

DCOREQUEST 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 52

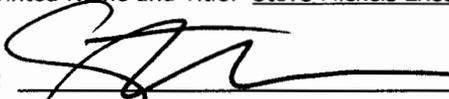
Applications Must Be Received No Later
Than:

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: DOC Substance Use Disorder Out Patient Treatment Program
Company Name: The H.O.U.S.E., Inc.
Mailing Address: 24730 State Highway 171
City, State, Zip: Webb City, MO 64870
Telephone: 417-623-8036 Fax: 417-623-5585
Federal EIN #: 43-1754894 State Vendor #: 43175489400
Email: darlene.harper@house-inc.org
Authorized Signer's Printed Name and Title: Steve Mickels Executive Director

Authorized Signature:  Application Date: 6/27/2015

NOTICE OF AWARD:

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

In its entirety.

Contract No. **SDA48000826** SW-002


Ellis McSwain, Chairman, Board of Probation and Parole

Date 7/29/15

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

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Mailing Address: 24730 State Highway 171

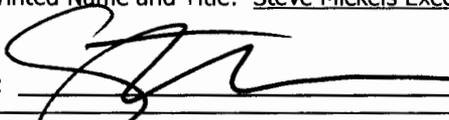
City, State, Zip: Webb City, MO 64870

Telephone: 417-623-8036 Fax: 417-623-5585

Federal EIN #: 43-1754894 State Vendor #: 43175489400

Email: darlene.harper@house-inc.org

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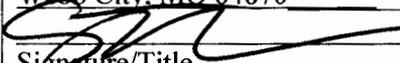
Application Summary Form

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

<i>Please select geographic area in accordance with the map attached: See Attachment 1</i>		Amount of DOC Funds Requested:
<input type="checkbox"/> Western Region	City/County _____	\$ 12,960.00
<input checked="" type="checkbox"/> Southwest Region	City/County <u>Jasper/Newton/ Counties</u>	
<input type="checkbox"/> North Central Region	City/County _____	
<input type="checkbox"/> Eastern Region	City/County _____	
<input type="checkbox"/> Southeast Region	City/County _____	



Program Title: DOC Substance Use Disorder Out Patient Program
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: <u>The H.O.U.S.E., Inc.</u> <u>24730 State Highway 171</u> <u>Webb City, MO 64870</u>	Project Director Name, Phone, Fax & Email: <u>Darlene E. Harper</u> <u>417-434-0634 / 417-623-8933</u> <u>417-623-3223</u> <u>Darlene.harper@house-inc.org</u>
 Signature/Title _____	<u>6/27/2015</u> Date

Anticipated Outputs: (number of offenders supervised by DOC to be served by the proposed project): 48	Estimated Cost per Offender: \$ 270.00	# of Paid Staff: 4
		# of Volunteers: 1

Summary of Proposed Project: In a concise manner, provide a summary paragraph of your project.

The basis for the proposed project is to provide substance use disorder counseling services for those being supervised by the Department of Corrections. These services will allow for those probationers/parolees that are board stipulated, live within the community, and participating in other MRP's to receive an assessment and up to 12 weeks of substance use disorder counseling per individual for a minimum of 48 clients over a 12 month period.

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.

In-Kind Contributions:

This program will utilize the in-kind contributions of office space, office supplies, transportation to and from counseling appointments when appropriate, as well as administration and counseling personnel costs needed to operate the program donated by the H.O.U.S.E., Inc. These donations will continue after funds are depleted to assist with continued substance use disorder counseling for not only those on probation/parole, but for those within the community.

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. **X Request for Application Cover Page, including Cover Page(s) for any amendments** (see cover sheet)
2. **X Checklist for Application Submission**
3. **X Application Narrative** Not to exceed 10 pages. (see Part Three – Submission Requirements)
4. **X Preference Points** (see 3.1 g)
 - Is service supported housing proposed? ___ Yes X No
 - Are sex offenders to receive rent/housing subsidy? ___ Yes X No
5. **X 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%)

 5 % Local government
 10 % State government
 40 % Federal government
 0 % Direct donations from individuals
 0 % Corporate or foundation grants
 45 % Fee and charges for services, products, and sales
 0 % Endowment and interest income
 0 % Fundraisers or special events
 0 % Membership fees
 0 % Other sources (specify: _____)
100% Total

6. **X Supporting Documentation & Forms**
 - A. **X Exhibit A** – Prior Experience of Applicant (mandatory form)
 - B. **X Exhibit B** – Expertise of Personnel (mandatory form)
 - C. **X Exhibit C** – Legal/Cancellation Actions Against Applicant (mandatory form)
 - D. **X Exhibit D** – Performance Measures (mandatory form)
 - E. **X Exhibit E** – Timeline (mandatory form)
 - F. **X Exhibit F** – Budget Detail Worksheet (mandatory form)
 - G. **X Exhibit G** – Budget Narrative (mandatory form)
 - H. **N/A Exhibit H** – Missouri Service-Disabled Veteran Business Preference (optional form)
 - I. **N/A Exhibit I** – Participation Commitment (optional form)
 - J. **X Exhibit J** – Documentation of Intent to Participate for MBE/WBE (optional form)
 - K. **X 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.

Part Three
Proposal Narrative

A. Applicants Experience and Expertise:

Since its beginning in 1996, H.O.U.S.E., Inc. has been offering a home like atmosphere in which individuals suffering from substance use disorders obtain recovery in order to return to mainstream society. In an effort to meet the increasing needs of the communities and the population we serve with the tools needed to return to society as responsible and productive members, we continuously add services to our programs. One such service was the opening of the H.O.U.S.E., Inc., state certified, out-patient office in 2009. It is through this service that H.O.U.S.E., Inc. has had the ability to offer the opportunity to those under supervision of Missouri State Department of Corrections, as well as, anyone else who seek treatment for substance use disorders. H.O.U.S.E., Inc. has and will continue to work with other community agencies in the area that work with the homeless in an effort to further assist our residents but also avail our services to the community as well. Throughout the last several years we have maintained our active participation in the Homeless Coalition by holding offices, assisting community workshops, local homeless count, and various community outreaches. H.O.U.S.E., Inc. staff assists with the Homeless Management Information System (HMIS), which maintains a database consisting of those homeless individuals engaged with area social service agencies. H.O.U.S.E., Inc. has been an active member and participant in with the Recovery Coalition of the Ozarks (RCO), past Missouri Re-Entry Programs, and The Steering Committee for the Missouri Coalition of Recovery Support Services. H.O.U.S.E., Inc. has successfully accepted individuals from DOC on a regular basis since its inception and, as such, has worked to maintain an open line of communication with each individual's probation/parole officer. H.O.U.S.E., Inc. has worked with the local, state, and federal probation officers while treating offenders in the pre-trial phase and after release from incarceration. The primary clinical staff of H.O.U.S.E., Inc. outpatient office works closely with probation/parole officers within districts 9 and 33 located in the Southwest region of Missouri and has an invaluable, reciprocal relationship with the officers from Jasper and Newton counties, allowing for seamless referral and open

