _____:_____ am / pm
 Actual Return Time: Date: ___/___/___ Time: _____:_____ am / pm
TOTAL TIME AWOL: Hours _____ Minutes _____
 COMMENTS: _____

- OTHER VIOLATIONS:** Nature of Violation: _____
Date/Time of Occurrence: ___/___/___ _____:_____ am / pm

EXPLANATION: _____

Check this box, if additional information is on the backside.

Date of Interview: ___/___/___ Time of Interview: _____:_____ am / pm
***Resident must be informed of his/her responses may be provided to the court/parole board/adult institutions.
RESIDENT'S RESPONSE: _____

ACTIONS PLAN/CONSEQUENCES/RECOMMENDATION: _____

Residents Signature: _____ Witness/Program Director: _____

DOC Notified Date: ___/___/___ Time: _____:_____ am / pm Name of staff notifying DOC: _____
Name of DOC staff notified: _____

Report Submitted by: _____ Date: ___/___/___

Infraction

Resident Name: _____
 DOC#: _____ Date: _____ Time: _____ am/pm
 Case Manager: _____ PO: _____
 Staff Member Name: _____
 (Please Print)

List of Infractions

- _____ Failing to complete/ do assigned chore.
 - _____ Messy room or unmade bed.
 - _____ Failing to wash linens for more than one week.
 - _____ Ignoring 15 minute telephone limit.
 - _____ Attending smoke break while on restriction or rest.
 - _____ Using profanity.
 - _____ Inappropriate dress in the common area.
 - _____ Food, candy, or drink in the bedroom (water excluded).
 - _____ Being in the common area or bathroom before 5 a.m. or after curfew.
 - _____ Being in the common area or bathroom while the floor is "shut down".
 - _____ Accessing social media sites on the computer.
 - _____ Using computers designated for federal residents.
 - _____ Arriving after designated time of arrival:
- Scheduled return time _____ am/pm. Actual return time _____ am/pm
 Did resident phone? Yes or No
 Where is resident returning from? _____
 _____ Other not listed above. Explanation: _____
 Comments: _____

Staff Signature

Date

Resident's Response:

Resident Signature

Date of Review

Director's Recommendation: (please check one)

- _____ 1st In-House Infraction = 24 hours of restriction (1 day)
- _____ 2nd In-House Infraction = 48 hours of restriction (2 days)
- _____ 3rd In-House Infraction = 72 hours of restriction (3 days)
- _____ 4th In-House Infraction = 96 hours of restriction (4 days)
- _____ 5th In-House Infraction = 120 hours of restriction (5 days)
- _____ Other: _____

Director's Signature

Date of Review

Twelve-Hour Warrant Checklist

Resident's Name _____ DOC# _____

Staff Initiating Report: _____ Date _____ Time _____ : _____ am/pm

Before declaring a resident an "absconder" and contacting the DOC Command Center, the following places and institutions must be searched or contacted. As you perform each of the following instructions, initial the line to the left of the instruction and document the time it was completed. If an instruction does not apply to the particular situation, you must still initial the instruction and write "N/A" on the line.

Staff Initial	Time	Place/Institution
_____	_____ : _____ am/pm	Discovered client is not at approved location or does not return as scheduled.
_____	_____ : _____ am/pm	Checked sign-in/out form for return time. Time of scheduled return: _____
_____	_____ : _____ am/pm	Physically searched 7 th floor.
_____	_____ : _____ am/pm	Called number of destination signed out to.
_____	_____ : _____ am/pm	Notified Director for further instruction.
_____	_____ : _____ am/pm	Called resident's emergency contact number.
_____	_____ : _____ am/pm	Called Barnes Jewish Hospital @ 747-3000
_____	_____ : _____ am/pm	Called St. Louis University Hospital @ 577-8000
_____	_____ : _____ am/pm	Called Alexian Brothers Hospital @ 865-7000
_____	_____ : _____ am/pm	Called Prisoner Processing @ 621-5848 x 5
_____	_____ : _____ am/pm	Called County Jail @ 615-5245
_____	_____ : _____ am/pm	3 hours from time resident discovered missing (circle person called): <i>During business hours</i> notify P&P Officer. After hours call P&P Supervisor
_____	_____ : _____ am/pm	12 hours after resident discovered missing (9 hrs after call to P&P): <i>During business hours</i> , notify P&P Officer of 12 hour status.
_____	_____ : _____ am/pm	or After hours, call Command Center @ 1-800-816-8199 Security Code ER172788 Name of individual spoken with: _____
_____	_____ : _____ am/pm	Notified Case Manager & Director that warrant was issued:

Signature of Staff Completing Report

Date

Dangerous Felon/ High Risk / No Show Three-Hour Warrant Checklist

Resident's Name _____ DOC# _____

Staff Initiating Report: _____ Date _____ Time _____ : _____ am/pm

Before declaring a resident who is a Dangerous Felon an "absconder" and contacting the Department of Corrections Command Center, the following places and institutions must be searched or contacted. As you perform each of the following instructions, initial the line to the left of the instruction and document the time it was completed. If an instruction does not apply to the particular situation, you must still initial the instruction and write "N/A" on the line. No-Show warrants may be called in as soon as checklist is complete.

Staff Initial	Time	Place/Institution
_____	_____ : _____ am/pm	Discovered client is not at approved location or does not return as scheduled.
_____	_____ : _____ am/pm	Checked sign-in/out form for return time. Time of scheduled return: _____
_____	_____ : _____ am/pm	Physically searched 7 th floor.
_____	_____ : _____ am/pm	Called number of destination signed out to.
_____	_____ : _____ am/pm	Called Director for further instruction.
_____	_____ : _____ am/pm	Called resident's emergency contact number.
_____	_____ : _____ am/pm	Called Barnes Jewish Hospital @ 747-3000
_____	_____ : _____ am/pm	Called St. Louis University Hospital @ 577-8000
_____	_____ : _____ am/pm	Called Alexian Brothers Hospital @ 865-7000
_____	_____ : _____ am/pm	Called Prisoner Processing @ 621-5848 x 5
_____	_____ : _____ am/pm	Called County Jail @ 615-5245
_____	_____ : _____ am/pm	3 hrs after resident discovered missing: <i>During business hours notify P&P Officer.</i> After hours call P&P Supervisor
_____	_____ : _____ am/pm	<i>If instructed, call Command Center @ 1-800-816-8199</i> Security Code: ER172788 Name of individual spoken with: _____
_____	_____ : _____ am/pm	Notified Case Manager & Director:

Signature of Staff Completing Report

Date

STATE RESIDENT

Pack-Out

NAME:

Staff: _____

Date: _____

Bag: _____ **of** _____

Disposal Date: _____

Visitation Request

Visitation is held Saturday, Sunday, Thanksgiving and Christmas, 5:30pm to 8:30pm.
 You can only visit your biological/adopted children, plus 3 additional visitors each visitation day.

Only the names approved by your PO will be allowed into the facility.

All visitors 15 and older must show a photo I.D. to enter.

No food or drinks are allowed during visitation. Please refer to the rulebook for all guidelines regarding visitation.

**Complete and submit this form to your Case Manager each Tuesday by 10:00 pm.
 Your Probation Officer must approve all visitors.**

Resident Name: _____ DOC #: _____ PO: _____

Saturday's Date: _____			
Visitor Name	Relationship	Date of birth/Race	Visitor's Signature
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Biological/Adopted Children			
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

Sunday's Date: _____			
Visitor Name	Relationship	Date of birth/Race	Visitor's Signature
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Biological/Adopted Children			
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

Holiday Date: _____			
Visitor Name	Relationship	Date of birth/Race	Visitor's Signature
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
Biological/Adopted Children			
1) _____	_____	2) _____	_____
3) _____	_____	4) _____	_____

Probation Officer's Signature of approval: _____ Date: _____

Probation Officer: Please draw a line through and initial anyone not approved.

State Side Chore List- Morning

All morning chores must be completed by 7:30 am.

Once you have completed your chore, initial where indicated. The Security Monitors will check all chores for completion. Failure to complete your chore OR initial will result in an infraction.

Resident	Chore	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		Resident Initial	Staff Initial												
	Clean bathroom toilets with bleach water														
	Wipe down walls of toilet stalls with cleaner														
	Clean bathroom sinks, faucets, and countertops														
	Clean all shower walls and floors														
	Clean all bathroom mirrors. Clean glass surrounding monitor station														
	Empty ALL trash cans														
	Sweep bathroom and hallways														
	Sweep common area and vacuum all rugs														
	Clean laundry area and machines. Clean behind washer/dryer														
	Straighten common area, wipe down all table tops														
	Clean staff bathroom: mirror, trash, sink, and toilet														

State Side Chore List- Evening

All chores on this page must be completed by 9:00 pm.

Once you have completed your chore, initial where indicated. The Security Monitors will check all chores for completion. Failure to complete your chore OR initial will result in an infraction.

