



STATE OF MISSOURI  
 MISSOURI DEPARTMENT OF CORRECTIONS  
 CONTRACT AMENDMENT

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

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

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
05/06/16	FaithWalk Ministries, Inc. P.O. Box 119 Paris, MO 65275	SDA48000810 Amendment #001	COMMUNITY REENTRY FUNDING

THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

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

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

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

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Authorized Signer's Printed Name and Title: Harold G Long / CEO  
 Authorized Signature: Harold G Long Date May 9, 2016

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

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

**ORIGINAL**

NC-005

**REQUEST FOR APPLICATION**



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

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

**RFA SDA480-008**

**Community Reentry Funding Statewide**

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

**Date of Issue: June 15, 2015**

**Page 1 of 57**

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

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

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

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

Program Title: **FaithWalk Rural Sex Offender Initiative**  
Company Name: **FaithWalk Ministries, Inc.**  
Mailing Address: **P.O. Box 119**  
City, State, Zip: **Paris, MO 65275**  
Telephone: **660-327-5752** Fax: **660-327-6233**  
Federal EIN #: **48-1115807** State Vendor #: **481115807-0**  
Email: **fwmdc@fwmdc.org**

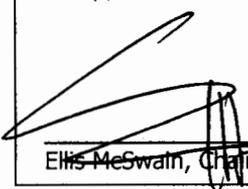
Authorized Signer's Printed Name and Title: Harold G Long, CEO

Authorized Signature: Harold G Long Application Date: 6-26-15

**NOTICE OF AWARD:**

This application is accepted by the Missouri Department of Corrections as follows: **In its entirety.**

Contract No. **SDA48000810** NC-005

  
Ellis McSwain, Chairman, Board of Probation and Parole

Date 7/29/15

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

**REQUEST FOR APPLICATION**



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

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

**RFA SDA480-008**

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

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Company Name: **FaithWalk Ministries, Inc.**  
Mailing Address: **P.O. Box 119**  
City, State, Zip: **Paris, MO 65275**  
Telephone: **660-327-5752** Fax: **660-327-6233**  
Federal EIN #: **48-1115807** State Vendor #: **481115807-0**  
Email: **fwmdc@fwmdc.org**

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

Authorized Signature: Harold G Long Application Date: 6-26-15

**NOTICE OF AWARD:**

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

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

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

\_\_\_\_\_  
Date

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

### Checklist for Application Submission

#### REQUIRED FORM COMPLETED FORM TO BE RETURNED WITH APPLICATION

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

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

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

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

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

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

**Application Summary Form**

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

<i>Please select geographic area in accordance with the map attached: See Attachment 1</i>		<b>Amount of DOC Funds Requested:</b>
<input type="checkbox"/> Western Region	City/County _____	\$ 45,688.00
<input type="checkbox"/> Southwest Region	City/County _____	
<input checked="" type="checkbox"/> North Central Region	City/County: Paris/Monroe, Hannibal/Marion, Moberly/Randolph	
<input type="checkbox"/> Eastern Region	City/County _____	
<input type="checkbox"/> Southeast Region	City/County _____	

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

<b>Applicant Agency and Address:</b> <u>FaithWalk Ministries, Inc.</u> <u>514 Fox Street</u> <u>Paris, MO 65275</u> <i>Harold G. Long, CEO 6-26-15</i> Signature/Title _____ Date _____	<b>Project Director Name, Phone, Fax &amp; Email:</b> <u>Harold G. Long</u> <u>Phone: 660-327-5752</u> <u>Fax: 660-327-6233</u> <u>fwmde@fwmde.org</u>
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<b>Anticipated Outputs:</b> (number of offenders supervised by DOC to be served by the proposed project): 40	<b>Estimated Cost per Offender:</b> \$ 390.00	<b># of Paid Staff:</b> 3 <b># of Volunteers:</b> 1
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**Summary of Proposed Project:** In a concise manner, provide a summary paragraph of your project.  
**Please see attachment.**

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

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

Attach a page identifying in-kind contributions.

