



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	Community Caring Council 927 Broadway, Suite 306 Cape Girardeau, MO 63701	SDA48000820 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: Tom Davison Ex. Dir.

Authorized Signature: Tom Davison Date 5-11-16

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

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

**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: \_\_\_\_\_ **Reentry Assistance Program** \_\_\_\_\_  
 Company Name: \_\_\_\_\_ **Community Caring Council** \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ **937 Broadway, Suite 306** \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ **Cape Girardeau, MO 63701** \_\_\_\_\_  
 Telephone: \_\_\_\_\_ **(573) 651-3747** \_\_\_\_\_ Fax: \_\_\_\_\_ **(573) 651-3646** \_\_\_\_\_  
 Federal EIN #: \_\_\_\_\_ **43-1722915** \_\_\_\_\_ State Vendor #: \_\_\_\_\_ **431722915** \_\_\_\_\_  
 Email: \_\_\_\_\_ **daviggf@hotmail.com** \_\_\_\_\_  
 Authorized Signer's Printed Name and Title: \_\_\_\_\_ **Tom Davisson, Executive Director** \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ *Tom Davisson* \_\_\_\_\_ Application Date: \_\_\_\_\_ **July 1, 2015** \_\_\_\_\_

**NOTICE OF AWARD:**

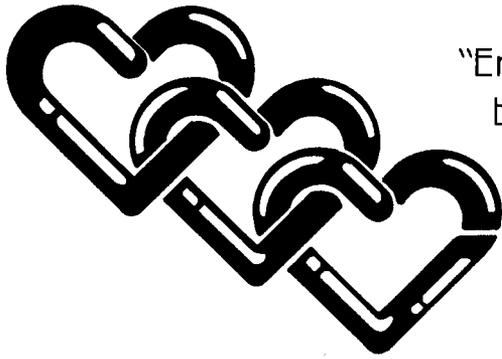
This application is accepted by the Missouri Department of Corrections as follows: **In its entirety.**

Contract No. **SDA48000820** **SE-004**

Date \_\_\_\_\_ *7/29/15* \_\_\_\_\_

\_\_\_\_\_  
 Ellis M. Swain, Chairman, Board of Probation and Parole

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



"Empowering Families to  
become Self-Reliant,  
Resourceful,  
Responsible"

ORIGINAL

July 1, 2015

Missouri Department of Corrections  
Purchasing Section  
2729 Plaza Drive  
Jefferson City, MO 65109

Dear Grant Review Team,

Please find enclosed (1) Request for Application from the Community Caring Council for RFA SDA480-008 – Community Reentry Funding Statewide.

Thank you for the opportunity to submit this application to enhance our reentry work in the Cape Girardeau area.

Sincerely,

  
Tom Davisson  
Executive Director

  
Kay Azuma  
Community Coordinator

# 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  
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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.

Program Title: \_\_\_\_\_ **Reentry Assistance Program** \_\_\_\_\_  
Company Name: \_\_\_\_\_ **Community Caring Council** \_\_\_\_\_  
Mailing Address: **937 Broadway, Suite 306** \_\_\_\_\_  
City, State, Zip: **Cape Girardeau, MO 63701** \_\_\_\_\_  
Telephone: **(573) 651-3747** \_\_\_\_\_ Fax: **(573) 651-3646** \_\_\_\_\_  
Federal EIN #: **43-1722915** \_\_\_\_\_ State Vendor #: **431722915** \_\_\_\_\_  
Email: **daviggf@hotmail.com** \_\_\_\_\_  
Authorized Signer's Printed Name and Title: **Tom Davisson, Executive Director** \_\_\_\_\_

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

### NOTICE OF AWARD:

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

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

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

\_\_\_\_\_  
Date

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

/



**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%)

0.8%	Local government
60.5%	State government
32%	Federal government
0%	Direct donations from individuals
3%	Corporate or foundation grants
0%	Fee and charges for services, products, and sales
0.4%	Endowment and interest income
0%	Fundraisers or special events
0%	Membership fees
3.3%	Other sources (specify: <input type="checkbox"/> Business donations, lease income <input type="checkbox"/> )

**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).

## REENTRY ASSISTANCE PROGRAM --- Community Caring Council --- District 22

### 3.1.1 APPLICATION NARRATIVE (35 points)

To quote one of the ten Missouri Reentry Process Principles, "A seamless continuum of services should be in place for each offender leaving the institution to reduce future criminal behavior". That is exactly what the Community Caring Council's (CCC) Reentry Assistance Program proposes to provide.