Resident	Chore	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		Resident Initial	Staff Initial												
	Clean bathroom toilets with bleach water														
	Wipe down walls of toilet stalls with cleaner														
	Clean bathroom sinks, faucets, and countertops														
	Clean all shower walls and floors														
	Clean all bathroom mirrors, vending machines, and glass surrounding monitor station														
	Empty ALL trash cans and clean all stainless steel trash cans with stainless steel cleaner														
	Clean microwave and coffee pot inside and out														
	Clean water fountain and straighten bookshelf														
	Clean laundry area and machines. Clean behind washer/dryer														
	Straighten common area, wipe down all table tops. Wipe down entryway lockers														
	Clean staff bathroom: mirror, trash, sink, and toilet														

State Side Chore List- Evening

All sweeping chores should be started after 9:45pm and must be completed by 10:00pm. All mopping should begin at 10:00pm after the house has been cleared for curfew. All mopping should be completed by 10:15pm.

Once you have completed your chore, initial where indicated. The Security Monitors will check all chores for completion. Failure to complete your chore OR initial will result in an infraction.

Resident	Chore	Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
		Resident Initial	Staff Initial												
	Sweep bathroom and hallways by 10:00pm.														
	Sweep common area and vacuum all rugs by 10:00pm														
	Sweep area in front of elevators by 10:00pm														
	Mop area in front of elevators at 10:00pm														
	Mop common area and laundry area at 10:00pm														
	Mop hallways and bathroom at 10:00pm														

Suicide Watch Log

Security Monitors must visibly check on the resident every 15 minutes and initial the log below. If the Resident is not in the facility during a check, draw a line through the time slot.

* The Security Monitor on duty has visibly checked the resident to verify their safety.

Resident Name: _____

Date: _____

7:00am-3:00pm Shift		3:00pm-11:00pm Shift		11:00pm-7:00am Shift	
Time	*Initial	Time	*Initial	Time	*Initial
7:15am		3:15pm		11:15pm	
7:30am		3:30pm		11:30pm	
7:45am		3:45pm		11:45pm	
8:00am		4:00pm		12:00am	
8:15am		4:15pm		12:15am	
8:30am		4:30pm		12:30am	
8:45am		4:45pm		12:45am	
9:00am		5:00pm		1:00am	
9:15am		5:15pm		1:15am	
9:30am		5:30pm		1:30am	
9:45am		5:45pm		1:45am	
10:00am		6:00pm		2:00am	
10:15am		6:15pm		2:15am	
10:30am		6:30pm		2:30am	
10:45am		6:45pm		2:45am	
11:00am		7:00pm		3:00am	
11:15am		7:15pm		3:15am	
11:30am		7:30pm		3:30am	
11:45am		7:45pm		3:45am	
12:00pm		8:00pm		4:00am	
12:15pm		8:15pm		4:15am	
12:30pm		8:30pm		4:30am	
12:45pm		8:45pm		4:45am	
1:00pm		9:00pm		5:00am	
1:15pm		9:15pm		5:15am	
1:30pm		9:30pm		5:30am	
1:45pm		9:45pm		5:45am	
2:00pm		10:00pm		6:00am	
2:15pm		10:15pm		6:15am	
2:30pm		10:30pm		6:30am	
2:45pm		10:45pm		6:45am	
3:00pm		11:00pm		7:00am	



MERS/Goodwill

**State Halfway House
Resident Handbook**

1727 Locust Street
7th Floor
St. Louis, MO 63103
314-231-6100
fax: 241-2597

**MERS/Goodwill Halfway House
Resident Handbook
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Residents are expected to abide by the MERS/Goodwill Halfway House Rules and successfully complete the Halfway House program.

Residents are expected to comply with any directives given by the Probation Officer, Court, and/or Parole Board and follow the plan developed by the MERS/Goodwill Case Manager.

Living Area

Staff will assign each resident a bed, hanging space, and a locker or footlocker to secure personal belongings. Residents may use ONLY the space assigned to them. Residents may not rearrange furniture. Residents may be moved from the initial room they were assigned to, or any time throughout their stay, at the discretion of the Program Director. Residents may not refuse to move if instructed to do so.

Staff will assign each resident a combination lock upon intake. If you choose to use your own lock, you must give the combination or extra key to the Security Monitor. Residents may not trade locks for any reason. If the combination to a lock is unknown by staff, the lock will be cut and removed.

Only two (2) appliances may be plugged into each outlet in the sleeping areas. Electrical items must be in good repair with no broken plugs or frayed wires. Any items found not meeting standards will be confiscated and discarded. **The use of extension cords and/or multipurpose plugs is a major violation.**

Residents must properly make their bed when they are not occupying the bed. The bedspread issued should always be used to cover the made bed. Residents are allowed one throw blanket that must remain underneath the pink flame-retardant blanket provided to you when away from your bed. Personal pillows are not allowed. Residents must clean the entire assigned living area daily before signing out of the facility, or by 7:45 a.m. every day if they do not sign out of the facility.

Living areas are to remain free of clutter and excessive property. Personal property should be stored away and cannot be stored under your bed or on the floor. Doing so may result in an infraction and the items may be confiscated. Cardboard boxes are prohibited and will be confiscated and discarded.

No food (of any kind) or drinks, except for water, are allowed in the rooms. This includes instant coffee, sugar, creamer, candy, gum, and cough drops. You can only eat and drink in the common area.

Personal belongings and decorations are permitted in your living area as long as such items and decorations do not cause fire or safety hazards or damage to walls. Nails and thumb tacks are not permitted.

If a resident enters a room they are not assigned to, that resident and everyone in the room at that time will receive a major violation. Residents may not be in or on someone else's bed, even if it is in their assigned room. Doing so will result in a major violation.

Residents may not use or store hair dryers, curling/flat irons, or razors in their room. Residents must use these items in the restrooms and then return them to the Monitor Station. **If these items are found in a room, they will be confiscated and the resident in possession will receive a major violation.**

No heating elements of any kind are allowed. If you are cold, you may request an additional blanket.

Residents are not allowed to open the windows in their room.

Residents must utilize the common area and restroom facilities of the program side they are assigned to. For example, if you are assigned to a state-side room, you may not use the common area or television on the federal-side of the facility.

State residents may only use the resident computers on the state-side of the facility. Using computers on the federal-side of the facility will result in an Infraction.

Personal Belongings

MERS/GOODWILL IS NOT RESPONSIBLE FOR LOST OR STOLEN PROPERTY.

RESIDENTS ARE ALLOWED THE FOLLOWING PERSONAL BELONGINGS:

- 7 pairs of pants, skirts, or dresses
- 7 shirts
- 7 sets of underwear
- 3 pairs of shoes (plus one pair shower shoes)
- 2 jackets/coats
- 3 sets of pajamas/ lounge wear
- 2 uniforms, 1 pair uniform shoes
- 1 robe
- 1 alarm clock/clock radio
- 1 TV (no larger than 13 inch)
- Personal care items, as needed

Any personal items over this allotment will be confiscated and discarded.

Residents may not bring back clothing or any items from a destination (other than passes or wellness walks) unless given PRIOR approval from the Case Manager. If returning from treatment with clothing, the resident must ensure treatment staff speaks with the Case Manager in advance and advises of what items the resident will be returning with. Failure to comply will result in the items being confiscated and discarded.

Residents may not loan or sell any clothing or personal items to another resident or exchange personal favors or money for services. For example, paying a resident to complete your chores or do your hair.

All residents are strongly encouraged to lock-up any valuable property. We encourage you not to keep large sums of money at the facility and to mark all your personal items, including clothing, with your name.

If at any time personal radios/televisions become a problem, staff reserves the right to request that residents use a headset. If the problem continues, staff will confiscate the radio/television until your discharge.

Residents may not take radios, CD players, or music devices of any kind in the restrooms. Staff will confiscate any such device found in the restroom.

Upon entry into the program, a monitor will fill out the "Property Inventory Sheet" with you, listing all of your personal belongings. If you remove items or bring new items to the facility, it is your responsibility to update your "Property Inventory Sheet" with the monitors. When bringing in new items you may not go over your allotted amount of personal property. If you do so, the overage will be confiscated and you will have 7 days to remove the items, otherwise the overage will be discarded. **No exceptions.** As stated above, items brought in without prior approval or from passes or wellness walks will automatically be discarded.

The "Disposition and Release of Personal Property" form you fill out at orientation will be used to notify the person(s) you have designated to retrieve your property in the event you leave before completing the program. Only the person(s) you list on your form may retrieve your belongings and they must provide photo identification to receive the belongings. The person will have 30 days, starting from the day you left the program, to retrieve your property in person. **MERS/Goodwill is not responsible for property left beyond 30 days of your exit date and will discard any property not retrieved within that time.**

Linen

Upon arrival, staff will issue each resident linens and towels – one (1) bedspread, two (2) sheets, one (1) pillowcase, one (1) pillow, one (1) blanket, two (2) bath towels, and two (2) washcloths.