**Please see attachment.**

FaithWalk Rural Sex Offender Initiative

RFA SDA 480-008

**A. APPLICANT'S EXPERIENCE and EXPERTISE:**

FaithWalk Ministries, Inc. (FWM) a 501(c)(3) faith-based federally recognized non-profit organization Located in the North Central Region of Rural Missouri in Monroe County; is seeking funding from the Department of Corrections in the Community Reentry Statewide Project (RFA SDA 480-008) in the amount of \$45,688.00 to serve 40 male and female ex-offenders who are currently on probation and parole. For over 17 years FaithWalk has implemented various programs and for the last 48 months have ran a successful Reentry Program in the North Central Region of Rural Missouri. FWM, is currently located in Monroe, Marion, Randolph, and Ralls County providing services five times a week, to referrals from the Hannibal Council Alcohol Drug Administration (HCADA) who has a site location in Moberly, MO called Better Choices, Burrell Behavioral Clinic, Preferred family Health Clinic, District 18- Probation and Parole. Referrals from each agency will receive Case Management, weekly sessions. We have received and assessed over 1600 referrals to date, and 50% clients received medical assistance, transportation, and 70% of our clients who were in need of employment received job training and assistance and now are maintaining employment, since they have been in our program. FaithWalk Community Reentry Support Program has positioned itself as a local and trusted faith-based organization, to assist ex-offenders. Through our weekly structured sessions both day and evening, participants are able to find balance and self-awareness outside their environment. Our certified trained staff are equipped, dedicated and committed to work with offenders without discrimination. FWM has had a contract and partnership with Missouri Department of Mental Health – Access to Recovery Program (ATR) allowing us to provide several services to the clients including an aftercare program.

FaithWalk Rural Sex Offender Initiative

RFA SDA 480-008

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

## **B. PROGRAM DESIGN and IMPLEMENTATIONS**

### **1). Project Summary:**

FaithWalk is submitting an application to fulfill the unmet need in the North Central region the needs are as followed but not limited to basic essentials such as supportive recovery orientated services, and housing. FWRSOI will also provide sex offenders with assistance to obtain polygraphs, sexual assessments, sex offender treatment, and behavioral assessments. These tests are crucial to offenders so that they can be reintegrated back into their communities. The overall goal of the FaithWalk Rural Sex Offender Initiative is to assist sex offenders to show them an ongoing process of breaking the cycle of addictive failures. The FaithWalk Rural Sex Offender Initiative, (FWRSOI) is a program based on long-term support to sex offenders located in rural communities. By providing clients with case management, staff support, housing supportive services. FWRSOI targets the needs of high risk offenders returning to distressed communities. Clients will participate in an orientation of the program and assessment process with a certified staff member.

FWRSOI is available for 150 program hours a year with each client participating on an average of 70 hours. 100% of the clients will receive Sex Offender Assessments, and Sex Offender Treatment services, Of the 40 clients served 10 will receive Supportive housing services, and 20 will receive Transportation services. 100% of clients will complete the program taking advantage of all services and completing at least 70 hours of the program.

FaithWalk Rural Sex Offender Initiative

RFA SDA 480-008

FWRSOI is available daily to assist clients with needs that they may have. During these times clients will be able to access service provided by FWRSOI to help offenders reenter their communities. FWRSOI uses prevention and intervention which targets the needs of high risk offenders. While utilizing the 8 evidence based principles for effective intervention practices FWRSOI will provide the following direct services to each referral. **Drop-in Assistance:** this is for clients who may have questions about specific resources and need answers on how to acquire those resources. Information and resources guides will be available on site or client can meet with a staff member. Materials that will be provided consist of county resource guides, reentry financial aid applications for immediate needs, educational material for GED or college, community service sites, emergency intervention (suicidal feelings, mental health first-aid-need). **Case Management and engagement services:** These services are available on an ongoing basis for clients who need multiple meetings with staff to assist them in substance abuse/use recovery support, sex offender treatment, and housing needs. This process allows staff to assess the needs of the client and place with proper resources to meet the specific needs.

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

FaithWalk Rural Sex Offender Initiative

RFA SDA 480-008

- 1). Client screenings and risk/needs assessments for substance abuse recovery support, and motivational interviews to define the client's temperament, high and low risk factors and gender specific needs; overseen and conducted by Program Director, Case Manager and mentors.
- 2). Designated site locations to serve this region will be Moberly (Randolph County), and Hannibal (Marion County) these services will be provided by Recovery Support Facilitators and Volunteers.
- 3). Supportive services and assistance which include providing assistance in rental/housing subsidies, and will be managed by the Program Director and Case Manager. Referrals from Probation and Parole, Better Choices, Burrell Behavioral, or Preferred Family Health will be provided to the staff on a continual basis. This will help provide successful reintegration of adult offenders from prison and parole back into society, reduce re-incarceration rates of offenders served by the FWRSOI, enhance sex offender self-sufficiency, and improve community support programs for sex offenders. It takes the communities to be an agent of change to be a part of the success process of the client that is returning back to it.

