



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	New Madrid County Human Resources Council Community Partnership 420 Virginia Avenue New Madrid, MO 63869	SDA48000823 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: Tonya Vannaschall, Executive Director
 Authorized Signature: Tonya Vannaschall Date 5-10-2016

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 5-2-16

ORIGINAL

SE-007



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**

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: **Tri-County ReEntry Project**
Company Name: **New Madrid County Human Resources Council Community Partnership**
Mailing Address: **420 Virginia Avenue**
City, State, Zip: **New Madrid, MO 63869**
Telephone: **(573) 748-2708** Fax: **(573) 748-2467**
Federal EIN #: **43-1850075** State Vendor #: **00431850075**
Email: **tonya@nmcfamilyresourcecenter.com**
Authorized Signer's Printed Name and Title: **Tonya Vannasdall, Executive Director**

Authorized Signature: *Tonya Vannasdall* Application Date: 6-30-15

NOTICE OF AWARD:

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

Contract No. **SDA48000823** **SE-007**

[Signature]
Ellis McSwain, Chairman, Board of Probation and Parole

Date 7/27/15

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

ORIGINAL

SE-007



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
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Program Title: Tri-County ReEntry Project
Company Name: New Madrid County Human Resources Council Community Partnership
Mailing Address: 420 Virginia Avenue
City, State, Zip: New Madrid, MO 63869
Telephone: (573) 748-2708 Fax: (573) 748-2467
Federal EIN #: 43-1850075 State Vendor #: 00431850075
Email: tonya@nmcfamilyresourcecenter.com
Authorized Signer's Printed Name and Title: Tonya Vannasdall, Executive Director

Authorized Signature: Tonya Vannasdall Application Date: 6-30-15

NOTICE OF AWARD:

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

Contract No.

Ellis McSwain, Chairman, Board of Probation and Parole

Date

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

Application Summary Form

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

<i>Please select geographic area in accordance with the map attached: See Attachment 1</i>		Amount of DOC Funds Requested:
<input type="checkbox"/> Western Region	City/County _____	\$ 50,000.00
<input type="checkbox"/> Southwest Region	City/County _____	
<input type="checkbox"/> North Central Region	City/County _____	
<input type="checkbox"/> Eastern Region	City/County _____	
<input checked="" type="checkbox"/> Southeast Region	City/County New Madrid, Mississippi & Scott Counties	

Program Title: *Tri-County ReEntry Project*
Does this program complement another application? Yes ___ No x **Name:** _____
Provide a unique name descriptive of service or program for EACH application submitted

Applicant Agency and Address: New Madrid County Human Resources Council Community Partnership 420 Virginia Avenue New Madrid, MO 63869 Signature: <i>Sonya Cannard</i> Title: <i>Director</i>	Project Director Name, Phone, Fax & Email: Tonya Vannasdall (573) 748-2708 phone (573) 748-2467 fax tonya@nmcfamilyresourcecenter.com Date: <i>6-30-15</i>
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Anticipated Outputs: (number of offenders supervised by DOC to be served by the proposed project): 200	Estimated Cost per Offender: \$ 250.00	# of Paid Staff: 1
		# of Volunteers: 3

Summary of Proposed Project: In a concise manner, provide a summary paragraph of your project.
The Tri-County Re-Entry Project will provide services to offenders currently under supervision with the MO Department of Corrections whom reside in these three counties focusing primarily on employment and supportive services in time of need to reduce the rates of recidivism in the community.

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

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

Office space, telephone/fax usage and cost, use of computer/printer/internet and cost; utilities/trash cost for Re-entry Coordinator office - \$4380 – Community Partnership Funding, Mission Missouri

Partnership’s Director oversight of grant operations - \$10,000.00 – Community Partnership Funding

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%)
 - 2 % Local government
 - 70 % State government
 - % Federal government
 - 26 % Direct donations from individuals
 - 1 % Corporate or foundation grants
 - % Fee and charges for services, products, and sales
 - % Endowment and interest income
 - 1 % 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.