Residents will be responsible for linens issued to them upon admission and for the duration of their stay at MERS/Goodwill. Upon discharge from the program, you must turn in all linens and towels issued to you at the time of your arrival. You must wash all issued linens and towels before turning them in. You will be charged for any shortages or damaged items:

Sheets and Towels	\$5.00 each	Pillow case	\$2.50
Wash cloth	\$1.50	Pillow	\$15.00
Blanket	\$15.00	Bedspread	\$25.00

Laundry

Laundry facilities and detergent are provided free of charge. Residents are required to wash their linens at least once each week. Failure to do so will result in an infraction.

MERS/Goodwill is not responsible for the loss or damage of property due to laundry facility use.

The laundry facilities are available for your use from 5:00 a.m. to 10:00 p.m. on your room's scheduled day (see schedule below). Your scheduled laundry day is posted in your bedroom.

Monday: 719/ 709	Tuesday: 717/ 710	Wednesday: 720	Thursday: 718
Friday: 722	Saturday: 721	Sunday: 723	

Ironing

An iron is provided for your use in the laundry area. Always unplug the iron when not in use. **Never leave the iron unattended.**

Meals/Dining Room

Meals are served at the following times:

	Breakfast	Lunch	Dinner
Monday- Friday:	6:30 a.m. to 7:00 a.m.	11:15 a.m. to 12:00 p.m.	5:00 p.m. to 5:45 p.m.
Weekend/ Holidays:	9:00 a.m. to 9:45 a.m.	12:00 p.m. to 12:45 p.m.	4:00 p.m. to 4:45 p.m.

It is your responsibility to notify your Case Manager if you have any dietary restrictions due to religious, medical, or other reasons. You are required to provide a doctor's note detailing any medical restrictions.

You must wear shoes and be dressed appropriately when on MERS/Goodwill property, including for meals. Residents may not wear pajamas, nightgowns, slippers, robes, spaghetti straps, tank tops, halters, tube-tops, shirts showing cleavage or inappropriate dress. Shorts/ skirts/ dresses must be longer than the length of your fingertips when your arms are extended with hands to your side. Sheer/ see-through clothing must have appropriate clothing underneath. You must remove curlers, headscarves/wraps, perms/conditioner/hair-dye prior to going to the cafeteria. If you are in the middle of a hair-care process, you are not allowed to go to the cafeteria and will receive a sack lunch. You must be fully dressed as if you were ready to exit the facility to dine in the cafeteria.

You cannot take food (of any kind) from the dining room, including beverages. NO EXCEPTIONS! You cannot stop at the cafeteria and grab something for breakfast on your way out of the facility. You must eat during the scheduled times or receive your food from the Security Monitors on the 7th floor.

If you will be away from the facility and will not return in time to dine in the cafeteria, but will return within 2 hours of meal time, you need to sign up for a saved hot meal. If you fail to do so, you will be given a sack lunch. If you will be out of the facility all day, you may sign-up to receive a sack lunch to take with you. Remember to request the sack lunch from the Security Monitor on your way out.

You must sign-up for all meals, including sack lunches, on the "Meal Sign-up Sheet" **one day in advance**. The monitors will place a new "Meal Sign-Up Sheet" in the Common Area every morning.

If you do not sign up to dine in the facility, you will not be allowed to go downstairs for that particular meal and you will not receive a saved hot meal. A sack lunch will be provided to you instead. You may not receive a sack lunch if you do not like what is being served in the cafeteria. Residents are allowed to order food to be delivered at their own expense, up to 8:00pm.

Saved meals are to be consumed after you have received it from the monitor. If you don't finish your meal, you cannot save it for later. DO NOT leave meals anywhere on the 7th Floor for later consumption.

Note: Hot saved meals will be discarded two (2) hours after the scheduled mealtime.

Medical Care/ Sick Procedures

Medical care (both emergency and non-emergency) is the financial responsibility of the resident.

Residents should schedule all medical appointments ahead of time and submit a "Medical Add On" form in advance. This allows the Case Manager time to verify and approve the appointment.

In the event of an emergency, the Security Monitor will call 911. Residents going to the Emergency Room must call when they arrive at the hospital, every hour while there, and again when exiting the hospital. Residents admitted to the hospital must call every 3 hours, unless otherwise directed. All calls must be made from a hospital phone. Residents must bring back discharge paperwork that includes a list of all medication and drugs administered while they were there. **Failure to make all required calls and/or failure to return with discharge paperwork will result in a major violation.**

Residents returning from the hospital are placed on a 2-day rest to ensure their well-being. Residents on rest may not take wellness walks, attend smoke breaks, or take pass time and will eat their meals on the 7th floor. If a resident is on restriction, the restriction is suspended until the 2-day rest period is complete.

If a resident is too sick to work or attend treatment, they must be evaluated by a licensed medical professional and notify their Probation/Parole Officer. If a resident's illness prevents them from going to work or treatment, they will only be able to sign out of the facility for medical treatment. All passes and recreation during that time will be forfeit.

All residents going to the hospital, doctor, clinic, or any other medical appointment must take a "Prescription Medication Advisory Form" that must be completed by the medical provider. These forms are available in the state common room area and the monitor station. It is the resident's responsibility to remember to take the form with them. Residents must turn this form in to the monitors upon return along with any discharge paperwork. **Failure to return with a completed Prescription Medication Advisory Form and discharge paperwork will result in a major violation.**

Medication

All prescription and over the counter medication must be turned into staff upon arrival. If you return from a medical visit or pharmacy with new medication, the medication must be sealed/ contained within the stapled pharmacy bag. You may not tamper with the medication and must turn the medication in to staff **BEFORE** you can take any of it. **Failure to do so will result in a major violation.**

Residents are not to use or bring any substances that contain alcohol (i.e. cough syrup, mouthwash, etc.) or narcotics into the facility. **Doing so will result in a major violation.**

Residents may not keep prescription or over the counter medication in their room or on their person, unless approved by the Director. **Any medication found will result in a major violation.**

We retain all medication at the Monitor's Station and administer only as prescribed at the posted times:

Monday- Friday: 5:00 a.m. to 6:30 a.m. 1:00 p.m. to 2:00 p.m. 7:30 p.m. to 9:00 p.m.
Weekends/ Holidays: 7:30 a.m. to 9:00 a.m. 1:00 p.m. to 2:00 p.m. 7:30 p.m. to 9:00 p.m.

If the medication bottle does not designate dosage time(s), you may only take the medication at the scheduled medication time. For medication prescribed "as needed", you will not be able to take more medication than specified, in the timeframe specified.

Residents may not give medication to or take medication from another resident for any reason. The client must count the number of pills in each bottle of medication being taken at that time in front of a Security Monitor, prior to taking the medication.

Residents must bring a beverage (such as a cup of water) with them when taking medication. Residents may not walk away from the window until after swallowing all medication they are taking at that time. If at any time the monitor feels a resident still has the medication on their person, the resident must show the monitor the inside of their mouth, hands, and is subject to search.

Telephone

The use of the pay phone is a privilege and may be restricted or removed as a disciplinary action.

Residents can utilize the pay telephone 15 minutes at a time. Residents must wait at least 30 minutes between each phone call. This is to ensure fair access to the phones; however, this rule still applies if you do not see another resident waiting to use the phone. Failure to comply with the phone time limit and/or immediately end your call when a Security Monitor states "Phone Check" will result in an Infraction.

If there is a "phone problem" that cannot be resolved among residents, phone privileges will be taken from those in disagreement for the remainder of the day.

Residents may not give out ANY information regarding clients. The proper response to a caller looking for a client who is not currently in the house is "She is unavailable".

Staff will not take personal messages for residents. Emergency calls will be directed to the Monitor on duty, Program Director or the Case Manager and the message will be passed to the resident as soon as possible.

Residents may use the phone at the Monitor's Station for **business calls only** from 8:00 a.m. to 5:00 p.m., for no more than 15 minutes at a time unless reasonable circumstances exist. Business calls include calling your Probation and Parole Officer, scheduling appointments, contacting treatment centers, and inquiring about employment or housing. Residents must use the pay phones for all other calls. Residents must get the approval of the monitor on duty before using the phone. Residents may be required to wait to use the phone based on monitor duties and other outgoing/incoming calls.

Residents are not allowed to use the phone at the receptionist desk on the 1st floor under any circumstances. You must return to the 7th floor to make a call.

Smoking

MERS Goodwill is a smoke free facility! Cigarettes, lighters, matches, or any other smoking paraphernalia are not allowed in the residential facility and are only allowed in the resident's assigned entryway locker.

Any cigarettes, lighters, matches or smoking paraphernalia found in your possession or in your room inside the residential facility will be confiscated as contraband and discarded. A major violation will be issued and restriction will be applied.

Entryway Lockers

Residents are provided with a key to one of the individual lockers in the entryway on the 7th floor by their Case Manager once they are orientated, or once a locker is available. These lockers are available for the safekeeping of your cigarettes, lighters, matches, cell phone, and cell phone charger ONLY. You may not keep rolling papers, loose tobacco, food, drinks, candy, nor items other than those listed above in the locker.