According to Abraham Maslow's theory of human needs, the first of five levels to Achievement/Self Actualization is BASIC (Physiological) NEEDS. The Reentry Assistance Program will offer case management services and provide those basic needs of reentering offenders which will include medical copays, prescription drugs, birth certificates, state identification cards, driver licenses, utility assistance, clothing assistance, hygiene assistance and transportation assistance. Clients will also be offered the opportunity to attend Building Strong Families classes that are offered by University of Missouri Extension and Community Caring Council (CCC). Additional services will include referral to other community agencies such as food pantries, MO Career Center, Cape Career and Technology Center, mental health centers and substance abuse treatment services.

- 1) The proposed Reentry Assistance Program is an existing service that will be expanded and enhanced by increasing the assistance for basic needs, successful families and transportation. Current services include very limited assistance to transportation, other work-related expenses and some crisis intervention.
- 2) The services will be provided by a .5 FTE Reentry Case Manager to be hired by the Community Caring Council. Any client who is referred by an outside agency, or who calls or walks into our office will be screened and assessed. Once client is identified as an

offender from the MO Department of Corrections, all of the services allowed under this program will be offered as client presents specific needs. When the CCC cannot provide a need, e.g. mental health counseling or substance abuse treatment, client will then be referred to the appropriate community agency and a call will be made by CCC staff to the appropriate agency representative to introduce client and discuss their individual need. In addition, CCC will be working in partnership of Catholic Charities of Southern Missouri if they are awarded their Reentry Housing Program grant. Catholic Charities is located in the same building as CCC, so clients can easily be served by both agencies at almost the same time.

- 3) The amount of time spent with a client will vary between 30-60 minutes for initial screening and assessment. Thereafter, time spent will be based on intensity of client need(s). Ongoing case management will be offered when appropriate, ranging from weekly visits to monthly visits. Case management will be offered collaboratively with Catholic Charities services.
- 4) Geographic area of service will primarily be Cape Girardeau County, although all referrals from Bollinger and Perry Counties (District 22) will be processed. Targeted clients will be any MO Department of Corrections ex-offender who is referred to our agency or who contacts us via phone, by email or in person. Client's DOC number will be documented by the individual or by correctional staff. Clients may initiate their own referral by calling the CCC office or by walking into our office during business hours. If client cannot be assessed immediately, an appointment will be scheduled as promptly as possible.

To summarize the intent of this proposed program, seven of the "Eight Evidence-Based Principles for Effective Interventions" will be incorporated into our client interactions and services through the assessment process and case management:

1. Access actuarial risk/need.
2. Enhance intrinsic motivation.
3. Target interventions.
4. Increase positive reinforcement.
5. Engage ongoing support in natural communities.
6. Measure relevant process/practices.
7. Provide measurement feedback

**3.1.2a Preference Points – Service Supported Housing (5 points)**

Community Caring Council will work closely with Catholic Charities of Southern Missouri if their Reentry Housing Program application is funded. CCC's Reentry Assistance Program will help Catholic Charities' clients with utility deposits, and all the other above-mentioned needs to wrap around and support these clients in maintaining permanent housing and becoming self-sufficient. Both CCC and Catholic Charities will be able to provide case management services as needed.

**3.1.2b Preference Points – Service Supported Housing for Sex Offenders (5 points)**

Planned collaboration with Catholic Charities ensures that referrals for the housing needs of sex offenders will be made to Catholic Charities. In turn, CCC's Reentry Assistance Program will help to fund basic needs (including utility deposits, transportation, etc.).

**3.1.2c Preference Points – Trauma Focused Treatment (5 points)**

CCC will refer clients in need of mental health treatment to Catholic Charities and/or other mental health providers.

**3.1.2d Preference Points – Employment (5 points)**

CCC will work closely with MO Career Center, Workforce Investment Board, Cape Girardeau Career and Technology Center and Catholic Charities when educational and/or employment needs are to be addressed.

**3.1.3 Funding Sources – see Checklist for Application Submission also**

0.8%	Local government
60.5%	State government
32%	Federal government
0%	Direct donations from individuals
3%	Corporate or foundation grants
0%	Fee and charges for services, products, and sales
0.4%	Endowment and interest income
0%	Fundraisers or special events
0%	Membership fees
3.3%	Other sources (specify: Business donations, lease income)
<b>100%</b>	<b>Total</b>

### **3.1.4 Applicant's Experience and Expertise (20 points)**

The Community Caring Council (CCC) is a not-for-profit, 501©3 organization, founded in 1989 to coordinate and collaborate local delivery of social services in our community. The organization is governed by a culturally diverse Board of Directors including service providers, educators, faith members, and neighborhood representatives. In 1995, the Council became one of Missouri's first state Community Partnerships. The Council is a working organization, facilitating monthly meetings for community partners that include community networking and collaboration in order to fulfill its mission – *“to support communities in developing and providing a continuum of resources to help empower individuals and families meet life's challenges”*.