communication. H.O.U.S.E., Inc. adheres to federal HIPPA confidentiality guidelines, in that no personal information is ever released without the express written consent of the client. Our written privacy policies are reviewed with our clients upon admission and are made accessible to them for their review at any time. H.O.U.S.E., Inc. has previously been awarded DOC re-entry stabilization grants and has successfully offered these specific services to those who home plan from the DOC to our organization, while under the supervision of probation/parole. H.O.U.S.E., Inc. has far exceeded the outcomes of all previous DOC grants by a minimum of 15%-25% more probationers served than anticipated with an 80% success rate. Through our close working relationship with DOC, the substance use disorder treatment aspect of previous grants has significantly decreased the recidivism rate within our region, which in turn increases public safety. Those clients who previously would have had no options, through the collaborative efforts of H.O.U.S.E., Inc. and the DOC are able to remain free and productive members of society and have proven to be assets to the local community. These grants have allowed us to donate a great deal of services through participation with DOC and it has vastly benefited the re-entry process of many probationers and parolees. The infrastructure of H.O.U.S.E., Inc. and the support of the DOC grant afford the opportunity to donate almost an equal amount of services back to the community. These funds have also allowed H.O.U.S.E., Inc. to initiate the client in becoming financially invested for their own care, which in turn translates into responsibility in other areas of their lives.

B. Program Design and Implementation:

1. ***Project Summary:*** The outpatient substance use disorder program is a continuation of grants awarded in previous years by the DOC. Probationers and parolees will be assessed for a substance use disorder and in meeting criteria for such counseling receive an initial intake and assessment and twelve weeks of substance use disorder treatment. This will entail one hour of individual sessions with an assigned counselor and four hours of didactic group per week for a period of twelve weeks. Grant funds will be used strictly for those clients under the supervision of the Missouri Department of Corrections and are in need of

financial assistance to receive treatment. Upon referral from a probation/parole officer from Jasper/Newton counties an individual will receive an assessment by a qualified professional: a certified substance abuse counselor, and/or an LCSW, at which point an individualized regimen of treatment will be devised based on identified client needs. The maximum amounts of hours available through this program for each client are five (5) hours per week for twelve (12) weeks. The goal of this program is to assist the client in remaining alcohol and drug free and to stabilize within society so that they may become productive and contributing members of their community. The DOC community re-entry funds will be strictly available for the target population of male and female probation and parolees under the supervision of the Missouri Department of Corrections regardless of sexual offender status. These funds will assist those in need of financial assistance, reducing barriers faced by those attempting to reintegrate into society post incarceration. In H.O.U.S.E., Inc.'s, nineteen years of experience referrals have never been an issue in the sense that this is a much needed service within the Southwest region.

2. ***Core Performance Measures:*** The DOC Community Re-Entry funds will provide twelve weeks of substance use disorder treatment in the form of group and individual therapy to a minimum of forty eight (48) individual probationers and/or parolees from various referral sources within the surrounding counties, with the primary referral source being Probation and Parole officers from Jasper, Newton counties. The twelve week program will offer a minimum of forty-eight (48) probationers and/or parolees under the supervision of the Missouri Department of Corrections the opportunity to receive a minimum of two thousand three hundred and four (2304) total hours of didactic and process group therapy and a minimum of five hundred and seventy six (576) hours of individual substance use disorder counseling. Individually, each of these probationers/parolees will receive up to twelve (12) hours of one on one counseling with a certified substance abuse counselor and/or LCSW and up to forty eight (48) hours of didactic and process group therapy within the twelve week period. It is anticipated that at the completion of the twelve weeks a minimum of 80% of participants will satisfy the probation/parole stipulation of substance use disorder

treatment, maintain abstinence from drug and alcohol use, and protract financial responsibility thus becoming self-sustaining and contributing members to their community, thus contributing to the community's public safety.

4. Timeline: Upon award and execution of the grant, referrals will be taken; services will begin immediately and will continue throughout the cycle of the grant until all funds are expended. This will occur during the fiscal year of the Missouri Department of Corrections, specifically August 1, 2015 through July 31, 2016.

5. Budget Detail: Grant funds for 48 probationers and parolees will be charged an initial thirty dollar (\$30.00) assessment fee (1) and twenty dollars (\$20.00) per week for eleven (12) weeks totaling two hundred and seventy dollars (\$270.00) per client for the assessment and twelve (12) weeks of individual counseling and twelve weeks of didactic group therapy.. In the event that a probationer/parolee does not complete the twelve weeks of counseling, those remaining funds will be used to initiate counseling with a new probationer/parolee. H.O.U.S. E., Inc. will advised, prior to the assessment, to the new probationer/parolee, that when funds become exhausted that individual will transfer over to self-pay. See Exhibit F.

6. Budget Narrative: Please see the budget narrative on Exhibit F outlining how and when funds will be spent.

7. Sustainability Plan: H.O.U.S.E., Inc. outpatient treatment services accept referrals from various agencies, as well as, previous clients, throughout our service area contributing to self-sustainability. It is through funds such as the DOC community re-entry grant and others like it that has contributed to H.O.U.S.E., Inc. success. Due to the continued high level of need within the Southwest region and cost-effective value of our services we have the opportunity to expand our services to those probationers and parolees who would otherwise be unable to afford it. H.O.U.S.E., Inc. has and will always provide services for those in need through self-pay, other funding sources, and pro-bono work, however, H.O.U.S.E., Inc. does not rely entirely on grant funding.

8. Preference Points: Although this program is not for the specific purpose of offender employment, housing, or peer mentoring it has been the hope of those who founded H.O.U.S.E., Inc. outpatient services which is supported through evidence based practices, that those who can lead clean and sober life styles with support from those involved in their treatment can and will go on to lead productive lives through gainful employment, obtaining stable housing, and going on to be a support to those who enter the program after them. Although we do not offer services strictly to sex offenders; the DOC community re-entry funds will be available to any and all female and male probationers/parolees, under the supervision of the Missouri Department of Corrections, who are in need of financial assistance for substance use disorder treatment, regardless of sex offender status.

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:	H.O.U.S.E., Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Corrections
Address of Reference Company:	2729 Plaza Drive P.O. Box 236
	Jefferson City, MO 65102
Reference Contact Person Name:	Lisa Meyer
Contact Person Phone #:	(573) 526-6611
Contact Person e-mail address:	Lisa.Meyer@doc.mo.gov
Dates of Prior Services:	12/2009 - 8/20113
Dollar Value of Prior Services:	\$114,510.00 (One hundred eleven thousand seven hundred twenty dollars)
Description of Prior Services Performed:	Community re-entry housing and clinical substance use disorder treatment (group and individual)



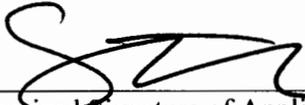
Authorized Signature of Applicant

6-30-15
Date

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Organization Name:	H.O.U.S.E., Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Veterans Administration - VA Medical Center
Address of Reference Company:	1100 N. College
	Fayetteville, AR 72703
Reference Contact Person Name:	Brian McAnally, HCAC Coordinator
Contact Person Phone #:	1-800-691-8387 ext: 15143; 479-444-5056 ext: 15143; 479-444-4004
Contact Person e-mail address:	Brian.McAnally@va.gov
Dates of Prior Services:	8/2005 - present
Dollar Value of Prior Services:	\$5,197,292.00 (Five million one hundred ninety seven thousand two hundred ninety two dollars)
Description of Prior Services Performed:	Level 3.1 clinically supervised inpatient substance use disorder services as well as transitional housing program for homeless alcoholic and or addicted Veterans under grant-per-diem and contract services.