Residents may keep e-cigarettes in their locker, but may not bring e-cigarettes into the facility. E-cigarettes may not be used anywhere in the building.

You must remove all cigarettes from their original pack and place them into a plastic sandwich bag, obtained from the monitors without bringing your cigarettes past the facility door. Failure to remove your cigarettes from the original pack will result in the confiscation and discarding of the entire pack. Residents may not store extra cigarette boxes/ cartons in the monitor station.

You must turn your cell phone off before placing it in your locker. If your cell phone is heard ringing in your locker, you will receive a warning. If it is heard ringing again, the phone will be confiscated. You cannot charge your cell phone anywhere on MERS/Goodwill property. **This will result in a major violation and confiscation of your cell phone.** If your cell phone is confiscated for any reason, the phone will not be returned until your discharge from the facility.

If you enter the locked doors of the facility with a cell phone, cigarettes, lighter, matches, e-cigarette, or other smoking paraphernalia, the items will be confiscated and you will receive a major violation.

You may only access your locker when you are signing out or signing in from the facility. You may not access your locker at any other time unless authorized by your Case Manager or the Director. **Failure to follow this rule will result in loss of your locker privilege and the contents of your locker for the rest of your stay and a major violation.** Residents may not access their locker if going to the hospital by EMS.

You cannot share your locker with any other resident. Sharing a locker will result in a possible violation and loss of locker privileges for both residents.

You are responsible for keeping track of your locker key. If you lose your locker key or leave the key in the lock, you will lose your locker privilege and items in your locker may be confiscated. You must return your locker key prior to discharging from the facility. Failure to return your locker key will result in a \$10 charge.

If you have lost your locker privilege or fail to return your locker key upon discharge or absconding and you are returned to the facility at a later date, locker privileges will be at the discretion of the Director.

Any contraband found in a locker will result in a major violation.

Visitation

Visiting hours: Saturday and Sunday (and Thanksgiving and Christmas) 5:30 P.M. to 8:30 P.M.

Residents must complete a "State Visitor Request" form each week. You must submit the completed form to your Case Manager before Tuesday evening, 10:00pm, prior to that weekend's visitation. The resident's PO must approve all visitations. This includes family or friends coming to the facility outside of normal visitation hours and the resident meeting with family or friends when signed out of the facility, other than during weekend pass time. Any visitor not approved will be denied access to the building.

A resident is allowed three (3) adult visitors over the age of 18, and their biological children. Visitors may only visit with the resident that they signed-in to visit. A visitor may not visit with more than one (1) resident at a time unless the resident is an immediate relative.

Visitors must show identification and sign in every time they visit. Residents with visitors will be paged to the cafeteria, where the visit will take place. Visitors are restricted to this area and may not wander around. An adult visitor must accompany small children. Children may not roam around the cafeteria. If a visitor decides to exit the building, the visit is considered terminated and the visitor will not be allowed back in the building. Once you return to the 7th floor, your visit is terminated with that person.

Packages may only be dropped off to the resident during scheduled visiting hours. All packages brought into the cafeteria will be searched prior to the resident receiving them.

Visitors may not enter the facility with weapons, alcohol, or drugs or under the influence of alcohol or drugs. Visitors will be searched by a handheld metal detector and their property will be searched by the monitor on duty. Please advise visitors of this before they arrive. Staff has the authority to inform a visitor with weapons, alcohol, or drugs in their possession and/or a visitor suspected to be under the influence to leave the facility immediately. Visitors may not use cell phones or cameras in the facility.

Visitors must appear in acceptable dress and to conduct themselves in an acceptable manner. Visitors dressed inappropriately will be denied entry to the building.

Residents must conduct themselves appropriately during visiting. **THE USE OF SEXUAL LANGUAGE, SEXUAL CONTACT, ABUSIVE, OR FOUL LANGUAGE BY EITHER THE RESIDENT OR THE VISITOR WILL NOT BE TOLERATED.** If the Security Monitor witnesses this behavior, the visitation will be terminated immediately. This includes hugging and kissing in an intimate manner. Neither the visitor nor the resident may sit on the other persons lap.

Visitation from authorized professionals must be pre-arranged by the Case Manager and can be scheduled at various times. This would include caseworkers, doctors, attorneys, etc.

Residents may not meet, visit, or socialize with family, friends, or any other individual while signed out from the facility other than during pass time, or unless otherwise specifically approved by the Probation and Parole Officer. This includes interactions with individuals on the way to a destination or at the destination, and receiving unapproved rides. **Such interactions will result in a Major Violation for Unauthorized Visit.**

Association

Residents cannot associate with any convicted felon or misdemeanor outside the confines of this facility. This includes all DOC residents of this facility. Residents may attend treatment and conduct wellness walks together. Exceptions are made with permission from the house Probation Officer.

Residents are not to receive any visits from any person who is under the supervision of the Department of Corrections. If it is discovered that you are receiving visits from an individual who is currently on probation or parole, your visiting privileges will be revoked for the remainder of your stay and you may receive a probation violation for association.

Case Manager

Residents are required to meet with their Case Manager once a week to review plans of action, treatment, status of fees, and problems/concerns. **These meetings are not optional.**

Residents must attend all meetings and appointments assigned by the Case Manager, Probation Officer, and DOC. Staff members are not required to remind you of your scheduled appointments. Failure to attend may result in disciplinary action.

Home plan forms are submitted to your Case Manager who will forward the form to the Probation and Parole Officer for investigation and approval. Residents must have the approval of the Probation and Parole Officer before entering into any contract, e.g. renting an apartment.

Weekly Schedule

Residents must complete and submit their weekly schedules for review by the Case Manager **on Tuesday evenings by 10:00 p.m.**, one week in advance. This ensures your Case Manager has time to verify your appointments, check back with you with any questions, and ensure you are able to sign-out as needed.

Provide all required information on the schedule, including your name, destinations, dates, and times with am or pm. Realize that all schedule entries may not be approved. You will only be allowed to sign out for those activities that have been verified and approved by the Case Manager.

If you are working, and receive your work schedule after the designated submission date, you will need to submit a "revised schedule" to your Case Manager for approval. Your Case Manager will have to verify your added work hours, and sign off on them.

If you fail to submit your schedule in time for approval, you will only be allowed to sign out for work and treatment and will lose your weekend pass.

There will be **NO** same day add-ons added to your schedule. It is your responsibility to prepare for all appointments ahead of time.

Signing In/Out

You must sign-out at the monitor station prior to exiting the facility. **Failure to do so will result in a major violation. Failing to sign-out properly may also place a resident in jeopardy of having a warrant issued for her arrest**

Before signing-out, make sure that you have everything you need to exit the facility. You must exit the security doors after signing out. Once signed out, you are not allowed to go to your room, answer a phone call, or talk to other residents in the facility. You will not be allowed to reenter the facility to use the restroom, get your locker key, or for any other reason.

When you sign-out, you are acknowledging that you are going only to the destination listed and the time you are scheduled to return. You have not completely "signed-out" until the security monitor on duty reviews your information and initials your departure, giving you permission to leave. **Exiting the facility doors without permission from the monitor will result in a major violation.**

When you sign out to a particular destination, you must go directly to that destination. You may not go to any other destination. You may not make any stops on the way to or from the approved destination, even if it is on the same route as your destination. **Doing so will result in a major violation for Out of Bounds.**

Destinations are approved for a specific purpose and/or to meet a specific goal. When signed-out to a destination, you may only engage in activities that correspond with the intended purpose of the sign-out. For example, if you sign-out to destinations such as Schnucks or Walgreens for prescriptions, you may not make any additional purchases, unless pre-approved by your Case Manager. You may not purchase or receive items from any individual at the destination you are signed out to.

If you will be late returning from an appointment, you must call from the destination's phone. A call from your cell phone will not be accepted as proof you are at the approved destination.

If you depart your approved destination sooner than scheduled, you are to report **DIRECTLY** back to the facility. If not, you will be considered unaccounted for from the time you left the destination until the time you actually return to the house. **You will be given a major violation for Unaccountability.**

You must sign-in properly to the facility upon return. You must submit to a Breathalyzer test upon your return. **Failure to sign-in properly and/or refusal to submit to a Breathalyzer test will result in a major violation.**

Treatment

The program Probation and Parole Officer will determine whether or not you will attend a substance abuse assessment. If so, the Officer will notify your Case Manager of your assessment date. Your Case Manager will notify you of this date and will add the assessment to your weekly schedule.

You are required to attend treatment and treatment assessments as directed by your Probation and Parole Officer. You may not miss treatment for any reason, unless you are hospitalized or with prior approval from your Probation and Parole Officer.

Job Seeking

All residents eligible to job search must find employment. If not in treatment, eligible residents must secure full time employment, which consists of one or more jobs totaling thirty-five (35) hour per week or more.

The Case Manager and Probation Officer must approve a resident for job search. Residents in Level 1 treatment, that are receiving SSI/Disability income, that are pregnant, or that are awaiting interstate or out of district transfer generally do not qualify for job search.