The Council serves as a facilitator of seven active community-based Priority Issue Councils that focus on four areas of community concern as identified in a comprehensive assessment (public transportation, access to medical care, substance abuse, independent living, youth development, etc.). Additional programs and grants currently administered by the Council include Missouri Mentoring Partnership, HUD Supportive Housing Program, Emergency Solutions Grant, Community Case Management, Show Me Healthy Women, Oral Health Program, Community Mentoring, Asset Development and Successful Parenting.

The Council has an “open door” to all who arrive at our office. Every person is processed either immediately, or via an appointment at a later date. No one has ever been denied at least a brief assessment and whenever possible, needs are addressed through our agency or through collaboration with other agencies.

### **3.1.4a Describe past working relationships with Probation and Parole.**

In 2006, CCC agreed to partner with 11 other Community Partnerships across the state to accept two VISTA volunteers into our office as part of the Missouri Partnerships for Reentry Initiative. Kay Azuma, Community Coordinator at the Council, served as VISTA supervisor for the entire period. Our first VISTA entered service in August 2006 and was followed by two additional VISTA volunteers, extending our Reentry Program through August 2010, for a total of four years. Two of our VISTA members were ex-offenders and were able to meet and exceed their job expectations. A Reentry Opportunity Center was opened in June 2009 with funding from MO Department of Corrections. Center operations ceased in August 2010 due to lack of funding for staff and operating expenses. Kay Azuma has served as an active member of the MRP Local Steering Team since its inception in 2006.

Prior to our first VISTA placement, CCC facilitated the first meeting of a Local Steering Team (LST) for District 22. Steve Unterreiner (now retired) was then the District Administrator for District 22 in SE Missouri. CCC continued to facilitate the LST for District 22 until August 2010, collaborating with District Administrator Willard Edwards. Upon his retirement, CCC then worked closely with Sharon Derrington, who is now Regional Administrator for the Southeast Region. CCC then received funding from the MO Department of Corrections Reentry Funding Statewide, SDA 480-001-05 from April -October 2009. At that time, Sharon Derrington was the District 22 Administrator.

CCC continues to actively participate in LST meetings and activities, working with current District 22 Administrator Darrin Tipton. The Council has witnessed a successful and productive collaboration with our local Probation and Parole Office, which has been ongoing since early 2006.

Since that time, we have served ex-offenders just as we would any other client who is referred to us or walks through our door, assisting them with basic unmet needs (transportation, housing, drivers' licenses, state identification cards, etc.), as determined by a needs assessment, pending funding availability. As a member of the Local Steering Team, CCC was instrumental in planning and implementing the first annual Bikers 4 Reentry fundraiser in August 2014 with proceeds going to incidental needs of ex-offenders. On that project we worked closely with Neil Aycock and Russ Little, Probation and Parole Unit Supervisors for District 22.

In June 2014, Tom Davisson, CCC Executive Director and Kay Azuma, CCC Community Coordinator met with Jeananne Markway, MO Reentry/Restorative Justice Coordinator, to discuss challenges that we were experiencing with reentry individuals.

**Contact information:**

--Sharon Derrington, Darrin Tipton, Neil Aycock and Russ Little, District 22 Office, 3463 Armstrong Drive, Cape Girardeau, MO 63703; (573) 290-5820

--Jeananne Markway, Reentry/Restorative Justice Coordinator, DOC, 2729 Plaza Drive, Jefferson City, MO 65102; (573) 526-6502

**3.1.4b Exhibit A - Prior Experience of Applicant (*see attached exhibit*)**

As evidenced by the information provided in Exhibit A, CCC has proven to be a responsible provider of services for the state of Missouri, such as MO Department of Social Services and MO Housing Development Corporation, as well as for local funders such as United Way of Southeast Missouri. We are a fiscally-sound, non-profit organization with a reputation for meeting and exceeding expectations of our funders.

**3.1.4c Exhibit B - Expertise of Personnel (see attached exhibit)**

Tom Davisson, CCC's Executive Director, will provide overall project supervision and oversight. Kay Azuma, CCC's Community Coordinator, will serve as Project Director. These individuals have each been on staff for over 10 years and possess the necessary qualifications to implement this grant award. A Reentry Case Manager will be hired as soon as possible once grant award is received. A modified Exhibit B form with a job description for this position is included with Exhibit B.