Experience and Expertise

In March 1998, the New Madrid County Human Resources Council was formed by a group of community leaders for the purpose of improving communications, reducing duplication of services, collaborating in county planning, and acting for the betterment of families in New Madrid County. The charge is to gather human service professions, church leadership, businesses, educators, parents and concerned citizens for the common cause of empowering families and individuals to become more self-reliant, responsible and resourceful. In July 1999, the New Madrid County Family Resource Center was opened as a “one-stop” shop to serve the needs of residents in New Madrid County. Now in its 15th year, the Center averages 7650 visits per year unduplicated to assist individuals with barriers as related to employment, education, housing, food, clothing, parenting, health care, utilities, mentoring, youth tutoring, community service, etc. The New Madrid County Human Resources Council has facilitated many state, federal and local grants with proven results. The Partnership previously hosted an AmeriCorps VISTA for 3 years, working on issues that surround successful reintegration of offenders.

The Partnership has an excellent working relationship with the Probation and Parole officers and supervisors in New Madrid, Scott and Mississippi Counties. Several officers/supervisors hold positions on committees and Boards within the Partnership and a working referral system is set up between the New Madrid County Family Resource Center and the three Probation and Parole offices. Commitment from both the Partnership and Probation & Parole are evident in the following activities:

- Scott Schlosser, 14th District Administrator – Partnership Board Member, Co-Chair of Scott/New Madrid MRP Team, MRP Conference Chair. (573) 472-5353.

- Cletus Weidenbenner, 14th District Unit Supervisor – Partnership Community Resource Coalition member, MRP Conference member, MRP Team member.
(573) 748-2464.
- Nancy Bledsoe, 41st District Administrator – Chair of Mississippi County MRP Team. *(573) 683-3673.*
- The Partnership is instrumental in hosting the annual MRP Conference previously, Executive Director is Co-Chair of Scott/New Madrid MRP Team, member of Community Resource Coalition

All partners and partners involved have a vested interest in giving offenders the tools they need to live a healthier, productive life. As part of our local MRP Team, all members see the need to break the cycle of the “revolving door” and improve the communities in which we all live.

Current state contracts include:

- Community Partnerships with the Department of Social Services
- Home Visitation Contract with Children’s Division, DSS
- Missouri Mentoring Partnership with the Department of Social Services
- Children Trust Fund Grant
- Youth Mentoring Grant with Division of Youth Services
- HB1519 Contract with Children’s Division, DSS

No contracts have ever been cancelled prior to expiration or not renewed.

Program Design and Implementation

The Tri-County Re-Entry Project purposes to provide the following activities:

Housing Assistance (continuation of services)

Housing assistance will be available to offenders returning to the community after incarceration, half way house or treatment facility or offenders who have fallen behind due to loss of employment or decrease in wages. Only rent and/or deposits for home will be considered. Housing assistance will only be available during this period for one request.

Emergency Funds/Basic Needs/Work Related/Transportation (continuation of services)

Everyday offenders run in to obstacles to achieving reintegration, this money will be used to help overcome barriers and reduce the risk of making poor choices that lead to incarceration. Areas that the MRP Team feel that are most important to address are: medication, dental, doctor visits, personal identification, clothing for job interview or uniforms for job, work boots, tools for employment, transportation, personal hygiene supplies, and other necessary basic needs.

Emergency funds/supportive services will be based on the offenders need and any reasonable request may be made from any MRP Project partner to the staff. Request will be reviewed and approve/denied immediately following receipt of referral.

Work Experience Stipend (new concept in 2015)

Offenders who are hard to find employment will be offered the opportunity to participate in a work experience. Work experiences will be located at potential employers for a period of no more than 250 hours at a rate of \$8.00 per hour. No costs to employers during this time will occur. At the end of work experience, employers will be encouraged to hire offenders on a full time basis.

Job Readiness Workshops (continuation of services)

Events will be hosted offering 2 workshops in each county for the duration of the grant (6 workshops). Curriculum includes “Job Search for Ex-Offenders” and will be instructed on a weekly basis for a period of 4 weeks for 2-3 hours per workshop. Offenders will be required to attend the 4 workshops to complete. Probation and Parole officers and partners will refer offenders to the workshop who are in need of finding employment or need to increase employability.