 Authorized Signature of Applicant

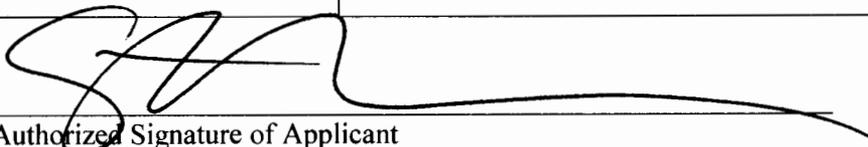
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Organization Name:	H.O.U.S.E., Inc.
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Dept. Of Mental Health - Div. of Alcohol & Drug Abuse (Access To Recovery)
Address of Reference Company:	1706 E. Elm St. P.O. Box 687
	Jefferson City, MO 65102
Reference Contact Person Name:	Mark Shields
Contact Person Phone #:	1-800-364-9687 and 573-751-4122
Contact Person e-mail address:	dmhmail@dmh.mo.gov
Dates of Prior Services:	11/2005 - 7/2014
Dollar Value of Prior Services:	\$141,387.70 (one hundred forty one thousand three hundred eighty seven dollars and eighty seven cents)
Description of Prior Services Performed:	Access To Recovery Grant offers individual recovery mentoring, individual and group clinical treatment, spiritual life skills, and individual/group employment preparation.



Authorized Signature of Applicant

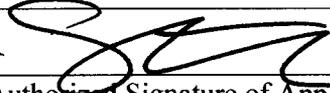
6-30-15
Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Clinical Director for Out Patient Services and VA Programs</u>	
Name of Person:	Susan D. Rhodes-Mickels
Educational Degree (s): include college or university, major, and dates	MSW - Missouri State University 2008 BA - Sociology Missouri Southern State University 2005
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	LCSW - #2011002751 renewal 9/2016
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	See resume
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Has worked in the field for 15 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Has worked on the H.O.U.S.E., Inc Board of Directors for 6 years and has worked PRN for H.O.U.S.E., Inc for the past 7 years. Currently holds the position of Director of Out Patient Services and VA Program Director.
Describe this person's responsibilities over the past 12 months.	LCSW w/ Catholic Charities as Regional Supervisor and PRN Substance Use Disorder Counselor and Director of Services for Out Patient and VA Programs for H.O.U.S.E., Inc.
Previous employer(s), positions, and dates.	See resume
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	6 years various social work duties
✓ Reentry	PRN for DOC grant through life of DOC grants
✓ Counseling	Crisis counselor, Psychiatric counselor, Geripsychiatric counselor, Substance Use Disorder Counseling
✓ Criminal Justice	DOC re-entry grant work and counseling
✓ Correctional Residential Facilities	None


Authorized Signature of Applicant

6-30-15
Date

Susan D. Rhoads-Mickels, MSW, LCSW

1702 Dogwood Dr.
 Joplin, Missouri 64801
 Cell Phone (417) 434-3152

1. EDUCATION

- 8-2005** **Missouri State University:** Springfield/Joplin Missouri
5-2008 Masters in Social Work-May 2008
8-1999 **Missouri Southern State University:** Joplin Missouri
5-2005 2005 Graduate with a B.S. in Sociology/Minor in Social Work; Member of Alpha Kappa Delta

Experience

2-2014 **Catholic Charities of Southern Missouri, Joplin , Missouri**
6-2015 **Regional Supervisor:** Provide regional leadership for Family Strengthening Case Management and other programs in Southwest Missouri. Provide staff supervision and direction, provide direct case management services as needed, facilitate connecting with community agencies, monitoring deliverables; auditing invoices; monitoring budget activity; reporting quantitative & qualitative performance indicators; monitor various program charts and audit various program charts; assist in program compliance with organization and site policies and follow appropriate procedures; interfacing with funding agencies; maintain working relationships and collaborate with community health, welfare, and other social service agencies; Provide Mental Health staff supervision and direction, individual clinical and family counseling as needed, monitor insurance billing when appropriate.

7-2011 **Senior Life Solutions-Mercy McCune Brooks, Carthage , Missouri**
1-2014 **Primary Therapist:** Administer Mental Health Assessments: assess mental, physical, emotional, spiritual status, complete Folstien Mini-Mental status exams (MMSE's), Geriatric Depression and Geriatric Anxiety screenings, gain collateral information, facilitate connecting with community agencies, facilitate psychoeducational groups, individual clinical and family counseling. Advocate on behalf of all clients. Maintain working relationships and collaborate with community health, welfare, and other social service agencies. Supervise Masters of Social Work students during their practicum. Assist in program compliance with organization and site policies and follow appropriate procedures. Assumed Program Leader duties during her vacancies. Facilitate treatment team meetings and make all necessary referrals.

9-2008 **Ozark Center- Access Crisis Intervention, Joplin , Missouri**
7-2011 **Mobile Crisis Counselor:** Administer Mental Health Assessments: assess mental, physical, emotional, spiritual status, complete Folstien Mini-Mental status exams (MMSE's), Beck Depression and Beck Anxiety screenings, suicide assessments, gain collateral information, facilitate connecting with community agencies, psychiatric/psychology/therapy appointments, as well as other services as needed. Assist with 96 hour hold/ placement based on suicidal, homicidal, unable to meet basic needs, and/or substance abuse; admit to psychiatric and substance abuse/detox facilities as needed. Maintain working relationships and collaborated with community health, welfare, and other social service agencies. Facilitate suicide prevention and co-occurring trainings for professionals within the community including but not limited to teachers, principals, doctors, nurses, counselors, police officers, etc.

9-2008 **Ozark Center/Freeman Hospital- Behavioral Health Assessment Team,**
7-2011 **Joplin, Missouri**
Crisis Counselor: Worked independently administering Mental Health Assessments: assess mental, physical, emotional, spiritual status, complete Folstien Mini-Mental status exams (MMSE's), Beck Depression and Beck Anxiety screenings, Assessing for suicidality gain collateral information, facilitate connecting with community agencies, sychiatric/psychology/therapy appointments, as well as other services as needed. Admit to psychiatric and substance abuse/detox facilities as needed. Assess for domestic violence situations. Work with a multi-disciplinary team to ensure the best treatment for patients within the Emergency Room setting. Maintain working relationships with community health, welfare, and other social service agencies.