FaithWalk Rural Sex Offender Initiative will target adult client's male and female that are currently under the jurisdiction of the Missouri Department of Corrections in the probation and parole systems of the North Central region that are sex offenders. This includes individuals who meet the following minimum criteria: 18 years or older, offender, male or female, desire to become self-sufficient, and reside in North Central region. FWM anticipates serving a minimum of 40 sex offenders during the funding cycle August 2015 to July 2016. The Probation and Parole Office provides a completed treatment referral form that indicates the current issues and needs of the client. This form is provided to the program director who, reviews and provides the site coordinator and case manager with need information to set the client up with a motivational interview, intake and assessment appointment to best fit their needs for service. Clients cannot receive any support assistance such as rental or utility assistance without being referred

FaithWalk Rural Sex Offender Initiative

RFA SDA 480-008

and assessed this ensures that proper information is captured to assist the client in responsible and healthier behaviors.

**Core Performance Measures:**

**Please See EXHIBIT D**

**SUSTAINABILITY:**

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

**IN-KIND DONATIONS:**

FaithWalk utilizes volunteers, office space, and partnerships of others to successfully keep the program running. These things are not paid for by the grant but FaithWalk and partners who agree to contribute their services for free. The totals for in-kind donations are \$50,000.00, (Categories) the staff alone is \$20,000.00, and the services provided by our partners range from \$10,000 - \$300,000.

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

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

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

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

6-26-15  
 Date

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

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

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

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

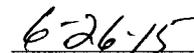
  
 \_\_\_\_\_  
 Date

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

<b>Organization Name:</b>	FaithWalk Ministries, Inc.
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Burrell Behavioral Health Center
Address of Reference Company:	South Williams
	Moberly, MO 65270
Reference Contact Person Name:	Jackie Hostetler
Contact Person Phone #:	660-263-7651
Contact Person e-mail address:	Jacquelyn.hostetler@burrellcenter.com
Dates of Prior Services:	2006 to Present
Dollar Value of Prior Services:	N/A
Description of Prior Services Performed:	FaithWalk has developed a strong partnership through the State wide ATR program in providing recovery support services to Burrell referrals on a weekly basis. FaithWalk currently receives referrals from Burrell for housing and other supportive services.

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

  
 \_\_\_\_\_  
 Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: <u>Program Director</u></b>	
<b>Name of Person:</b>	Harold G. Long
<b>Educational Degree (s):</b> include college or university, major, and dates	High School Diploma/GED or Experience Required, Training in this Field Required, Bachelor Degree Preferred
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	Harold G. Long is currently the program director for the FaithWalk ReEntry Program. Harold is trained, licensed and certified in Counseling, a financial literacy director, and MRSS Addictions specialist through the Statewide ATR project with the Department of Mental Health and the Missouri Credentialing Board.
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	Since 2001 Harold G. Long has completed Family and Development Credentialing Training and was certified with the University of Missouri Kansas City, UMKC. Since 2008 Harold has received continual training by attending several MFFH and ReEntry Conferences.
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Harold has been working with the Department of Corrections since 1987 and as a trained and qualified mentor to adults from all walks of life Harold G. Long has been working with individuals in lthis capacity for over 18 years and directly in ReEntry for 7 years.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Harold the Founder of the organization since 1984.
Describe this person's responsibilities over the past 12 months.	As Program Director Harold G. Long will oversee the general operation of the program.
Previous employer(s), positions, and dates.	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	Over 15 years of experience in Family Management/Engagement
✓ Reentry	7 years in ReEntry supportive services
✓ Counseling	Over 15 years of experience
✓ Criminal Justice	Preferred Knowledge
✓ Correctional Residential Facilities	Preferred Knowledge