First class will include ensuring they are registered and updated on www.jobs.mo.gov. Once completed, the offender will then begin to learn how to construct a professional resume and cover. Topics during workshop include: interviewing skills, dress, work ethics, customer service, time management, and job applications.

Offenders will be given resume copies, flash drives with current resume, and a folder with information such as community resources, job search booklet, list of employers, bonding information, interview tips, etc.

After completion of the workshop the Re-Entry Program Manager will work one on one with offenders to seek employment that suits their capabilities. The Re-Entry Program Manager will provide job search services with offenders until employment is reached. Follow up services with offenders will continue after employment for a period of up to six months to ensure retention.

Parenting Class/Anger Management/Counseling (continuation of services)

Offenders will be offered the opportunity to participate in a 4 – week parenting class to improve the skills and facilitate closer, stronger relationships with family. Parenting classes are offered in each county by community partners on a quarterly basis.

Counseling will be available through the referral of the assigned Probation and Parole officer. Staff will work with offender to secure alternate means to pay for counseling once grant is completed.

Project Summary

The project will be housed at the New Madrid County Human Resources Council. Files, materials, supplies, etc. will be housed at this location. The ReEntry Manager will visit Scott County one day per week and Mississippi County one day per week to provide services to ex-offenders, with the remainder of the week in New Madrid County; additional days may take place as needed in Scott and Mississippi counties.

All services purposed will be available to offenders under jurisdiction of the Department of Correction in New Madrid, Scott and Mississippi Counties. Referrals will be made from Probation and Parole officers, MRP Team partners and local organizations to the Re-Entry Coordinator. Partners will refer offenders depending on their need at the time of contact. Staff will meet with offender to discuss referral and next steps for services requested and will maintain close contact with offender to ensure goals are being completed.

The New Madrid County Human Resources Council and partners purpose to provide services to ex-offenders that will directly impact their lives and reduce risk of recidivism, including sex offenders, who are compliant with probation/parole and are seeking a changed, productive life for themselves and their family. Local MRP Partners will recruit and refer offenders for all services provided to the Re-Entry Program Manager for assessment.

The Tri County Re-Entry Project purposes to serve a minimum of 200 unduplicated offenders, men and women, with one or more of the services stated in this request for application. Priority will be given to those offenders who are at the highest risk of returning to prison. The Local MRP Team will meet a minimum of 2 times during grant project to discuss

any areas of concern and brainstorm ways to make offered services the best to our capability. As program components draw to a conclusion results will be gathered and shared with the Local MRP Teams for the effectiveness of the grant opportunity.

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.

Organization Name:	New Madrid County Human Resources Council Community Partnership
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	MO Community Partnerships/Family & Community Trust MO Department of Social Services
Address of Reference Company:	3418 Knipp Drive, Ste. 2
	Jefferson City, Mo 65102
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, 1998 to current
Dollar Value of Prior Services:	FY 2015 - \$135,976.32
Description of Prior Services Performed:	Facilitate community development, manage programs and oversee grant requirements in New Madrid County.

Janeya Vannestull
Authorized Signature of Applicant

6-30-2015
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.

Organization Name:	New Madrid County Human Resources Council Community Partnership
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Children's Trust Fund of Missouri
Address of Reference Company:	PO Box 1641
	Jefferson City, Mo 65102
Reference Contact Person Name:	Laura Malzner
Contact Person Phone #:	(573) 751-6511
Contact Person e-mail address:	Laura.malzner@oa.mo.gov
Dates of Prior Services:	July 1, 2010 to June 30, 2015
Dollar Value of Prior Services:	FY 2015 - \$7,115.00
Description of Prior Services Performed:	Facilitate reducing the instances of child abuse and neglect in teen parents.