8-2009 **Missouri Southern State University, Joplin , Missouri**
1-2010 **Adjunct Professor:** Instructor for Introduction to Social Work; Educate 12-15 University students in the history, current climate, and ethics of social work through lecture, video, tutoring, community resources, as well as student research and presentations. Responsible for assisting students in advocating for themselves or on their behalf within the community and school system.

8-2008 **Willow Crest Hospital, Miami, Oklahoma**
9-2008 **Rehabilitation Specialist:** Didactic groups for adolescents in the areas of drugs/alcohol, relationships, health, good mental health, values, as well as others. Facilitated recreational groups and didactic group therapy and was responsible for all group/individual progress/case notes.

8-2008 **Willow Crest Hospital, Miami, Oklahoma**
9-2008 **Primary Therapist:** Implement Clinical/Social Services program as part of an interdisciplinary mental health team. Provided social services to patients and his/her family; work with physician and mental health team in development of individual treatment plans' maintain working relationships with community health, welfare and other social service agencies. Responsible for all group/individual progress/case notes.

3-2006 **AIDS Project of the Ozarks, Joplin, Missouri**

3-2008 Case Manager: Client biopsychosocial assessments, HIV/AIDS testing and prevention counseling, linkage to care and social services, crisis management, case notes, progress notes, treatment/service plans, problems solving, didactic groups, community presentations, as well as other duties.

3-2005- Economic Security- Early Head Start: Joplin, Missouri

3-2006 Family Education Support Specialist: Developmental screenings for children birth- three, and pregnant women. Educational meetings/presentations for Early Head Start Families on parenting, child development, nutrition, recreation, as well as other areas. Case management. Assisting in obtaining employment, housing, connecting with community and local resources, problem solving, crisis intervention, as well as other duties.

1-2005 Lafayette House: Joplin Missouri

2-2005 Residential Aide: Responsible for monitoring client residential area. Facilitate problem solving, conflict resolution, and goal setting with clients. Obtained residents' urine analysis, monitored vital signs, assisted in maintaining agency paperwork: daily progress notes, crisis intervention log, and various communications for treatment team members. Assisted with referrals for all callers.

1-2002- Oxford Home Health: Joplin, Missouri

4-2003 In-home health care: house cleaning, client shopping, and client hygiene. **Certified Advanced Personal Care:** Range of motion therapy, Catheter/Ostomy Care, in home transfer of clients, bowel programs, and non-sterile dressing care. Evaluation of client's emotional, mental, and physical conditions on a daily basis and responsible for reporting changes. I also assisted clients in receiving assistance from necessary social service agencies and other miscellaneous duties as needed.

2001-2002 Lafayette House : Joplin, Missouri

Residential Aide: Responsible for monitoring client residential area. I facilitated problem solving, conflict resolution, and goal setting with clients. I also obtained residents' urine analysis, vital signs, assisted in maintaining agency paperwork: daily progress notes, crisis intervention log, and various communications for treatment team members. Due to the nature of this work I worked for several months at different intervals.

2. ACTIVITIES

2004-2008 Missouri State University: Joplin, Missouri

Member of National Association of Social Workers, Missouri Association of Social Workers, Joplin Association of Social Workers, and the Social Work Club. I am also a member of Missouri Association of Social Welfare, Coalition for the Missouri Housing Trust Fund, and the Affordable Housing and Homelessness Task Force.

2004-2008 The H.O.U.S.E. Inc Board of Directors: Joplin, Missouri

Assist in locating and writing grants for housing, renovation, supplies as well as any other necessary funding. Primary grant writer for the V.A. Homeless Provider's Per-Diem Grant, which resulted in a contract to build a new 35 bed facility and house several veterans. Co-wrote current outpatient policy and procedures. Also serve as Secretary on the board of directors.

2001-2005 Sociology Club: Vice President 2003-2004; President 2004-2005; Organized and participated in community programs, fundraisers, attended the Midwest Sociology Conference in 2004 and presented personal research project (Self-Inflicted Violence) at the Midwest Sociology Conference in 2005.

2001-2005 Alpha Kappa Delta: Sociology Honors Club: participated in fundraisers. Presentation of personal research paper on Self-Inflicted Violence, at the Minneapolis Midwest Sociology Conference. Awarded Midwest Sociology Research Scholarship as well as Missouri Southern State University Research Grant.

3. EDUCATIONAL PRACTICUM

1-2008

5-2008 St. John's Behavioral Health Unit:: Joplin, Missouri

Masters in Social Work Practicum: Administer psychosocial assessments to inpatient individuals, educational and process groups, participate in treatment team meetings, assist with guardianship, 96-hour and 21-day hold paperwork, one on one intervention with patients, linkage to social services, mental health, and medical care, social service notes, chart evaluation, as well as other duties.

1/2008-

5/2008 **AIDS Project of the Ozarks:: Joplin, Missouri**

Masters in Social Work Practicum: HIV/AIDS Case Manager: Client bio-psycho-social assessments, HIV/AIDS testing and prevention counseling, linkage to care and social services, crisis management, case notes, progress notes, treatment/service plans, problem solving, community presentations, fundraisers, and client Didactic groups. Maintain working relationships with community health, welfare, and other social service agencies.

1-2004-

5-2005 **The HARBOR: Miami, Oklahoma**

Sociology and Social Work Internship: assisting clients with finding employment, housing, and connecting with local social services, assisting clients through discussions with crisis, problem solving, conflict resolution, and basic living skills. I also assisted with the Prescription assistance program, initial intake interviews, and various other office duties. I also facilitated a Moral Reconciliation Group once a week.

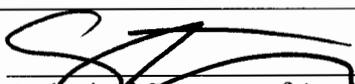
References available upon request

**EXHIBIT B
SUBMISSION IS MANDATORY**

EXPERTISE OF PERSONNEL

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

Title of Position: <u>DOC Project Administrator</u>	
Name of Person:	Darlene E. Harper
Educational Degree (s): include college or university, major, and dates	BS - Sociology
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	ADCIT- 2 years, CADC pending
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	See resume
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Has been employed in this field for 9 years.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Current employee since 6/2013.
Describe this person's responsibilities over the past 12 months.	See resume
Previous employer(s), positions, and dates.	See resume
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	Case management, Victims Advocate
✓ Reentry	9 years working with offenders in various programs
✓ Counseling	2 years working with varied populations
✓ Criminal Justice	7 years victims advocate for domestic violence/sexual assault and 9 years working with offenders with substance use disorders
✓ Correctional Residential Facilities	none


Authorized Signature of Applicant

6/30/15
Date

Darlene E. Harper
2201 Empire Avenue
Joplin, MO 64804 / 417-434-0634

Objectives

Gainful, full time, employment with company offering competitive salary and comprehensive benefits. Seeking employment that offers room for advancement.