**3.1.4d Exhibit C - Legal/Cancellation Actions Against Applicant (see attached exhibit)**

No legal actions, suits or proceedings, pending or threatened have ever occurred.

**3.1.4e Exhibit C - continued**

No contracts with any governmental and/or private entities have ever been canceled prior to expiration or contracts not renewed after the initial contract period.

**3.1.4f Demonstrate experience with the target population as it relates to the organization, employees providing services and any partners or subcontractors in providing services.**

The Community Caring Council became involved with local reentry efforts in June 2006 as CCC staff facilitated the first LST meeting. Since that time, CCC has been actively involved in community reentry efforts as well as impacting offenders with direct services. Past reentry accomplishments include a Community Reentry Forum, a Job Fair, and Life Skills Focus Group sessions that focused on employment. From 2006- 2010, a total over 2000 contacts with ex-offenders were documented through our reentry efforts. A Reentry Opportunity Center was part

of our agency from June 2009 through August 2010, made possible with funding from our first Community Reentry Grant.

Since 2010, CCC has remained active in our Local Steering Committee and has assessed any individual requesting assistance from our agency, including anyone who calls or walks into our office. While we are not always able to assist 100% of these individuals, short assessments are conducted, needs are identified and needs are met if possible. If our agency cannot meet the need, referrals are made to other existing community resources. Our agency has continued to receive calls from state agencies, correctional institutions and other community-based agencies for guidance and assistance in addressing the needs of individuals exiting from prison.

In August 2014, the Local Reentry Steering Team implemented the first annual Bikers 4 Reentry fundraiser. Net proceeds just under \$3000 are being managed by CCC Staff to meet the unmet needs of offenders living in our community on a very small scale.

In summary, the CCC has had many successful experiences with offenders as volunteers and paid employees, and with offenders as clients seeking supportive services. It was very rewarding to see offenders serving as VISTA members, motivating and encouraging other offenders to succeed. The Council will continue to assess and respond to the needs of the community and the needs of our reentry population through engagement and collaboration of multiple community partners. At this point in time, the Council is capable of implementing the Reentry Assistance Program.

**3.1.5 Core Performance Measures– See Exhibit D (10 points)**

**3.1.6 Timeline – See Exhibit E (5 points)**

**3.1.7 Budget Detail – See Exhibit F (15 points)**

**3.1.8 Budget Narrative – See Exhibit G (15 points)**

**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>	Community Caring Council
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	United Way of Southeast Missouri
Address of Reference Company:	430-A Broadway
	Cape Girardeau, MO 63701
Reference Contact Person Name:	Melissa Stickel
Contact Person Phone #:	(573) 334-9634
Contact Person e-mail address:	<u>Melissa.Stickel@unitedwayofsemo.org</u>
Dates of Prior Services:	July 1, 2014 – June 30, 2015
Dollar Value of Prior Services:	\$35,900.00
Description of Prior Services Performed:	Allocations provide partial salaries of Community Case Manager and Asset Coordinator, transportation assistance, childcare assistance, and successful parenting program.

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

\_\_07-01-15\_\_  
Date

**EXHIBIT A**

**SUBMISSION IS MANDATORY**

**PRIOR EXPERIENCE OF APPLICANT**

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<b>Organization Name:</b>	Community Caring Council
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Social Services - Division of Youth Services
Address of Reference Company:	3418 Knipp Dr.
	Jefferson City, MO 65109
Reference Contact Person Name:	Phyllis Becker
Contact Person Phone #:	(573) 751-3324
Contact Person e-mail address:	<u>Phyllis.Becker@dss.mo.gov</u>
Dates of Prior Services:	July 1, 2014 - June 30, 2015
Dollar Value of Prior Services:	\$ 97,750.00
Description of Prior Services Performed:	Provides community mentoring services and asset development for DYS youth (residential and day treatment sites).

Jan Dawson  
Authorized Signature of Applicant

07-01-15  
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>	Community Caring Council
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Housing Development Corporation
Address of Reference Company:	920 Main, Suite 1400
	Kansas City, MO 64105
Reference Contact Person Name:	Joselyn Pfliegier
Contact Person Phone #:	(816) 759-7228
Contact Person e-mail address:	<u>jpfliegier@mhdc.com</u>
Dates of Prior Services:	April 1, 2015 - March 30, 2016
Dollar Value of Prior Services:	\$ 140,250.00
Description of Prior Services Performed:	Provides rental assistance and case management to applicants who meet income eligibility guidelines.