Job search residents **MUST** have a working resume, photo identification, and interview appropriate clothing before seeking employment. All residents seeking employment will utilize the computers in the State Common area to look for job openings and fill out online applications. All Job Search clients must attend the mandatory **Job Readiness Training class at 8:30 am every Friday morning.**

Residents may sign-out to attend a scheduled interview, a job fair, or to submit an application if the Case Manager is able to confirm the location is hiring and only accepts applications in person. Provide your Case Manager with requested sign-out information in advance.

Residents signing-out for job search activities must be dressed in interview-appropriate attire, have a copy of their resume in their possession, and must return with proof of each employer visit.

After gaining employment, all employment information must be reported to and managed by your Case Manager. You must complete and submit an "Employment Verification Form" to your Case Manager immediately upon obtaining employment.

Bus Tickets

Bus tickets are issued to assist you in your reentry process and in meeting your supervision and case management goals. Bus tickets are not issued for recreation activities such as wellness walks and pass time. You will be issued 1-2 bus tickets when signing-out to destinations not in walking distance. As bus tickets include a 2 hour transfer, the amount of bus tickets issued is based on travel time and time allotted for you to be at the destination. When you are issued bus tickets, you will sign the Bus Ticket form to acknowledge receipt of the tickets.

Employed residents and those receiving SSI/Disability Income will be charged for bus tickets issued at the time of their savings submission. Residents not yet employed or not yet receiving SSI/Disability Income are expected to reimburse MERS/Goodwill for all bus tickets once they begin receiving income.

We strongly recommend that you apply for the Metro Reduced Fare card if you are eligible. This will allow you to buy tickets at a reduced rate. If you are not eligible for the reduced rate, but you receive income from employment, we recommend purchasing a monthly bus pass.

Driving Privileges

Permission to drive must be approved by the State Probation/Parole Officer. Resident must possess a valid operator's license, proof of insurance, legal registration of the vehicle they plan to drive, and a recent driving record from local police prior to driving or bringing their vehicle to the facility. Residents must complete an Authorization to Operate a Motor Vehicle Form.

Resident Savings Account

All residents receiving ANY income are required to submit 50% of the gross amount (amount before taxes and other deductions) to an individual savings account, established at MERS/Goodwill. This includes but is not limited to employment income, SSI/Disability Income, income from self-employment, and received restitution. The full savings balance will be rendered back to the resident upon discharge from the program.

Any and all income received must be reported to your Case Manager immediately upon receipt.

Residents receiving SSI/Disability Income must submit their award letter for income verification. Employed residents must submit their actual pay stub to the Case Manager to verify work attendance and earnings no more than one day after receiving the paycheck. Employed residents receiving tips must report their cash earnings each day and must submit 50% of that amount to savings.

You may not cash any checks or spend any income received prior to submitting your required savings amount. Failure to comply with this requirement will result in a major violation.

The Case Manager will document your income to determine the appropriate savings submission. The Case Manager will also determine what amount you owe for bus ticket reimbursement. The amount residents are required to submit for bus tickets reimbursement is taken from the remaining Net balance after savings. This means the bus tickets reimbursement amount is paid on top of the 50% of the gross amount.

All payments must be in the form of a money order and must be made out to MERS/Goodwill. You will submit one money order for the savings amount and one money order for the bus ticket amount. You have 24 hours from the time you receive your check, to meet with your Case Manager and get your money orders in. (weekend and holiday hours not included). **Failure to submit your payment within 24 hours will result in a major violation.**

Regardless of the 50% gross amount due to savings and the amount of bus tickets owed, all residents will be left with no less than \$15 per week. If your income is not large enough to cover all bus tickets owed while leaving you with the \$15 per week, the remaining tickets due will be calculated into your next payment.

If at any time a resident fails to pay savings on any given occasion, MERS/Goodwill has the right to make arrangements with your employer for your future checks to be mailed to the facility until your discharge.

Only under specific and select circumstances (work uniforms, medication/medical expenses, rent deposits, court fees/ restitution) is a resident allowed to withdraw funds from their savings prior to discharge. Clients must complete a withdraw form and this must be approved by her Probation and Parole officer.

If the resident escapes/absconds, all savings will be transferred to the Department of Corrections.

If discharging to another DOC residential facility or arriving to MERS/Goodwill from another DOC residential facility, the resident must transfer any savings from the discharging DOC residential facility to their savings account at the receiving DOC residential facility.

Smoke Breaks

All residents not on restriction, or not on rest following a hospital visit, are allowed to go outside for designated accompanied smoke breaks. When on a smoke break you must stay with the accompanying monitor in the smoke area designated. If a resident on restriction or rest attends a smoke break, she will receive an infraction. The monitor also has the right to cancel the smoke break for all residents should a resident on restriction or rest attempt to attend the smoke break.

Smoke breaks are scheduled as follows:

Monday- Friday: 9:45a.m. - 10:00 a.m. 1:45p.m. - 2:00 p.m. 5:45p.m. - 6:00 p.m.
Saturday- Sunday: 9:45a.m. - 10:00 a.m. 1:45p.m. - 2:00 p.m. 4:45p.m. - 5:00 p.m.

The monitors will attempt to stick to this schedule as much as possible. Please note that situations can arise that would delay the start of a smoke break. You must sign your name on the smoke list sheet in the common area prior to each smoke break in order to attend. You are responsible to be ready for smoke break. Staff is not responsible for finding you at smoke break time.

If at any time during a smoke break the monitor feels it is unsafe to continue the smoke break, all residents will be required to immediately put out their cigarettes and follow the monitor's instructions.

Wellness Walks

Clients have the privilege to earn two 30 minute wellness walks per week; Monday - Sunday. The resident must schedule their walks on separate days. You **MUST** put your walks on your schedule when schedules are due. This means Tuesday nights, by 10:00 p.m., a week in advance. Once scheduled, you may not make ANY adjustments, no matter what. They are set in stone.

The walks must be scheduled between 9:30am and 7:00pm during summer months (your walk must end by 7:00pm). During winter months, when it gets dark early, walks must end by 6:00 p.m. Notification will be posted when the change occurs.

Residents are not allowed wellness walks while on restriction or rest. **If you are late from a wellness walk, no matter what the reason, you sacrifice your next walk, as well as receive an infraction or violation.**

Pass Time and Pass Rules- See pass procedure chart

Passes may only be taken Fridays through Sundays. Pass time is earned based on treatment placement and employment/ SSI status. Passes are granted based on the resident's successful participation in programming and completion of case management plans and goals. Your Case Manager and Probation Officer will determine this plan, and outline the objectives with you.

You cannot combine pass times with wellness walks. Pass time cannot interfere with your treatment schedule. If you are scheduled to work and your pass will expire **BEFORE** you get off, you will need to sign in from your pass before going to work. You can only go to work while on pass if your pass time does not expire while you are at work. This rule applies to treatment as well.

You may not sign out for a pass until 6:00am. You must sign out for all passes before 9:00 p.m. on the day of your pass time departure and all passes must end by 9:00 p.m. on the day of your pass time return. If you return to the facility prior to the return time indicated on your pass, you forfeit the remainder of the pass.

Qualifying residents must submit a Weekend Pass Request to their Case Manager no later than the Tuesday evening by 10:00 p.m. prior to the pass exit date. Pass requests submitted after this deadline will be denied.

MERS/ Goodwill State Halfway House Pass Procedure

Level	Pass Time	Treatment	Employment/ SSI/ Disability	Programming
Base	0	-None- New Arrival/ Orientation Week or -Current restriction due to major violation	N/A	-Not following program directives as determined by Probation Officer and Case Manager and/or -Currently on restriction from major violation.
Bronze	6	-Level 1 treatment or not yet assessed (but assessment has been scheduled)	N/A	-Not following program directives (eg Anger Management, Community Service, Mental Health Treatment, etc)
Silver	12	-Level 2 or 3 treatment or no treatment required (per assessment or PO)	-Not employed and -Not receiving SSI/ Disability -Has not provided doctor's note verifying inability to work	-Participating in required programming
Gold	24	-Level 2 or 3 treatment or no treatment required	-Employed and working at least 8 hours/week (verified by paycheck) or -Receiving SSI/Disability or -Verified application for SSI and has provided doctor's note proving inability to work or -Attending school full-time (verified)	Compliant with program requirements and Medication compliant Some exceptions at PO and CM's discretion based on programming
Diamond	48	-Level 2 treatment for at least 4 weeks or -Level 3 treatment or no treatment required	-Employed and working at least 20 hours/week (per pay check stub) or -Receiving SSI/ Disability (verified) or -Applying for SSI (verified) and provided doctor's note or -Attending school full-time (verified)	-No violations or infractions for at least one month and -Pays savings regularly and -Medication compliant and -Meets case management goals

*All clients begin at the Base level. Following orientation week, you will be placed at the level that corresponds with your programming and treatment status. It is your responsibility to provide verification of all level requirements to your Case Manager. You will receive the specified pass time based on your level as of Tuesday night when passes are due. You cannot change your level after passes are signed.