Experience

5/2013 to present
House, Inc.
Webb City, MO 64870

Operations Manager/ ADCIT / Financial Counselor

- Grant writer and administrator for DOC and ATRIV, including writing of and tracking of these grants. Accounts payables and receivables,
- Daily operations of transitional living facility, housing up to 200 residents, both male and female. Processing maintenance request of 11 facilities, maintaining vehicle registration and maintenance for 15 vehicles, overseeing all gas receipts and mileage logs, supervising grounds maintenance, and supervising community service in conjunction with all levels of the criminal justice system. Transportation manager.
- Financial counselor, audit of Veterans savings accounts and quarterly spread sheets, maintaining complete records on all clients in accordance with HIPPA guidelines and regulations. Substance use disorder counselor (ADCIT) for the Veterans program with a 15 client caseload.

Experience

12/2007 to 10/2008
H.B.Zachry
San Antonio, TX

Welder

- Journeyman Welder, welding for Iron Workers crew, laying air ventilation systems for new construction site.
- Foreman Coordinator, maintaining records of all electrical projects on new construction site, wiring diagrams and labeling of all schematics in blueprints.
- Electricians helper, running conduit and assisting with trouble-shooting electrical issues on new construction site.

Experience

5/2005 to 6/2007
Women's Outreach Council
Joplin, MO

Executive Director

- Program development and implementation for non-profit 501C3 organization serving women and their children with histories of domestic violence, sexual assault and substance use disorders
- Supervised Volunteers, grant writing, tracking and administration of all grants, maintained community drop-in center, advocacy with DFS, PPO, and criminal justice system.
- Board development and implementation
- Worked as a consultant to the Federal Substance Abuse and Mental Health Services Administration in Washington, D.C. and Missouri Department of Mental Health

Experience

2/2000 to 5/2007
Lafayette House
Joplin, MO

Program Aide

- Supervised residential advisory staff, crisis intervention, conflict resolution, maintaining progress notes in a timely manner, treatment team communication and coordination, victims advocacy with criminal justice system, UA's and breathalyzer tests, monitoring vital signs, case mangement.
- Management of 44 bed emergency shelter for women and children suffering from domestic violence, sexual assault, and/or substance use disorders
- Victims advocate, Court Advocate
- CEU's thru the MCADSV and Spring Training Institute

Experience

1983 to 1990
Gemcraft Homes
Bedford, TX

Junior Accountant

- Job Cost and budget for tract home builder. Worked closely with project managers and subcontractors. Managed 13 sub-division accounts; new development and construction
- Accounts payables, managed 21 vendor accounts and multi-million dollar subcontractor payroll, audit all vendor and subcontractor payroll.

Professional Education

1983 -1985
Tarrant County Junior College
Business Administration and Accounting Major

- 3.8 GPA

2000-2001. 2004-2007. 2012-2015

Missouri Southern State University Joplin, MO

Bachelors of Science in Sociology

- 3.5 GPA
- Sociology Club

Academic Education

1977-1981

Cleburne High School Cleburne, TX

GED

- 3.9 GPA
- Key Club, FTA, Journalism awards, Jr. Editor school newspaper

Skills

10-key by touch

Microsoft Office: Word, Excel, Power Point, Outlook

Quick Books

Multi-line phone systems

Personal Attributes

Ethical, works well on a team or individually, little supervision needed, multi-tasked, meticulous and close attention to detail, works well under pressure and with deadlines, motivates others, leadership capabilities, punctual and excellent attendance record.

Volunteer Efforts

Samaritan's Purse

Steering Committee for Missouri Coalition of Recovery Support Services

MRN

Recovery Coalition of Ozarks

NAMI

Watered Gardens Homeless Shelter

Jasper and Newton Co Family Violence Council

Children's Haven

Missouri DMH

SAMSHA

References:

Renee White, PhD. Ed, LCSW 417-850-9003

MSSU Department Head, Social Work Program

4504 Middleton, Joplin MO 64804

Teresa McNeil, LCSW 417-499-7026

Director Veteran Services

2636 Broken Arrow Lane, Joplin, MO 64804

LuAnn Flynn, RN 417-438-6017
Retired
2520 S. 660 Rd, Quapaw, OK 74363

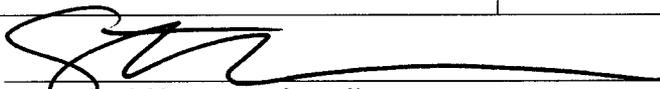
Jeremy Clause, LCSW
Veterans Program Social Worker. Department of Veterans Administration
600 N. Main, Mt. Vernon, MO 65712

**EXHIBIT B
SUBMISSION IS MANDATORY**

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Intake and Assessment Coordinator</u>	
Name of Person:	Larry Thomas
Educational Degree (s): include college or university, major, and dates	BSW - Pittsburgh State University 2011
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	none
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	See resume
Number of years experience in area of service proposed to provide. Experience in working with offenders?	9 months as intake and assessment coordinator
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer intake and assessment coordinator
Describe this person's responsibilities over the past 12 months.	Coordinates intake and assessment with counselors at outpatient office
Previous employer(s), positions, and dates.	See resume
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	none
✓ Reentry	ATR outpatient office intake and assessment coordinator
✓ Counseling	none
✓ Criminal Justice	ATR outpatient office intake and assessment coordinator
✓ Correctional Residential Facilities	


Authorized Signature of Applicant

6-30-15
Date

Larry W. Thomas, BSW

24706 State Hwy. 171, Webb City, MO 64870 · Ph.: 417 · 434 · 6527, Fax: 417 · 623 · 3223

Email: larryw.thomas767@yahoo.com

Summary of Qualifications

Applicant is seeking a **Social Work Position** with the *Veterans Administration* where he can assist clients in the disability claims department. He many years' experience in the helping field and can be relied upon to perform his responsibilities as instructed.

Volunteer Experience

Homeless Coalition of Jasper & Newton Counties Present	Joplin, MO	08/2014	–
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Voting Member

The H.O.U.S.E. Incorporated Present	Webb City, MO	08/2014	–
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Social Services Coordinator/Intake Assessments-Outpatient

Economic Security Corporation of Southwest Missouri 08/2013	Joplin, MO	06/2013	–
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Electronic Storage/LIHEAP Database

Homeless Coalition of Jasper & Newton Counties 08/2011	Joplin, MO	01/2010	–
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Vice Chairperson

Homeless Coalition of Jasper & Newton Counties 12/2009	Joplin, MO	09/2008	–
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Voting Member

The H.O.U.S.E. Incorporated 09/2010	Webb City, MO	06/2008	–
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Assessments/Outpatient Office

Present		02/2015	–
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ATR Coordinator

Third Party Billing

Employment Counselor

Group Facilitator

V.A. Per Diem Dorm Manager

V.A. Health Care for Homeless Veterans House Manager

Work Experience

Leeward Community College, Student Aide 12/2001	Pearl City, HI	08/1999	–
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Library Aide/Government Documents