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

07-01-15  
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>	Community Caring Council
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Family Support Division - Missouri Mentoring Partnership
Address of Reference Company:	3418 Knipp Dr.
	Jefferson City, MO 65109
Reference Contact Person Name:	William Dent
Contact Person Phone #:	(573) 751-3201
Contact Person e-mail address:	<u>Bill.Dent@dss.mo.gov</u>
Dates of Prior Services:	July 1, 2014 - June 30, 2015
Dollar Value of Prior Services:	\$128,377.00
Description of Prior Services Performed:	Provides education and mentoring services to adolescent youth to improve life skills through education and group activities.

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

07-01-15  
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>	Community Caring Council
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Missouri Department of Social Services - Community Partnerships
Address of Reference Company:	3418 Knipp Drive
	Jefferson City, MO 65109
Reference Contact Person Name:	William Dent
Contact Person Phone #:	(573) 751-3201
Contact Person e-mail address:	Bill.Dent@dss.mo.gov
Dates of Prior Services:	July 1, 2014 - June 30, 2015
Dollar Value of Prior Services:	\$247,039.00
Description of Prior Services Performed:	Various provisions are required to meet scope of work for Community Partnership contracts.

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

07-01-15  
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>	Community Caring Council
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	Catholic Charities of Southern Missouri - Cape Girardeau Office
Address of Reference Company:	937 Broadway, Suite 304
	Cape Girardeau, MO 63701
Reference Contact Person Name:	Kyle Schott
Contact Person Phone #:	(573) 335-0134
Contact Person e-mail address:	kschott@ccsomo.org
Dates of Prior Services:	Ongoing since 2012
Dollar Value of Prior Services:	N/A
Description of Prior Services Performed:	Relationship has focused on formal collaboration on Emergency Solutions Grant for the city of Cape Girardeau, and informal collaboration on many client issues and community-level solutions.

*Jan Dawson*  
Authorized Signature of Applicant

07-01-15  
Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Executive Director</u>	
<b>Name of Person:</b>	Tom Davisson
Educational Degree (s): include college or university, major, and dates	BS, Social Work, 1968, Pittsburg State University, Pittsburg, KS
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide:	30+ years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships	Executive Director of applicant agency – 15 years
Describe this person's responsibilities over the past 12 months.	Management of multi-faceted non-profit Community Partnership (1 of 20 in the state of Missouri)
Previous employer(s), positions, and dates	MO Department of Social Services (1968-2000)
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	BSW and 30+ years of practice in the field
✓ Reentry	Missouri Partnerships for Reentry – 9 years (local Steering Team, VISTA employer, Reentry Opportunity Center)
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

*Tom Davisson*  
Authorized Signature of Applicant

7-01-15  
Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position:</b> <u>Project Director</u>	
<b>Name of Person:</b>	Kay Azuma
Educational Degree (s): include college or university, major, and dates	BA, Sociology, 1972, Louisiana State University, baton Rouge, LA
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide:	15+ years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships	Community Coordinator of applicant agency – 13 years
Describe this person's responsibilities over the past 12 months.	Facilitation of community-level Priority Issue Councils to address community issues, implementation of multiple strategies/event, development of printed media, data collection and evaluation
Previous employer(s), positions, and dates	Caring Communities Site Coordinator, 1998-2002 Cape Girardeau Public Schools Teacher Assistant, 1991-2002
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	15+ years serving individuals of all ages and family units
✓ Reentry	Missouri Partnerships for Reentry – 9 years (Local Steering Team, VISTA Supervision, Reentry Opportunity Center Director)
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

*Kay Azuma*  
Authorized Signature of Applicant

7-01-15  
Date

**EXHIBIT B  
SUBMISSION IS MANDATORY**

**EXPERTISE OF PERSONNEL**

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

<b>Title of Position: _____ Reentry Case Manager – Job Description _____</b>	
<b>Name of Person:</b>	<b>To be determined</b>
Educational Degree (s): include college or university, major, and dates	Bachelor level degree in Social Work or related field
Qualifications	Prior case management experience and/or prior work with reentry programs in addition to: good written and verbal communication skills; personal interaction skills; computer literacy; knowledge of community resources; ability to work with vulnerable populations
Expectations	Good work ethic; willingness to work as a team player within CCC; ability to access information need to perform satisfactorily; valid record-keeping; ability to assess, assist and follow-up with client population; ability to establish rapport with clients