*If you receive a restriction for a major violation, you will return to the Base level. You must then spend one week at each level until you have returned to your programming level.

*If you are at the Diamond level and receive one infraction, you will move down to the Gold level. You must reach four weeks with no infractions or violations to return to the Diamond level.

Residents may split their pass time between different days (Friday – Sunday), but can only receive one pass per day. All pass requests must add up to no more than the total number of hours your pass level allows.

Once your pass time has been approved, you cannot make changes. If you fail to sign out on time, your return time will not change. **If you are late arriving from your pass, no matter what the reason, you will receive an infraction or violation. Calling to advise you will be late will not affect the outcome.**

Your pass form must have all of the necessary information, or it will not be approved (e.g. destination name, address, phone number, exit and return times, signatures). Passes **may not** be taken at hotels/ motels.

If you would like to take a pass outside of St. Louis City and County you must submit a travel permit request form to your Case Manager a week in advance, Tuesday night by 10:00pm. Remember, these forms are due a week before the pass for that weekend is due.

If placed on restriction for a major violation, your pass time is cancelled for the week, and you will drop back to the Base level. You must work your way back up through the levels from the beginning.

Court/Medical Passes

Court/Medical appointments requiring a pass (anything over 3 hours) will need to be submitted one week in advance. Court/Medical passes are not awarded based on time or successful programming, and can be submitted to your Case Manager as needed. You should submit court/medical passes to your Case Manager no later than Tuesday evening prior to the pass exit date. Your Probation and Parole Officer must approve all passes prior to you taking them.

Client Holiday Time

Clients may receive additional pass time, if in program compliance, for Thanksgiving and Christmas. Holiday pass time may range from 6 to 24 hours, as determined by the Probation/ Parole Officer and must be taken on the day of the holiday. The Case Manager will notify you of this amount. Residents may not combine their holiday pass with a weekend pass.

Chores/ Facility Cleanliness

All residents are assigned one or more chores each week. The chore assignment and sign-off sheet is posted in the common room area. If you are allergic to or cannot be exposed to a specific cleaning supply, notify your Case Manager immediately. You may be required to submit medical documentation.

All chores must be complete by the designated times. Residents may begin morning chores any time after 5:00 a.m. If you have to leave early, you need to get up early enough to complete the chore prior to leaving. If you are employed and return to the facility late in the evening, you are still expected to have your chores done when you return to the facility.

When assigned mop detail, you must sweep prior to mopping. You must also place “Wet Floor” signs in the area you are mopping. Empty and put away the mop bucket when you finish.

You are required to complete your chore, return all cleaning supplies to their proper place, and sign-off indicating your completion of the chore(s). You may not sign-off indicating chore completion if you have not completed the chore. The Security Monitor will verify chore completion. **If you fail to complete your assigned chore(s) and/or sign-off indicating completion of your chore(s), you will receive an Infraction.**

All residents are required to maintain the cleanliness of their rooms. **Failure to keep your area clean and bed made will result in an Infraction.**

All residents are responsible for keeping the facility, including their bedroom, the common area, and the bathrooms, neat and clean. If you see something out of order or dirty, take the initiative to straighten or clean the area. Pick up all personal items; throw all cups, wrappers, containers etc. in the trash. Clean all spills immediately and place chairs under the tables where they belong. When you use the restroom, flush the toilet and make sure that all contents have been discarded before you leave the stall. Make sure the sink area is free of hair, used paper towels, toothpaste, and other debris. Remember, everyone here has to use the same facilities. Please be respectful and mindful of others.

Residents are responsible for keeping the coffee pot and the area around it clean. Residents are responsible for supplying their own coffee, sugar, creamer, cups and filters. If there are disputes over the use of these supplies or if the coffee pot is not kept clean the coffee pot will be removed indefinitely.

Residents may not store or leave food, drinks, or cups unattended in the common room area or outside of their room. All food and drinks must be consumed and/or disposed of prior to in-house curfew.

If at any time the Common Area or Bathrooms are left in a disarray, an automatic **8:00 p.m. CURFEW WILL BE APPLIED TO ALL RESIDENTS FOR THREE DAYS**. For every consecutive day the Common Area and or Bathrooms are left in disarray, the 8:00 p.m. curfew will be extended another three days.

Possible Arrest and Termination from the Program

If you commit an illegal act while in the facility, we will contact law enforcement and recommend your arrest. **You will also receive a major violation**. We will also recommend your termination from the program. The State of Missouri will make the final decision regarding your termination.

The following list includes possible reasons a recommendation for your arrest and/or termination may occur:

ANY PHYSICAL/SEXUAL CONFRONTATION OR VERBAL THREATS TOWARDS A STAFF MEMBER OR RESIDENT.

POSSESSION OF FIREARMS OR ANY WEAPON DEFINED AS LETHAL OR DEADLY BY LAW.

THE USE OF ANY DRUGS OR ALCOHOL WITHIN THE FACILITY.

DAMAGING or STEALING FACILITY, STAFF, OR OTHER RESIDENTS' PROPERTY.

Violations

If you receive a major violation, the Director will meet with you to discuss the incident. In the event the Director is unavailable, your Case Manager may be appointed to meet with you regarding the incident. You will be given an opportunity to respond to the violation at that time. The Violation and your response will then be forward to your Probation Officer.

Anyone receiving a Major Violation will be placed on Restriction for 1 week, with the exception of positive urinalysis or breathalyzer tests, which will result in a 2-week restriction.

The restriction consists of:

NO PASS TIME, WELLNESS WALKS, or SMOKE BREAKS

You may only go to work, treatment, medical appointments, and court/legal appointments while on restriction.

The Director and Probation and Parole Officer have the authority to increase the length of restriction based on the severity of the violation. "Total Restriction" may also be applied. Residents on Total Restriction will remain in the 7th floor facility during meal time. Your food will be brought to you.

If on restriction you receive a Major Violation, the restriction will be extended an additional week, and so on.

You are allowed visitation while on restriction; however, this privilege may be revoked due to continued violations or at the discretion of your Probation and Parole Officer.

The following is a list of activities that would warrant a major violation. This list is not 100% inclusive, but is designed to help you determine what activities are strictly forbidden in this facility. If you ever have any questions regarding any activity, please see a Staff Member.

- Fighting, including pushing and shoving another client or staff;
- Threats of violence against Staff or residents;
- Sexual misconduct;
- Forcible misconduct - using force or threats of force to obtain compliance from another;
- Engaging in sexual activity, whether forced or consensual;
- Possession of firearms or any weapon defined as lethal or deadly by law;
- Possession of violent, racially inflammatory, or sexually explicit material;
- Possession of material that portrays drugs, alcohol, or any illegal activity;
- Entering a bedroom you are not assigned to or being on or in another resident's bed;
- Vandalism, theft, or destruction of property- either MERS/Goodwill, staff, or residents property;
- Tampering with video cameras or equipment;
- Disassembly or destruction of smoke alarms;
- Violation of the law – being arrested;
- Refusal to allow your personal belongings, packages, purse, or person to be searched;
- Possession of alcohol, drugs, or “loose” pills in the facility, or on the property of MERS/Goodwill;
- Testing positive on a Urinalysis or Breathalyzer Test;
- Refusal to take a drug test (urine sample) or Breathalyzer test, or submitting a dilute urine sample;
- Failure to submit a urinalysis in the required 2-hour time frame;
- Smoking in the building. Bringing cigarettes, lighters, matches, or e-cigarettes into the facility;
- Possession of any contraband;
- Escape or unauthorized leave from the facility or failure to properly sign-out of the facility;
- Unaccountability or Out of Bounds- Changing destination without approval. Not going to destination signed out to. Returning late to the facility without appropriate notification/ approval;
- Failure to attend required treatment and or meetings;
- Refusing to go to work or quitting a job without permission;
- Unauthorized visits;
- Operating or riding in a motor vehicle without prior permission;
- Gambling;
- Failure to follow requirements outlined under “Medical Care/Sick Procedures” and “Medication”;
- Failure to submit paycheck, savings, or bus ticket payment in given time frame;
- Entering an unauthorized area of the building, wrong floor, or “staff only” areas.
- Possession of a razor, hair dryer, curling iron, or flat iron in your room;
- Use of extension cords and/or multipurpose plugs;
- Tampering with heating and cooling system or thermostat;
- 6 infractions or more.

Infractions

If you receive an Infraction, the Director (or Case Manager if the Director is unavailable) will meet with you to discuss the incident. You will be given an opportunity to respond to the Infraction at that time. The Infraction and your response will then be forward to your Probation Officer.

Anyone receiving an Infraction will be placed on restriction as follows:

1st Infraction = 1 day of restriction

- 2nd Infraction = 2 days of restriction**
- 3rd Infraction = 3 days of restriction**
- 4th Infraction = 4 days of restriction**
- 5th Infraction = 5 days of restriction**
- 6th or more Infractions will become Major Violation and treated as such.**

The restriction consists of:

NO PASS TIME, WELLNESS WALKS, or SMOKE BREAKS

You may only go to work, treatment, medical appointments, and court/legal appointments on restriction.