 Authorized Signature of Applicant

6-30-2015
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Executive Director of New Madrid County Community Partnership	
Name of Person:	Tonya Carruth Vannasdall
Educational Degree (s): include college or university, major, and dates	Bachelor of Science in Business Administration
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	American Red Cross 1 st Aid/AED/CPR Instructor – exp. 8/2018
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. Experience in working with offenders?	17 + years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	15 years – Executive Director for past 10 years. Worked in all positions in the Partnership and very committed to efforts.
Describe this person's responsibilities over the past 12 months.	Oversee organization, manage employees, write grants, ensure grant compliance.
Previous employer(s), positions, and dates.	New Madrid County Human Resources Council – 16 years DAEOC – 2 years Business Owner – 9 years+
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	17 years
✓ Reentry	8 years
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Tonya Vannasdall

 Authorized Signature of Applicant

4-30-2015

 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: ReEntry Project Manager	
Name of Person:	To be hired
Educational Degree (s): include college or university, major, and dates	BS in Criminal Justice or related field.
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. Experience in working with offenders?	
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and dates.	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Jonya Vannasdull
 Authorized Signature of Applicant

6-30-2015
 Date

EXHIBIT C

SUBMISSION IS MANDATORY

LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT

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

Organization Name:	New Madrid County Human Resources Council Community Partnership
Legal/Cancellation Actions Information From:	
Name of Company:	NONE
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:	

Sonya Wannardell
 Authorized Signature of Applicant

6-30-2015
 Date

Exhibit D
Performance Measures

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

Total Number of Clients Agency Proposes to Serve:

Category	Service	Proposed Clients	Outcome	Indicator (How do you know you are achieving the outcome?)
Academic	GED Testing Fees	5	Enhanced education	50% will obtain GED
Basic Needs and Emergency Services	Dental/Medical/Prescriptions	30	Attainment of basic needs and emergency services	100% of offenders will have basic needs addressed
	Clothing/Hygiene	15		
	Identification	20		
Employment	Job Readiness Workshop	50	Improved employment	50% will obtain employment
	Work Experience	10		
	Job Coaching/Follow Up	100		
	Work Related Supportive Services	50		
Family	Parenting Class	6	Increased family support	90% will increase parenting skills 50% will reduce instances of child abuse and neglect 50% will show improved techniques for managing anger
	Anger Management	6		
Housing	Rental Assistance	20	Attainment of housing	50% will sustain permanent housing
Mental Health	Counseling	15	Reduced mental health risks	50% will show improved health
Substance Abuse	Counseling	5	Reduced substance abuse	60% will remain drug free while involved in program
Transportation	Gas Cards/Vouchers/Taxi	20	Attainment of transportation	100% of offenders will receive services needed
	SATOP/Car Registration/Licensing	10		
Vocational	Supplies	5	Improved employment	75% will find employment

EXHIBIT E

SUBMISSION IS MANDATORY

TIMELINE

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

Task or Event	Start Date	Date to be Completed	Assigned Personnel
Anticipated Award Date	8/1/2015	6/30/2016	Department of Corrections
P&P Office Visits in respective counties to inform of grant and services available	8/1/2015	8/30/2015	Re-Entry Manager/Executive Director
Weekly visits to each county & visits with offenders to provide services outlined in Exhibit D	8/15/2015	6/30/2016	Re-Entry Manager
Job Readiness Workshops	8/15/2015	6/30/2016	Re-Entry Manager/Partners
Work Experience Opportunities Begin	9/1/2015	6/30/2016	Re-Entry Manager/Partners
Job Coaching/Follow Up	9/1/2015	6/30/2016	Re-Entry Manager
Local MRP Team Meets	10/2015	10/2015	Local Re-Entry Team Members
Local MRP Team Meets	3/2015	3/2015	Local Re-Entry Team Members
Quarterly Reports	As assigned	6/30/2016	Re-Entry Manager/Executive Director
Grant End	6/30/2016	6/30/2016	Re-Entry Manager/Executive Director
Final Report	7/30/2015	7/30/2015	Re-Entry Manager/Executive Director