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

\_\_\_\_07-01-15\_\_\_\_  
 Date

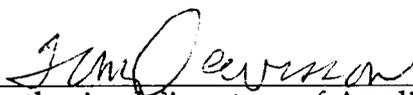
EXHIBIT C

**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>	Community Caring Council
<b>Legal/Cancellation Actions Information From:</b>	
Name of Company:	Community Caring Council
Address of Company:	937 Broadway, Suite 306
	Cape Girardeau, MO 63701
Contact Person Name:	Tom Davisson
Contact Person Phone Number:	(573) 651-3747 x 101
Contact Person e-mail address:	daviggf@hotmail.com
Date(s) of Legal Action or Cancellation:	N/A
Reason for Cancellation of Contract:	N/A
Description of Legal Action:	N/A
Resolution of Legal Action:	N/A

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

07-01-15  
Date

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

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

**Total Number of Clients Agency Proposes to Serve:** 55 (Most clients will not need all services.)

<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	Referrals as needed	5 or more	Enhanced education	
Basic Needs and Emergency Services	Medical Copays/Prescriptions	30	Attainment of basic needs and emergency services	100% who express a basic need will have that need addressed.
	ID's / birth cert / driver's license	30		
	Hygiene/Clothing Needs	30		
	Utility Deposits	30		
Employment	Referrals as needed	5 or more	Improved employment	
Family	Parenting Class – 5 sessions	10	Increased family support	85% of clients participating in parenting classes will demonstrate improved parenting skills.
Housing	Partner with Catholic Charities-Reentry Housing Program to provide utility deposits.	18	Attainment of housing	

<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?)
Mental Health	Refer to Catholic Charities or other resources	5 or more	Reduced mental health risks	
Transportation	Bus Passes	30	Attainment of transportation	100% of those who express a transportation need will have that need addressed.
	Taxi Vouchers	15		
	Car Insurance	15		
	Gas Vouchers	15		
Vocational	Referrals as needed	5 or more	Improved employment	

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**EXHIBIT E**

**SUBMISSION IS MANDATORY**

**TIMELINE**

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

<b>Task or Event</b>	<b>Start Date</b>	<b>Date to be Completed</b>	<b>Assigned Personnel</b>
Hire .5 FTE Reentry Case Manager	08/01/15	08/31/15	Tom Davisson, Executive Director
Establish policies and procedure for Reentry Assistance Program	08/31/15	09/21/15	Kay Azuma, Community Coordinator with Reentry Case Manager
Meet with Catholic Charities to establish collaboration parameters	09/08/15	09/21/15	Reentry Case Manager
Community Outreach - promote services to Local Steering Team and community agencies via emails, meetings, flyers, etc.	08/31/15	07/31/15	Reentry Case Manager
Assess/assist offenders; make referrals as needed	09/15/15	07/31/16	Reentry Case Manager
Maintain contact with clients; provide case management as needed	09/15/15	07/31/16	Reentry Case Manager
Complete Quarterly Report	08/01/15	11/14/15	Reentry Case Manager
Complete Quarterly Report	11/01/15	02/15/16	Reentry Case Manager
Complete Quarterly Report	02/01/16	05/15/16	Reentry Case Manager
Complete Quarterly Report	05/01/16	08/15/16	Reentry Case Manager

**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: To be hired - Reentry Case Manager .5FTE</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Case Manager annual Salary @ \$24,000	\$24000 x .5	\$12,000
	<b>Subtotal</b>	<b>\$12,000</b>
<b>B. Fringe Benefits (must be capped at 12%)</b>		
<b>Name/Position: To be hired - Reentry Case Manager</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Workman's Comp, FICA, SUTA, FUTA	.12 x 12,000	\$ 1440
	<b>Subtotal</b>	<b>\$1440</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 direct benefit of the offender -- include location and type)</b>	<b>Calculation of Cost</b>	<b>Cost</b>
Local travel for direct client services-30 miles/month for 12 months	30 x 12 x .37	\$133
	<b>Subtotal</b>	<b>\$133</b>
<b>D. Direct Services (i.e. housing rental/lease, GED Testing) **** ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****</b>		
	<b>Calculation of Cost</b>	<b>Cost</b>
Medical Co-Pay/Prescriptions	30 x \$120	\$3600
Birth Certificate/State ID's/Drivers Licenses	30 x \$65	\$1950
Utility Assistance	30 x \$200	\$6000
Clothing/Hygiene	30 x \$150	\$4500
Transportation (public transportation/gas/insurance)	50 x \$108	\$5400
Parenting Class Cost/ Attendance Incentive	50 x \$30	\$1500
	<b>Subtotal</b>	<b>\$22,950.00</b>