*Harold G Long*  
 \_\_\_\_\_  
 Authorized Signature of Applicant

*6-26-15*  
 \_\_\_\_\_  
 Date

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

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: Case Manager</b>	
<b>Name of Person:</b>	Johnonda Light
<b>Educational Degree (s):</b> include college or university, major, and dates	High School Diploma/GED or Experience Required, Training in this Field Required, Bachelor Degree Preferred
<b>License(s)/Certification(s),</b> Number(s), expiration date(s), if applicable:	Johnonda Light is currently the program director for FaithWalk Reentry Program. Johnonda is a trained and certified family, financial literacy mentor, and addictions specialist through the Statewide ATR project with the Department of Mental Health.
<b>Specialized Training Completed.</b> Include dates and documentation of completion for all required training identified in this document:	In 2005 Johnonda Light completed the Family and Development Credentialing Training and was certified with the University of Missouri-Kansas City. She was trained in 2007 with the Copes Institute in Adult and Children Prevention Training and certified as a mentor/trainer, she also was trained in Reentry Development as an addictions specialist with the ATR Addictions Academy in 2008.
Number of years experience in area of service proposed to provide. Experience in working with offenders?	As a trained and qualified mentor to adult from all walks of life Johnonda Light has been working with individuals in this capacity for over 5 years and directly in reentry for 4 years.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Johnonda has been a volunteer/employee with the organization for over 10 years.
Describe this person's responsibilities over the past 12 months.	To assist Program Director and reentry mentors in providing intakes assessments, coordinating, community and program services and accessing subsidies for clients in need.
Previous employer(s), positions, and dates.	N/A
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	7 years of experience in parenting classes and youth training
✓ Reentry	7 years in reentry supportive services
✓ Counseling	Over 13 years of experience
✓ Criminal Justice	Preferred knowledge
✓ Correctional Residential Facilities	

*Howard B. Song*  
 Authorized Signature of Applicant

*6-26-15*  
 Date

**EXHIBIT C**

**SUBMISSION IS MANDATORY**

**LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT**

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

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

*Harold B. King*  
 Authorized Signature of Applicant

6-26-15  
 Date

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

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

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

<b>Category</b>	<b>Service</b>	<b>Proposed Clients</b>	<b>Outcome</b>	<b>Indicator</b> (How do you know you are achieving the outcome?)
Academic			Enhanced education	
Basic Needs and Emergency Services			Attainment of basic needs and emergency services	
Employment			Improved employment	
Family			Increased family support	
Housing	Rental Assistance	10	Attainment of housing	100% of program participants will have accessed rental assistance at the end of the program period.
Mental Health	Sex Offender Treatment	20	Reduced mental health risks	100% of program participants will have accessed treatment or assessment at the end of the program period.
	Sex Offender Assessment	20		
Substance Abuse			Reduced substance abuse	
Transportation	Taxi Vouchers	20	Attainment of transportation	100% of program participants will have accessed transportation by the end of the program period.

Vocational			Improved employment	
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**EXHIBIT F**

**SUBMISSION IS MANDATORY**

**BUDGET DETAIL WORKSHEET**

*All Expenses Must Be Reasonable and Necessary*

<b>COMPLETED FORM MUST BE RETURNED WITH APPLICATION</b>		
<b>A. Personnel (a breakdown in the number of hours each person is dedicated to the project is to be provided)</b>		
<b>Name/Position</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Program Director: Harold G. Long 20% FT	708.33 X 12	8500.00
Case Manager: Johnonda Light -30-35 hours a week	1000 X 12	10000.00
Support Staff: TBD-20-25 hours a week	400 X 12	4800.00
	<b>Subtotal</b>	<b>23300.00</b>
<b>B. Fringe Benefits (must be capped at 12%)</b>		
<b>Name/Position</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Program Director: Harold G. Long	8500 X 12%	1020.00
Case Manager: Johnonda Light	10000 X 12%	1200.00
	<b>Subtotal</b>	<b>2220.00</b>
<b>C. Staff Travel (mileage at \$0.37 /mile -- Conus rate for any other expenses)</b>		
<b>Purpose of Staff Travel (all staff travel must be for the <u>direct</u> benefit of the offender -- include location and type)</b>	<b>Calculation of Cost</b>	<b>Cost</b>
For staff to meet with clients for services provided and to transport clients to and from weekly appointments and sessions.	.37 X 1400	518.00
North Central Region-Randolph, Monroe, and Marion Counties and connecting townships		
	<b>Subtotal</b>	<b>518.00</b>
<b>D. Direct Services (i.e. housing rental/lease, GED Testing)</b>		
<b>****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****</b>		
	<b>Calculation of Cost</b>	<b>Cost</b>
Sex Offender Treatment/Assessment Assistance	400 X 40	16000.00
Sex Offender Housing	300 X 10	3000.00
Public Transportation for Clients	50 X 10	500.00
	<b>Subtotal</b>	<b>19500.00</b>

E. Equipment/Supplies (Direct Services Only)	Calculation of Cost	Cost
Office Supplies: (Paper, pens, pencils, file folders, postage, and food)	150 X 1	150.00
	<b>Subtotal</b>	<b>150.00</b>
<b>Summary</b>		
A. Personnel	<b>23,300.00</b>	
B. Fringe Benefits	<b>2220.00</b>	
C. Staff Travel	<b>518.00</b>	
D. Direct Services	<b>19,500.00</b>	
E. Equipment/Supplies (Direct Services Only)	<b>150.00</b>	
<b>TOTAL PROJECT COSTS</b>	<b>45,688.00</b>	

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

Applicant Company Name Faith Walk Ministry INC.