EXHIBIT F

SUBMISSION IS MANDATORY

BUDGET DETAIL WORKSHEET

All Expenses Must Be Reasonable and Necessary

COMPLETED FORM MUST BE RETURNED WITH APPLICATION		
A. Personnel (a breakdown in the number of hours each person is dedicated to the project is to be provided)		
Name/Position	Calculation of Cost	Cost
<i>Re-Entry Project Manager</i>	<i>1910 hours x 12.00 per hour</i>	<i>\$22,920.00</i>
	Subtotal	\$21,840.00
B. Fringe Benefits (must be capped at 12%)		
Name/Position	Calculation of Cost	Cost
<i>Fringe benefits</i>	<i>12% of salary</i>	<i>\$2,750.00</i>
	Subtotal	\$2,620.80
C. Staff Travel (mileage at \$0.37 /mile -- Conus rate for any other expenses)		
Purpose of Staff Travel (all staff travel must be for the <u>direct</u> benefit of the offender -- include location and type)		
Name/Position	Calculation of Cost	Cost
<i>Visits to respective counties to provide workshops and casemanagement</i>	<i>.37 x 3500</i>	<i>\$925.00</i>
	Subtotal	\$925.00
D. Direct Services (i.e. housing rental/lease, GED Testing) ****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****		
	Calculation of Cost	Cost
<i>Housing Assistance</i>	<i>10 x \$400.00</i>	<i>\$4,000.00</i>
<i>Basic Needs/Emergency Services/Work Related/Work Experience Stipend</i>		<i>\$15,455.00</i>
<i>Transportation Vouchers</i>	<i>30 x \$50</i>	<i>\$1,500.00</i>
<i>Academic/Vocational</i>	<i>10 x \$100</i>	<i>\$1,000.00</i>
<i>Parenting Class/Anger Management/Counseling</i>	<i>29 x \$50</i>	<i>\$1,450.00</i>
	Subtotal	\$23,405.00
E. Equipment/Supplies (Direct Services Only)		
	Calculation of Cost	Cost
	Subtotal	\$0

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

\$22,920.00 (1910 hours x \$12.00)

This position will complete reports, facilitate trainings, visit probation and parole offices, visit with employers to educate them on hiring ex-offenders and other duties as required under the RFA with the guidance of the Partnership Director and Local MRP Teams.

B. Fringe Benefits

\$22,920.00 x 12% = \$2,750.00 to be used for taxes associated with position.

C. Staff Travel

.37 cents per mile x 3500 = \$925.00

Mileage to and from visits with offenders in respective counties.

Partnership mileage is .42 cents per mile, the additional .05 not allowed will be covered by the Community Partnership funding.

D. Direct Services to the Offenders

Housing Assistance 10 x \$400.00 = \$4,000.00 – to provide housing assistance to offenders who are released from incarceration/employed offenders/recently laid off/etc.

Basic Needs/Emergency Services/Work Related Needs/Work Experience = \$15,455.00 – to provide assistance to offenders for needs concerning dental/medical/clothing/ids/work related. Also used to provide work experience opportunities for hard to employ offenders at a rate of \$8.00/hour for no more than 250 hours.

Transportation Vouchers 30 vouchers x \$50.00 = \$1,500.00 – to provide gas cards to offenders for job search, doctor appointments, counseling, workshops, etc. Will also be used to assist with SATOP classes, registration and licensing of vehicles for work related purposes.

Academic/Vocational 10 x \$100 = \$1,000.00 – to take GED testing and for supplies necessary to complete vocational training.

Parenting Class/Anger Management/Counseling 29 x \$50.00 = \$1,450.00 – payment of workshop fees for offenders.

E. Equipment/Supplies (Direct Services Only)

None requested.