If you are at the Diamond level and receive an infraction, you will move down to the Gold level. You must reach four weeks with no infractions or violations to return to the Diamond level.

The following is a list of activities that would warrant an Infraction. This list is not 100% inclusive. This list is designed to help you determine what activities are not allowed in this facility. If you ever have any questions regarding any activity, please see a Staff Member.

- Failing to complete/do assigned chore;
- Messy bedroom or unmade bed;
- Failing to wash linens for more than one week;
- Ignoring 15 min telephone limit;
- Attending smoke break while on restriction or rest;
- Late return;
- Using profanity;
- Inappropriate dress in the common area;
- Food or drink in the bedroom (water excluded);
- Being in the common area or bathroom before 5 a.m. or after curfew;
- Being in the common area or bathroom while the floor is "shut down";
- Accessing social media sites on the computers;
- Using computers designated for federal residents.

Use of Alcohol/Drugs

Alcohol or drugs, including prescription drugs and synthetic drugs (e.g. K-2, bath salts) may not be used, sold, traded, taken, or given away on or off the premises of MERS/Goodwill.

Residents must totally refrain from the use of drugs and alcohol. Residents may not consume alcohol in any form. **This includes cough syrup, mouthwash, etc.**

Staff reserves the right to administer a Breathalyzer test or take a urine sample at ANYTIME. Refusal of either test will result in a major violation.

If requested to give a urine sample, the resident will be seated in view of the Monitors Station and under the direct supervision of staff until an acceptable sample is collected. **Failure to produce an acceptable urine sample within two (2) hours of the request will result in a Major Violation.** The resident may not leave the common area or staff supervision until instructed by the Security Monitor. When submitting a urinalysis you must follow the Security Monitor's instructions.

Submitting a dilute or adulterated UA will result in a major violation. No exceptions.

Residents may request a drug test confirmation, if not already confirmed; however, drug test confirmation is at the expense of the resident. Any resident requesting drug test confirmation must submit this expense in the form of a money order to MERS/Goodwill before the confirmation request will be submitted.

Conduct (General)

Residents MAY NOT use verbally offensive or abusive language to any staff or resident. ANY aggressive behavior displayed by a resident to any staff member or resident will not be tolerated. This includes yelling at a staff member or resident, standing in the face of any staff member or resident in a confrontational manner, cursing at or to any staff member or resident, whether directly or indirectly, etc.

Sexual comments, harassment, or teasing directed towards, and touching of, staff or resident(s) is not tolerated.

Any resident who displays ANY of the above mentioned behaviors will receive a major violation.

Staff may “shut down” the floor as necessary to ensure the safety and security of residents. When the floor is “shut down”, you must immediately go to your assigned room. You may not enter the common area or bathroom until the floor is re-opened by staff.

Intentionally inflicting physical harm or bodily injury upon oneself will not be tolerated.

Residents must report any new arrests or encounters with law enforcement authorities. Residents should resolve any pending warrants immediately. Residents must also notify staff if they have been victimized.

Residents may not borrow or loan money or clothing items to other residents. This also includes the selling of clothing or any other item. Residents cannot perform services for other residents for a fee. For example, doing someone’s hair or nails for money. You cannot conduct business of any kind with another resident.

Proper dress and behavior are expected of residents at all times. Residents must wear shirts, pants, and shoes outside their sleeping area at all times. Residents may wear bathrobes when in route to or from the showers. Residents may not wear hats or any head coverings in the facility except when in bed. Residents may not wear sunglasses inside the facility. Clothing with any type of alcohol/drug related advertising, profanity or sexual pictures or comments are prohibited. Staff reserve the right to determine whether attire is appropriate.

Residents are expected to practice good personal hygiene and to keep their clothing neat and clean.

Residents are not allowed to visit any other floor of MERS without permission from staff. Residents may be in the dining room only during authorized meal times and visiting hours.

Residents may not utilize the fire escapes except during drills or emergencies.

Contraband

An Infraction or Major Violation will be issued if the below contraband is found on your person, in your property, in your room, or if your prior possession of the contraband is confirmed. Due to the vast number of items considered contraband, this list is not 100% inclusive. If you ever have any questions about something being contraband, ask a staff member.

<u>Drugs, drug paraphernalia, or products containing alcohol</u>			
Drugs or “Loose Pills”	Drug Paraphernalia	Needles/ Syringes	K-2 Type Substance
Bath Salts/ Synthetic Drugs	Liquid Alcohol	Cough Syrup	Mouthwash of any kind Nail
Polish Remover (pads are allowed)			
<u>Any item that may be considered a weapon.</u>			
Guns	Ammunition	Knives of any kind	Letter Openers
Scissors	Razor Blades	Box Cutters	Metal Nail Files
Ice Picks	Tazors	Mace/Pepper Spray	Brass knuckles
Hammers	Screwdrivers	Night Stick	Baseball Bats

Other Contraband

Cigarettes/Lighters/Matches	E-cigarettes	Cell Phones/ Chargers	Lap top computers
Pagers	Cameras	Candles/ Incense	"Bootleg" DVDs
Pornographic Material	Rope	Razors	Aerosol Cans
Tattoo Guns or Devices	Electric Blankets	Irons	Liquid Bleach
Curling Irons/Hair Dryers	Space Heaters	Hot plates/ Stingers	Glass Items
Gambling Equipment	Musical Instruments	Food/Drinks	Dolls/ Stuffed Animals

The following materials are not allowed and will result in a major violation if discovered:

1. Material that promotes violence, disorder or the violation of state or federal law;
2. Material that is so racially inflammatory as to be reasonably likely to cause violence;
3. Material that contains information that can be used to instill violence or hatred among the offender residents;
4. Material that contains information on the design, construction, use or purchasing of any item which could endanger others or security of the residential facility;
5. Material that portrays what appears to be illegal drugs or substances;
6. Material that portrays or describes recipes or processes for brewing alcoholic beverages or manufacturing drugs;
7. Material that encourages or instructs in the commission of criminal activity;
8. Personal photographs which exhibit nudity;
9. Material that depicts, describes or encourages activities which may lead to the use of physical violence or group disruption; and
10. Material that portrays explicit sex acts, sadistic sex acts, or sex acts in violation of state or federal law or sex acts;
 - a. Where in participant appears to be non-consenting;
 - b. Where one participant appears to be forceful, threatening, or violent;
 - c. Where one participant is dominating another;
 - d. Where one participant is degraded or humiliated;
 - e. Where one participant appears to be a child;
 - f. Where there appears to be any form of penetration;
 - g. Where any bodily excretory function is portrayed; or
 - h. Where the material portrays bondage, sadomasochistic behavior or bestiality;

Offenders may not to subscribe, purchase, receive, or possess publications, videos, pictures, or any other items, which promote violence, disorder or the violation of any state or federal law, or any pornographic material.

Residents may not possess EBT cards. They must turn in these cards, which will be returned upon discharge.

Residents may not possess any form of identification (such as id cards, social security cards, birth certificates, etc.), electronic financial cards (such as credit cards, debit cards, prepaid cash cards, etc.), or any such item containing the name of an individual other than the resident. **If found, the resident will receive a Major Violation. Law enforcement may also be contacted.**

Curfew

Curfew hours are from 9:00 p.m. until 6:00 a.m. Unless on an overnight pass, departing, or arriving from work, a resident must be in the facility between these hours.

In house curfew is from 10:00 p.m. to 5:00 a.m., at which time residents must clear the common area, including bathroom.

After 10:00 p.m., if any one roommate would like the lights out, the lights must be turned out immediately. If there is conversation in the rooms, it is to be moderate. If at any time it disturbs ANY of your roommates, all

conversation must stop. This also includes the use of TV's and radios. Radios and/or televisions played in violation of this rule will be confiscated until the resident can remove them from the facility. Once the radio/television is confiscated, the resident will forfeit their right to have a personal radio and/or television.

If you enter the facility after curfew and need to wash your work uniform, you must get permission from the monitor on duty.

Searches

MERS/Goodwill reserves the right to conduct body searches, including metal detection, pat-downs and strip searches, of any and all residents when deemed necessary. Your personal property, sleeping area, and the facility are subject to search at all times. Staff will search all packages, bags, and purses brought into or taken out of MERS/Goodwill. Your presence is not required during search of your property or sleeping area. Due to time restraints, staff will not necessarily place your property back to the way it was found. You do not have the right to refuse search of your person or belongings.

Grievances

The Halfway House program is operated by MERS/Goodwill as contracted by the State of Missouri Department of Corrections. Concerns regarding program rules, policies, and procedures should be directed to the Program Director. Any concerns regarding your probation and/or parole supervision should be directed to Probation and Parole.