<b>E. Equipment/Supplies (Direct Services Only)</b>	<b>Calculation of Cost</b>	<b>Cost</b>
HP Pavilion 15.6 inch laptop	679.99	\$680
Misc. Office Supplies - see Budget Narrative for itemized list	387.00	\$387
	<b>Subtotal</b>	<b>\$1067</b>
<b>Summary</b>		
A. Personnel		<b>\$12000.00</b>
B. Fringe Benefits		<b>1,440.00</b>
C. Staff Travel		<b>133.00</b>
D. Direct Services		<b>22950.00</b>
E. Equipment/Supplies (Direct Services Only)		<b>1067.00</b>
	<b>TOTAL PROJECT COSTS</b>	<b>\$37,590.00</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 \_\_\_\_\_ Community Caring Council \_\_\_\_\_

Authorized Signature of Applicant Tom Davisson Date 07-01-15

Printed Name Tom Davisson

**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**

.5 FTE Reentry Case Manager to provide direct client services (assessment, intervention, case management), based on \$24,000 annual salary = **\$12,000.00**

**B. Fringe Benefits**

Employer taxes for Reentry Case Manager:  $\$12,000 \times 12\% = \mathbf{\$1440.00}$

**C. Staff Travel**

Local travel for Reentry Case manager to provide direct client services: 30 miles per month x 12 months @ \$.37/mile =  $30 \times 12 \times \$.37 = \mathbf{\$133.00}$

**D. Direct Services to the Offenders** - It is impossible to predict what basic needs the offenders will encounter. Nor is the cost of each service predictable or standardized.

This list is a suggested list of possibilities, along with estimated costs. Budget request is based on an average of \$417.00 per client for an estimated number of 55 clients to be served. Each client will likely will receive assistance for a different set of needs.

<b>BASIC ESSENTIAL (# served)</b>	<b>ESTIMATED COST per Unit</b>	<b>TOAL COST</b>
Prescriptions/Medical Copay (30)	\$120.00	\$3600.00
Birth Certificate, ID, Driver License (30)	\$65.00	\$1950.00
Utility Assistance (30)	\$200.00	\$6000.00
Clothing/Hygiene Needs (30)	\$150.00	\$4500.00
Transportation (50)	108.00	\$5400.00
Parenting Class Cost/Incentive (50 classes)	\$30.00	\$1500.00
<b>TOTAL</b>		<b>\$22,950.00</b>

Total Direct Services to the Offenders = **\$29,500.00**

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

In order to familiarize clients with community resources (First Call for Help, etc.), employment resources (MO Works) and more online and demonstrate the need for computer literacy, the following equipment is needed:

HP Pavilion 15.6 inch laptop = **\$680.00**

In order to conduct assessments, provide services, track progress and maintain client records, the following supplies are needed:

<b>SUPPLY ITEM</b>	<b>COST</b>
Copy paper white – 2 cases	\$59.76
Copy paper colored – 1 case	\$57.80
File Folders – 1 box of 100	\$14.68
Pens – 4 boxes of 12	\$26.72
3-Ring Binders – 4@2", 2 @ 3"	\$25.00
Envelopes – 6x9 & 9x12	\$29.36
Printed Business Envelopes (return address)	\$49.70
Ink Cartridges	\$123.98
<b>TOTAL</b>	<b>387.00</b>

Total Equipment and Supplies = \$ **1067.00**

**Exhibit H – not included**

**Exhibit I – not included**

**Exhibit J – Business Entity Certification, Enrollment Documentation and Affidavit of Work Authorization – not included**

**Documentation of Nonprofit Status – included**

**Inkind Contributions and Sustainability Plan - included**

**EXHIBIT J**

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

**BUSINESS ENTITY CERTIFICATION:**

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

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

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

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

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

I certify that Community Caring Council (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 Community Caring Council (Company/Individual Name) is awarded a contract for the services requested herein under SDA480-008 (RFA Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, Community Caring Council (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.

Tom Davisson  
Authorized Representative's Name (Please Print)

  
Authorized Representative's Signature

Community Caring Council  
Company Name (if applicable)

July 1, 2015  
Date

INTERNAL REVENUE SERVICE  
DISTRICT DIRECTOR  
1100 COMMERCE STREET  
DALLAS, TX 75242

DEPARTMENT OF THE TREASURY

Date: JUL 31 1996

COMMUNITY CARING COUNCIL  
C/O SHIRLEY RAMSEY  
P. O. BOX 552  
CAPE GIRARDEAU, MO 63702-0552

Employer Identification Number:  
43-1722915  
Case Number:  
366197010  
Contact Person:  
E. MANUEL  
Contact Telephone Number:  
(312) 886-6532  
Accounting Period Ending:  
DECEMBER 31  
Form 990 Required:  
YES  
Addendum Applies:  
NO

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3).

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in sections 509(a)(1) and 170(b)(1)(A)(vi).