EXHIBIT J, continued

Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

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

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

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

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

Date of Previous E-Verify Documentation Submission: April 13, 2015

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: PG691400015

Tonya Wannasdale
Authorized Business Entity Representative's
Name (Please Print)

TWannasdale
Authorized Business Entity
Representative's Signature

NewMadridCo.HRC
Business Entity Name

4-30-2015
Date

tonya@nmcfamilyresourcecenter.com
E-Mail Address

220955
E-Verify MOU Company ID Number

FOR DEPARTMENT USE ONLY

Documentation Verification Completed By:

Procurement Officer

Date



FAXED
4-14-15

AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT

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

Comes now New Madrid County Human Resources Council Community Partnership (Name of Business Entity Authorized Representative) as Tonya Carruth Vannasdall, Executive Director (Position/Title) first being duly sworn on my oath, affirm New Madrid County Human Resources Council Community Partnership (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that New Madrid County Human Resources Council Community Partnership (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

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

<u>Tonya Vannasdall</u> Authorized Representative's Signature	<u>Tonya Vannasdall</u> Printed Name
<u>Executive Director</u> Title	<u>4-13-15</u> Date
<u>tonya@nmcfamilyresourcecenter.com</u> E-Mail Address	<u>220955</u> E-Verify Company ID Number

Subscribed and sworn to before me this 13th of April, 2015. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of New Madrid, State of
(NAME OF COUNTY)
Missouri, and my commission expires on 3-28-17.
(NAME OF STATE) (DATE)

Jenni Duckworth Signature of Notary 4-13-15 Date



JENNI DUCKWORTH
My Commission Expires
March 28, 2017
New Madrid County
Commission #13465040

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

DEPARTMENT OF THE TREASURY

Date: NOV 08 2001

NEW MADRID COUNTY HUMAN RESOURCE
COUNCIL COMMUNITY PARTNERSHIP
C/O MICHELLE TERRELL
420 VIRGINIA AVE
NEW MADRID, MO 63869

Employer Identification Number:
43-1950075
DLN:
501137021
Contact Person:
ANDREA S MILLER ID# 95132
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
June 30
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, if you are involved in an excess benefit transaction, that transaction might be subject to the excise taxes of section 4958. Additionally, you are not automatically exempt from other federal excise taxes. If you have any questions about excise, employment, or other federal taxes, please contact your key district office.

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

Letter 947 (EO/CG)

47 MADRID COUNTY HUMAN RESOURCE

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 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 \$20 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 \$10,000 or 5 percent of your gross receipts for the year, whichever is less. For organizations with gross receipts exceeding \$1,000,000 in any year, the penalty is \$100 per day per return, unless there is reasonable cause for the delay. The maximum penalty for an organization with gross receipts exceeding \$1,000,000 shall not exceed \$50,000. This penalty may also be charged if a return is not complete, so be sure your return is complete before you file it.

You are required to make your annual information return, Form 990 or Form 990-EZ, available for public inspection for three years after the later of the due date of the return or the date the return is filed. You are also required to make available for public inspection your exemption application, any supporting documents, and your exemption letter. Copies of these documents are also required to be provided to any individual upon written or in person request without charge other than reasonable fees for copying and postage. You may fulfill this requirement by placing these documents on the Internet. Penalties may be imposed for failure to comply with these requirements. Additional information is available in Publication 557, Tax-Exempt Status for Your Organization, or you may call our toll free number shown above.

Letter 947 (DO/CG)

NEW MADRID COUNTY HUMAN RESOURCE

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.

This determination is based on evidence that your funds are dedicated to the purposes listed in section 501(c)(3) of the Code. To assure your continued exemption, you should keep records to show that funds are expended only for those purposes. If you distribute funds to other organizations, your records should show whether they are exempt under section 501(c)(3). In cases where the recipient organization is not exempt under section 501(c)(3), there should be evidence that the funds will remain dedicated to the required purposes and that they will be used for those purposes by the recipient.

If distributions are made to individuals, case histories regarding the recipients should be kept showing names, addresses, purposes of awards, manner of selection, relationship (if any) to members, officers, trustees or donors of funds to you, so that any and all distributions made to individuals can be substantiated upon request by the Internal Revenue Service. (Revenue Ruling 56-304, C.B. 1956-2, page 306.)

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.

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

Sincerely yours,



Steven T. Miller
Director, Exempt Organizations

Letter 947 (DO/CG)