Library Aide

Theatre Aide

R.W. Widmaier Custom Home Exteriors 1996	Oahu, HI	1994	–
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Aluminum Fabrication

Leeward Office Machines 1993	Waipahu, HI	1992	–
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Office Machine Technician, Repairs

Fewell Geotechnical Engineering 1991	Pearl City, HI	1988	–
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Draftsman

Field Technician

Driller's Helper

Blessing House, Incorporated 1987	Pearl City, HI	1984 -
<i>Administrative Assistant to Program & Administrative Directors</i>		
<i>Senior Facility Manager</i>		
<i>Facility Manager</i>		

<i>Military Service</i> United States Marine Corps 1974	<i>Honorable Discharge</i>	1970 -
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<i>Education</i> Pittsburg State University 2011	Pittsburg, KS	2009 -
<i>Bachelor of Science, Social Work</i> Leeward Community College 2002	Pearl City, HI	1999 -
<i>Associates in Arts, Liberal Arts</i>		

*Honor Societies****Phi Alpha***

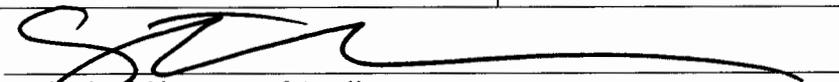
Fosters high standards of education for social workers and invites those who have attained excellence in scholarship and achievement in social work.

**EXHIBIT B
SUBMISSION IS MANDATORY**

EXPERTISE OF PERSONNEL

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

Title of Position: Counselor	
Name of Person:	Craig Sherrill
Educational Degree (s): include college or university, major, and dates	BS - History Oklahoma State University 1997
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	CADC - #6512 renewal 10/2016
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	See resume
Number of years experience in area of service proposed to provide. Experience in working with offenders?	5 years experience as substance use disorder counselor and in working with offenders
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Has been employed with H.O.U.S.E., Inc as employee as substance use disorder counselor since 2011
Describe this person's responsibilities over the past 12 months.	Substance use disorder counseling
Previous employer(s), positions, and dates.	See resume
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	none
✓ Reentry	3 years working ATR and DOC grant funding
✓ Counseling	5 years working as substance use disorder counselor for Veterans and under DOC and ATR grant Funding
✓ Criminal Justice	DOC and ATR grant funding as substance use disorder counselor
✓ Correctional Residential Facilities	none


Authorized Signature of Applicant

6-30-15
Date

Craig Sherrill 3104 Silver Creek Rd. Joplin, MO 64804

Education:

Bixby High School	1984-1988	Bixby, OK	HS Diploma
Northeastern St. University	1988-1990	Tahlequah, OK	General Studies
Tulsa Junior College	1991-1993	Tulsa, OK	General Studies
Oklahoma St. University	1994-1997	Tulsa, OK	BS in History

Volunteer Experience:

H.O.U.S.E., Inc. 03-2009 to present Webb City, MO.

Duties: Driver, House Manager, Big Book Study group

Transported clients to meetings, work and other general driving duties. Managed H.O.U.S.E., Inc. facilities to include fire drills, room assignments and work assignments. Guided AA Big Book studies.

Employment Experience:

American Airlines 1991-2007 Tulsa, OK

Duties: Small component repair, Non-Destructive Testing, Sandblasting, and Supervisors.

Graybar Electric 2007-2008 Lexington, KY Truck Driver

Adeco Employment 2008-2009 Tulsa, Ok Temp Service

Joplin Workshop 2009-2011 Joplin, Mo Supervisor

H.O.U.S.E., Inc 2011-current Webb City, MO Counselor

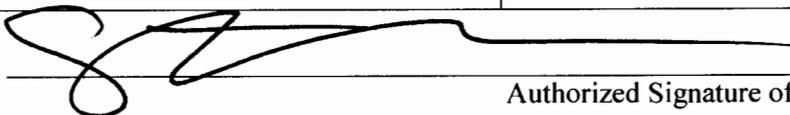
Holds Certified Alcohol and Drug Counselor No. 6512; Expire: 10-31-16

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Counselor	
Name of Person:	Tom Holloway
Educational Degree (s): include college or university, major, and dates	MA - Geography University of Missouri 1972 BA - Geography University of Missouri
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	RASAC II - pending, MRSS-P - pending
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	See resume
Number of years experience in area of service proposed to provide. Experience in working with offenders?	3 years substance use disorder counseling
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee for H.O.U.S.E., Inc. since 2006
Describe this person's responsibilities over the past 12 months.	VA Program Director, Outpatient substance Use Disorder counseling
Previous employer(s), positions, and dates.	See resume
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	none
✓ Reentry	Federal PPO substance use disorder counseling
✓ Counseling	Federal PPO and Veterans substance use disorder counseling
✓ Criminal Justice	Federal PPO substance use disorder counseling
✓ Correctional Residential Facilities	none



Authorized Signature of Applicant

6-30-15

Tom Holloway

24706 State HWY 171 Webb City, MO64870- 417-540-4459 - MAJTWH1218@yahoo.com

Objective Applicant has demonstrated over twenty-five years leadership abilities, is well organized, and has proven to be a responsible individual.

Experience

VA Program Director, Facilities Manager, Out Patient Counselor
H.O.U.S.E., Inc. Webb City MO 64870
May 2066 -Present

Program implementation and oversight of service contract with Veterans Administration
Substance use disorder counseling and group therapy for outpatient office
Maintaining security of counseling/administrative offices, room assignments and work assignments

Sales man/Finance and Insurance Manager
John Chezik Honda, Kansas City MO
September 1995 - July 2001

Sold new and used vehicles
Arranged financing and insurance
Completed financial paperwork

Lieutenant Colonel (Active Duty)
Missouri National Army Guard, Jefferson City, MO
May 1985 - September 1999

ROTC Instructor
National Guard Force Planning Officer
National Guard Long Range Budget Officer (Pentagon)

Deputy Director, Illinois Department of Economic Development
State of Illinois, Springfield, IL
March 1984 - May 1985

Supervised State Distribution of Economic Development Grant Funds

Education

Master of Arts - Geography
University of Missouri, Columbia, MO
1972
BA with Honors - Geography at University of Missouri in Columbia, MO

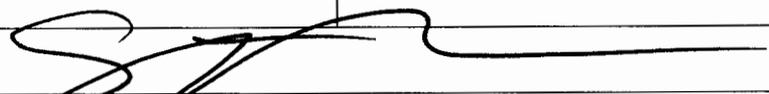
Interests May/2006 - present Volunteer as Driver for the H.O.U.S.E., Inc transporting Military Veterans for medical appointments.

References References are available on request.