If your sources of support, or your purposes, character, or method of operation change, please let us know so we can consider the effect of the change on your exempt status and foundation status. In the case of an amendment to your organizational document or bylaws, please send us a copy of the amended document or bylaws. Also, you should inform us of all changes in your name or address.

As of January 1, 1984, you are liable for taxes under the Federal Insurance Contributions Act (social security taxes) on remuneration of \$100 or more you pay to each of your employees during a calendar year. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please let us know.

Grantors and contributors may rely on this determination unless the Internal Revenue Service publishes notice to the contrary. However, if you lose your section 509(a)(1) status, a grantor or contributor may not rely on this determination if he or she was in part responsible for, or was aware of, the act or failure to act, or the substantial or material change on the part of the organization that resulted in your loss of such status, or if he or she acquired knowledge that the Internal Revenue Service had given notice that you would no longer be classified as a section 509(a)(1) organization.

Donors may deduct contributions to you as provided in section 170 of the

Letter 947. (DO/CG)

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COMMUNITY CARING COUNCIL

Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for federal estate and gift tax purposes if they meet the applicable provisions of Code sections 2055, 2106, and 2522.

Contribution deductions are allowable to donors only to the extent that their contributions are gifts, with no consideration received. Ticket purchases and similar payments in conjunction with fundraising events may not necessarily qualify as deductible contributions, depending on the circumstances. See Revenue Ruling 67-246, published in Cumulative Bulletin 1967-2, on page 104, which sets forth guidelines regarding the deductibility, as charitable contributions, of payments made by taxpayers for admission to or other participation in fundraising activities for charity.

In the heading of this letter we have indicated whether you must file Form 990, Return of Organization Exempt From Income Tax. If Yes is indicated, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000. However, if you receive a Form 990 package in the mail, please file the return even if you do not exceed the gross receipts test. If you are not required to file, simply attach the label provided, check the box in the heading to indicate that your annual gross receipts are normally \$25,000 or less, and sign the return.

If a return is required, it must be filed by the 15th day of the fifth month after the end of your annual accounting period. A penalty of \$10 a day is charged when a return is filed late, unless there is reasonable cause for the delay. However, the maximum penalty charged cannot exceed \$5,000 or 5 percent of your gross receipts for the year, whichever is less. This penalty may also be charged if a return is not complete, so please be sure your return is complete before you file it.

You are not required to file federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T, Exempt Organization Business Income Tax Return. In this letter we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees. If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

If we have indicated in the heading of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

COMMUNITY CARING COUNCIL

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincerely yours,

A handwritten signature in cursive script that reads "Bobby E. Scott". The signature is written in dark ink and is positioned above the typed name.

Bobby E. Scott  
District Director

**SUPPLEMENT to Application Summary Form**

**In-Kind Contributions to be provided by Community Caring Council**

<b>CONTRIBUTION</b>	<b>RATE</b>	<b>DOLLAR AMOUNT</b>
CCC Executive Director		\$3000.00
CCC Community Coordinator – Project Director		\$5000.00
Office space/support		\$2350.00
Insurance		\$254.00
Fiscal Services		\$643.00
Accounting Fees		\$600.00
Training expenses		\$150.00
Mileage not related to direct client services	15 miles/mo x \$.405	\$180.41
Additional miscellaneous office supplies as needed		\$200.00
<b>TOTAL</b>		<b>\$12,377.41</b>

**SUSTAINABILITY PLAN**

The Community Caring Council has been actively assisting families and individuals with unmet needs for over 12 years. We have two permanent staff positions (Community Case Manager and Housing Case Manager) dedicated to assessing the needs of any individual or family who contacts our agency. All client calls or visits receive individual attention and an attempt at a solution. When outside resources are

available, referrals are made to ensure that assistance is received. CCC funds are generally used as a last resort when no one else in the community can help; or funds from multiple agencies are leveraged to meet the need. We cannot help 100% of the time, but we strive to do the best that we can. For example, if we cannot provide utility assistance to a client, perhaps we can share a list of Free Meals and Food Pantries, thus allowing client additional resources to put toward the utility bill.

Offenders are included in our client-base and are treated no differently from any other client. If the grant is approved, CCC will be able to target reentering individuals. Because of our expected collaboration with Catholic Charities, a model of "wrap-around" services will be available to improve the quality of life of offenders, hopefully leading them to permanent housing and self-sufficiency. Offenders are among the most vulnerable of our populations, often being homeless, unemployed and physically or mentally ill. Therefore, it is in the community's best interest to support offenders and make our communities a safer place to live. CCC is constantly searching for additional funds to assist all clients, and will stretch what funds are available as far as possible to sustain our support to reentry.