Should you have any concerns or complaints regarding decisions made or actions taken by staff, you are encouraged to first present your concerns to the staff member directly. This is to encourage self-advocacy and helps clarify misunderstanding. If your concern cannot be resolved at that level, you are encouraged to discuss your concern with the Security Monitor Supervisor or Program Director.

If for any reason you feel you have been discriminated against or your rights have been violated by a MERS/Goodwill employee, you may file a grievance.

If you feel that you have been sexually harassed by staff or other residents, you may file a grievance, contact the Director, or contact the Unit Supervisor of Probation and Parole.

You may obtain a grievance form from the Program Director, your Case Manager, a Security Monitor, or from the "form wall". After completing the Offender Grievance Form, you may turn it in to the Program Director or place in the grievance mailbox by the elevators on the 7th floor. The Program Director will respond within five (5) calendar days.

If for whatever reason you are not satisfied with the response given by the Program Director, you have a right to appeal it to the State Regional Coordinator.

Grievances against the liaison officer should be submitted to the liaison officer's supervisor.

Local Client Outreach Services

Medical Clinics

Comprehensive Health	5471 Martin Luther King	314-367-5820
Grace Hill	1717 Biddle	314-814-8700
		314-814-8585
Planned Parenthood	4251 Forest Park	314-531-7526

Emergency Room

Barnes Hospital	1 Barnes Jewish Hospital Plaza	314-362-9123
St. Louis University Hospital	3635 Vista Ave.	314-577-8000

Mental Health

St. Alexius Hospital	6150 Oakland Ave.	314-865-7000
BJC Mental Health	1430 Olive	314-206-3700
BHR	Crisis Hotline	314-469-4908 (24-Hour Hotline)

Substance Abuse Treatment

New Beginnings	3901 Union	314-367-8989
BASIC	3028 Locust	314-531-0511
Queen of Peace	325 N. Newstead	314-531-0511

Dentist

Comprehensive Health	5471 Martin Luther King	314-367-5820
Grace Hill Dental	2600 Hadley	314-539-9640

Prescriptions

Schnucks Culinaria	315 N. 9th Street	314-436-7491
Walgreens	4218 Lindell	314-371-4286
Grace Hill	1717 Biddle	314-898-1061

Social Security/ Disability

Social Security Office	171 N. 16 th Street	314-621-2704 1-800-772-1213
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Birth Certificate/Identification

St. Louis City Hall	1200 Market Street	314-622-4000
St. Francis Xavier Church	3628 Lindell	314-977-7308

Clothing Assistance

St. Patrick Center	800 North Tucker	314-802-0700
Larry Rice Ministry	1411 Locust	314-421-3020

Sexual Assault Crisis Support/ Victim Advocacy

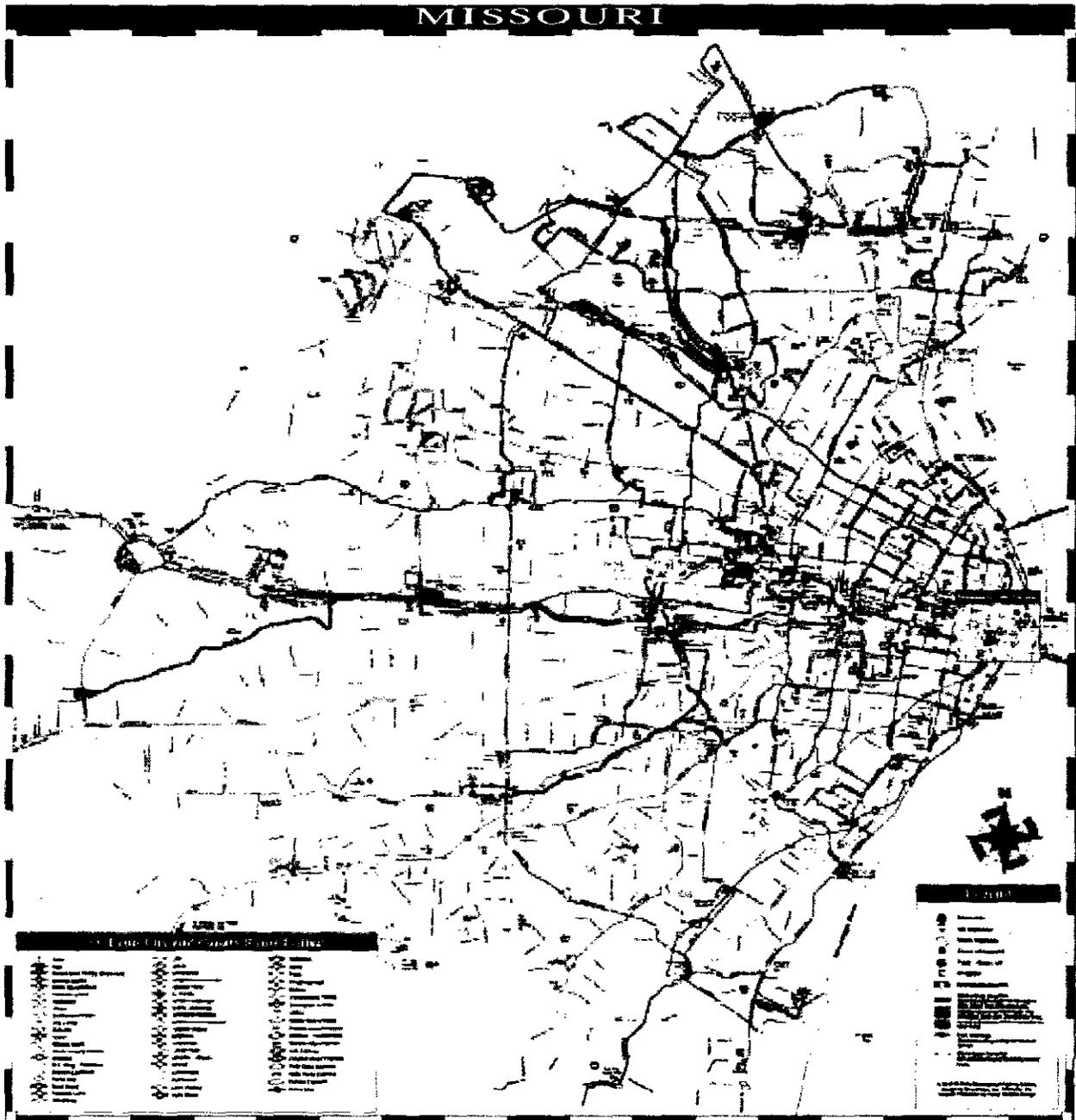
YWCA	3820 W. Pine	314-531-RAPE (7273) (24-Hour Crisis Hotline)
Safe Connections	2165 Hampton Ave	314-531-2003 (24-Hour Crisis Helpline)

Sexual Assault Nurse Examiner (SANE)

St. Louis University Hospital	3635 Vista Ave.	314-577-8777
Barnes Hospital	1 Barnes Jewish Hospital Plaza	314-362-9123

Area Public Transportation

A complete list of bus and Metrolink schedules is available on the Metro Transit website (www.metrostlouis.org). You may also create a detailed trip itinerary using the Metro Transit website or Google maps (maps.google.com). Computers are available for your use and staff are available to assist. Bus schedules are also available in the common room.



Revised 11/02/14

REC'D NOV 10 10:26 AM '12 DPMM

MERS/Goodwill Submission
B3Z14319
Residential Facility Services

DPMM
301 West High Street, Room 630
Jefferson City, MO 65101-1517

TRK# 5707 0019 3320



(SU)

521C1/616C/6F03
05
BILL 3rd PARTY
332-2700
BILL TO
STREET
PO: BUSINESS CENTER
REF: 3003



MISSOURI ONLINE BUSINESS FILING



Nonprofit Corporation Details as of 11/18/2014

*Required Field

Fees & Forms

FAQ

Corporations Home

Business Outreach Office

UCC Filings

Corporation Filings

SOS Home

Contact Us

If you wish to file online, select the filing from the Filing drop-down list, then click the FILE ONLINE button.

To file a registration report, click the FILE REGISTRATION REPORT button.

To order copies or certificates, click the COPIES/CERTIFICATES button.

RETURN TO
SEARCH RESULTS

Select filing from the list.

FILE
ONLINE

Filing Type Amended and Restated Articles of Incorporatio

ORDER COPIES/
CERTIFICATES

General Information Filings Address Contact(s)

Name MERS/MISSOURI GOODWILL INDUSTRIES

Address 1727 Locust Street
St. Louis, MO 63103

Type Nonprofit Corporation
Domesticity Domestic

Charter No. N00028561

Registered Agent LEWIS C CHARTOCK PH.D.
1727 LOCUST STREET
ST. LOUIS, MO 63103

Status Good Standing

Date Formed 1/6/1933

Duration Perpetual

Fiscal Month May

Report Due 8/31/2016

The information contained herein is provided as a public service. The State makes no representation or guarantee as to the correctness, completeness or suitability of the information provided or of any linked information. All critical information should be verified directly with the Secretary of State, Corporation Division. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights. The information and/or services provided may change at any time without notice.