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

Printed Name Harold G Long

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

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

**A. Personnel:** Program Director will guide and plan overall services for offenders, assess each individual situation and assist Case Manager and mentor staff in making the appropriate referrals of services. The Case Manager will provide on-going individual services to each offender overseeing their connections to trainings in housing subsidies, transportation, and Mental health sex offender services.

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

**C. Staff Travel:** Travel reimbursement is included for program Director, Case Manager and support staff to provide direct services to offenders on a weekly basis. Staff may transport offenders to appointments if public transportation is not available. The calculation for this is 1400 miles a program year to cover North Central Region with an average 117 miles per month at the State and Federal Rate of \$.37 a mile.

**D. Direct Services to the Offenders:** \$16,000 for Sex Offender Assessment/Treatment Services, \$3,000 for Housing subsidies for offenders, and \$500 for public transportation for offenders.

**E. Equipment/Supplies (Direct Services Only):** \$150 for program supplies of copy paper, pens/pencils, file folders, envelopes, postage, ink these items will provide client assessment and forms that need to be filled out.



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

\*REQUIRED FIELDS

\*NAME/ADDRESS AS SHOWN ON FEDERAL TAX RETURN  
FaithWalk Ministries, Inc.  
514 Fox St., P.O. Box 119  
Paris, MO 65275

REMIT TO NAME/ADDRESS IF DIFFERENT THAN ABOVE

PURCHASE ORDER NAME/ADDRESS IF DIFFERENT THAN ABOVE

\*FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER  
48-1115807

\*TYPE OF ENTITY  
 Corporation  Sole Proprietor  Individual  State Employee  
 Other \_\_\_\_\_

DATE OF CHANGE

PREVIOUS FEDERAL TAX ID NUMBER OR SOCIAL SECURITY NUMBER

PREVIOUS NAME

PREVIOUS ADDRESS

COMMENTS

**TO BE COMPLETED BY FINANCIAL INSTITUTION**

NAME/ADDRESS OF FINANCIAL INSTITUTION  
The Paris National Bank  
118 N. Main St.  
Paris, MO 65275

DEPOSITOR ROUTING NUMBER  
81504266

DEPOSITOR ACCOUNT NUMBER  
0132089001

NAME ON ACCOUNT  
FaithWalk Ministries, Inc.

TYPE OF ACCOUNT  
 CHECKING  SAVINGS

SIGNATURE OF REPRESENTATIVE OF FINANCIAL INSTITUTION  
*Cheryl Shatzer*

PRINT NAME  
Cheryl Shatzer

TITLE  
Assistant Cashier

TELEPHONE NUMBER  
660-327-4181

DATE  
6/29/15

I (We) hereby authorize the State of Missouri, to initiate credit entries to my (our) account at the depository financial institution named and to credit the same such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provision of U.S. law.

This authorization is to remain in full force and effect until the State of Missouri, Office of Administration, has received written notification from me (us) of its termination in such time and in such manner as to afford the State of Missouri and the financial institution a reasonable opportunity to act on it.

I (We) hereby cancel my (our) ACH/EFT authorization.

\*VENDOR SIGNATURE  
*Harold G. Long*

\*PRINT NAME  
Harold G. Long

\*TITLE  
President/CEO

EMAIL ADDRESS  
fwmdc@fwmdc.org

\*TELEPHONE  
(660) 327-5752

\*DATE  
6-26-15

**CERTIFICATION FOR INTERNAL REVENUE SERVICE (IRS)**

Under penalties of perjury, I certify that:

I. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

II. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and

III. I am a U.S. person (including a U.S. resident alien).

**Certification instructions.** You must cross out item II above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For all real estate transactions, item II does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See W-9 Instructions on irs.gov website for more information.) The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

SIGNATURE

Exempt from Backup Withholding