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:	H.O.U.S.E., Inc.
Legal/Cancellation Actions Information From:	
Name of Company:	None
Address of Company:	N/A
Contact Person Name:	N/A
Contact Person Phone Number:	N/A
Contact Person e-mail address:	N/A
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

 6-30-15
 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: 48

Category	Service	Proposed Clients	Outcome	Indicator (How do you know you are achieving the outcome?)
Academic			Enhanced education	
Basic Needs and Emergency Services			Attainment of basic needs and emergency services	
Employment			Improved employment	
Family			Increased family support	
Housing			Attainment of housing	
Mental Health			Reduced mental health risks	
Substance Abuse	Assessment	48	Reduced substance abuse	80% of program participants will remain clean and sober for the duration of the program.
	Counseling	48		
	Group Therapy	48		
Transportation			Attainment of transportation	
Vocational			Improved employment	

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
N/A		
	Subtotal	
	0.00	0.00
B. Fringe Benefits (must be capped at 12%)		
Name/Position	Calculation of Cost	Cost
N/A		
	Subtotal	
	0.00	0.00
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)	Calculation of Cost	Cost
N/A		
	Subtotal	
	0.00	0.00
D. Direct Services (i.e. housing rental/lease, GED Testing) ****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****		
	Calculation of Cost	Cost
Assessment \$30.00 per probationer/parolee; 48 total at 1 week	48x \$30=	\$1440.00
Counseling \$20.00 per probationer/parolee; 48 total at 11 weeks ea	\$20x12wk=\$240 48 x \$240=	\$11,520.00
	Subtotal	\$12,960.00
E. Equipment/Supplies (Direct Services Only)		
	Calculation of Cost	Cost

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

No grant funds will be used for personnel salaries.

B. Fringe Benefits

No grant funds will be used for fringe benefits.

C. Staff Travel

No grant funds will be used for staff travel.

D. Direct Services to the Offenders

Assessment \$30.00 x 48 probationers/parolees at week 1 initial appointment= \$1440.00
Counseling \$20.00/week x 12 weeks = \$240; for 48 probationers/parolees 48x \$240 =\$11,520.00
Total Cost per probationer/parolee for treatment regimen \$1440+\$11,520.00= \$12,960.00

E. Equipment/Supplies (Direct Services Only)

No grant funds will be used for equipment or supplies.

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.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

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

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

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- I am a self-employed individual with no employees; **OR**
- The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFA Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT J, continued

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

BOX B – CURRENT BUSINESS ENTITY STATUS

I certify that _____ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

As a business entity, the applicant must perform/provide each of the following. The applicant should check each to verify completion/submission of all of the following:

- Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the applicant's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the applicant's name and the MOU signature page completed and signed, at minimum, by the applicant and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the applicant's name and company ID, then no additional pages of the MOU must be submitted;

AND

- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT J, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now _____ (Name of Business Entity Authorized Representative) as _____ (Position/Title) first being duly sworn on my oath, affirm _____ (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 _____ (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.)

Authorized Representative's Signature

Printed Name

Title

Date

E-Mail Address

E-Verify Company ID Number

Subscribed and sworn to before me this _____ of _____. I am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of _____, State of
(NAME OF COUNTY)
_____, and my commission expires on _____.
(NAME OF STATE) (DATE)

Signature of Notary

Date

EXHIBIT J, continued

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

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

I certify that The H.O.U.S.E., Inc. (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).

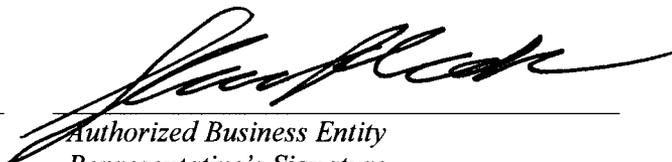
Name of **Missouri State Agency or Public University*** to Which Previous E-Verify Documentation Submitted: Missouri Department of Corrections

(*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 12, 2015

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: SDA48000712 (if known)

Sharmon Cook
Authorized Business Entity Representative’s
Name (Please Print)


Authorized Business Entity
Representative’s Signature

The H.O.U.S.E., Inc.
Business Entity Name

6/27/2015
Date

Sharmon_cook@house-inc.org
E-Mail Address

869450
E-Verify MOU Company ID Number

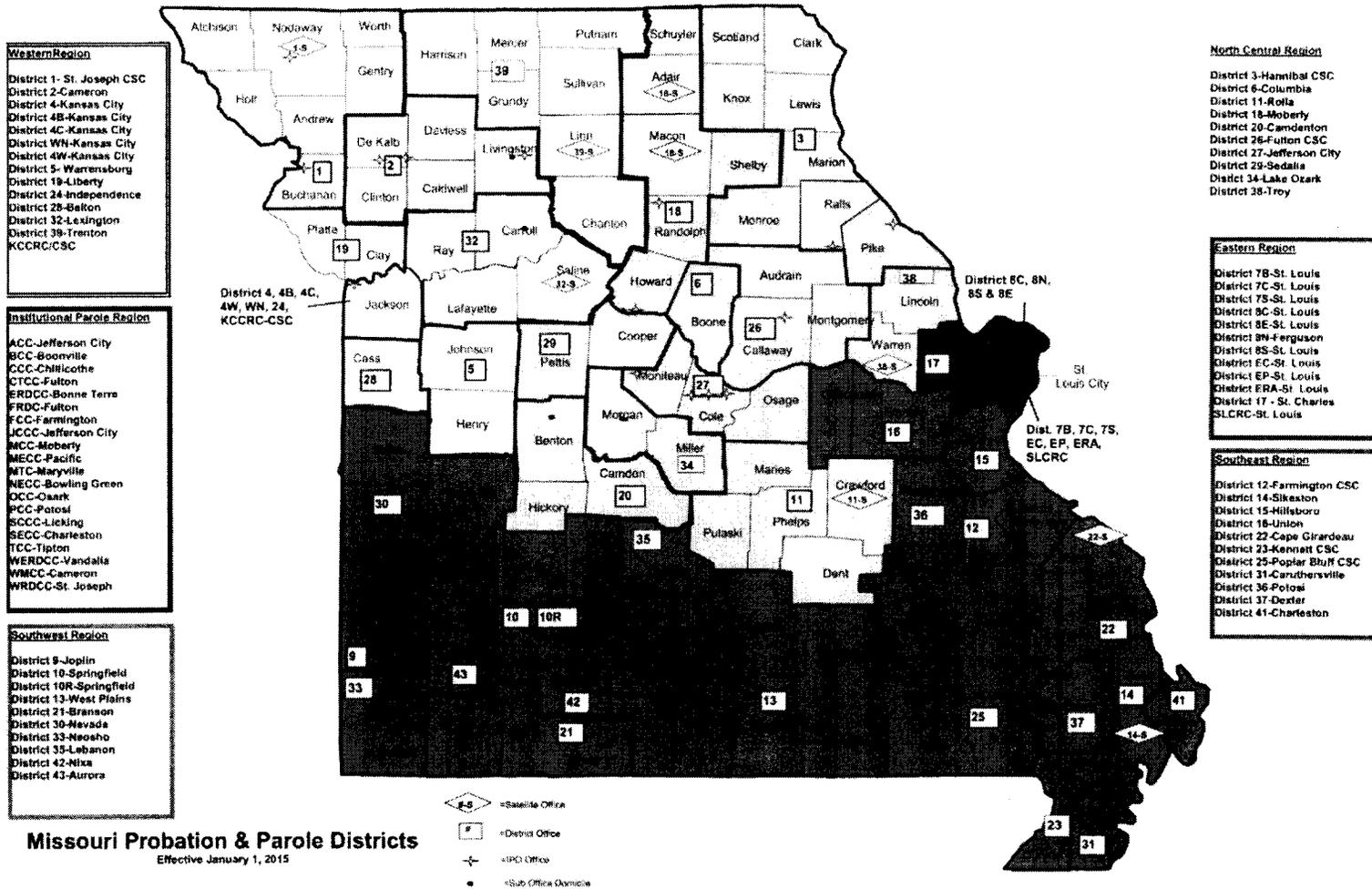
FOR DEPARTMENT USE ONLY

Documentation Verification Completed By:

Procurement Officer

Date

Attachment 1 – Color Map of Probation & Parole Districts



Attachment 2 – DOC Approved Sex Offender Provider List

Sex Offender Treatment Providers

For Professionals 06/02/2015

Carrie Foss - carriefoss@yahoo.com

Farmington CSC, 1430 Doubet Road, Farmington, MO. 63640

Telephone Number: 314-297-7836

Tuesday: 1:00pm, 2:30pm, 5:00pm, and 6:30pm (Women's group at 11:00am)

2002 Warren Barrett Dr., Hannibal, Mo. 63401

Thursday: 12:00pm, 3:00pm (Women's Group), 5:00pm and 7:00pm**Kristie Loveall - kristiecpcc@outlook.com**

(The Outdoor Bldg. Professional Counseling Services)

200 Old 63 S., Ste. #101, Columbia, Mo. 65202

Telephone Number: 573-355-1766

Tuesday: 1:00pm, 4:30pm and 6:00pm; **Wednesday:** 4:00pm and 5:30pm

Fulton CSC, 1397 State Rd. O, Fulton, Mo. 65251

Monday: 2:30pm, 4:30pm and 6:30pm**Fred Dudenhoeffer - freddudenhoefferpcs@earthlink.com**

The Outdoor Bldg. 200, Old 63 S. Suite 101, Columbia, MO. 65202

Telephone number: 573-690-2553 (cell)

EVALUATIONS ONLY**Gary Duke - Tia308@juno.com**

Telephone number: 417-592-9068

330 S. Prewitt, Nevada, MO. 64772

Monday: 4:45pm, 6:00pm

115 E. Main, Goodman, Mo. 64843 (home office)

Tuesday: 10:30am, 6:00pm

1411 Black River Industrial Park Road, Poplar Bluff, MO. 63901

Wednesday: 1:30, 3:30, 5:30

Probation and Parole (CSC), 1580 Imperial Center, West Plains, Mo. 65775

Thursday: 3:30pm, 5:00pm, 6:00pm, 7:00pm

Pulaski County Courthouse, Suite, 101, 301 Historic 66 E., Waynesville, Mo. 65583

Friday: 4:00pm

1536 W. Elm, Westmore Shopping Center#7, Lebanon, Mo. 65536

Friday: 6:00pm, 7:00pm**Janice Williams - B616143@att.net**

100 Sunset View Dr., Butler, MO.

Telephone number: 660-200-7221

Thursday: 7:00pm

Jim Lutz - William.lutz47@yahoo.com

154 Wintergreen, Branson, Mo. 65616

Telephone Number: (417) 546-6003

Fax Number: (417) 339-7967

Monday: 5:00pm and 6:15pm

Michael Walsh - mwalshpsyd@gmail.com

Springfield Counseling Services (group location)

1722 W. So. Glenstone, Suite 115, Springfield, MO. 65804

Telephone: 417-881-1810 (office)

Tuesday: 2:00pm, 4:30pm

Kris Hamilton - kris.hamilton@sbcglobal.net

1722W So. Glenstone, Suite 115, Springfield, Mo. 65804

Telephone number: 417-889-9267

Monday: 6:30pm

Tuesday: 6:00

Wednesday: 9:00am, 2:30pm, 4:30pm, 6:30pm

Thursday: 4:30pm, 6:30pm

Executive Administrative Assistant: **Pamela Rawls**

Telephone number: 417-889-9267 (records and other inquiries)

Cherise Sommer - sommerhart@yahoo.com

Springfield Counseling Center

1722 S. Glenstone, Suite W-115, Springfield, MO. 65804

Telephone number: 417-889-9267

Tuesday: 6:45pm

Thursday: 4:30pm (women's group)

Executive Administrative Assistant: **Pamela Rawls**

Telephone number: 417-889-9267 (records and other inquiries)

Richard Jenkins - richjenkins1947@yahoo.com

1602-D S. Elliott Ave., Aurora, Mo. 65605

Telephone number: 417-229-0413

Thursday: 7:00pm, 8:30pm

154 Wintergreen, Branson, Mo. 65616

Wednesday: 3:15pm, 4:45pm

Hwy 37, Cassville, Mo. 65625

Thursday: 4:30pm

204 Main Street, Nixa, Mo. 65714

Thursday: 6:30pm, 7:45pm

1441 E. Kearney, Springfield, MO.

Monday: 6:30pm, 7:45pm

Terry Wolf - terrywolf1959@yahoo.com

Community Counseling Center of Joplin, Inc
2727 East 32nd Street, Suite 9, Joplin, Mo. 64804

Telephone number: 417-781-7706

Tuesday: 9:00am, 12:00pm; 4:00pm, 6:00pm (Psycho education only)

Wednesday: 12:00pm, 4:00pm

Terry Wilks - Terrycwilks@gmail.com

1421 Forum Dr., Suite C-2, Rolla, MO. 65401

Telephone number: 573-341-5844

Sunday: 9:00am, 4:00pm

Monday: 10:30am (women's group)

Tuesday: 10:00am

Saturday: 10:00am

Lane Armstrong - lane.lbha@gmail.com

2705 W. Main, Jefferson City, Mo. 65109

Telephone Number: (573) 348-3010

Fax Number: (573) 348-1858

Tuesday: 5:00pm and 6:30pm

110 Crossings East Dr., Ste. #4, Lake Ozark, Mo. 65049

Wednesday: 10:00am, 11:00am, 6:00pm, 7:00pm

Danny Johnson - dannyjpc@prodigy.net

619 North Broadview St., Cape Girardeau, MO. 63702 (Main Office)

Telephone Number: 573-334-4330 (New Vision Counseling)

Fax Number: 573-334-3524 (New Vision Counseling)

Sikeston P&P Office, 102 Arthur St. , Sikeston, MO. 63801

Tuesday: 3:00pm

Dexter P&P Office, 1003 Wildwood, Suite A, Dexter, MO. 63841

Wednesday: 4:30, 6:00pm

New Vision Cape Office, 619 N. Broadview St., Cape Girardeau, MO. 63701

Thursday: 5:30pm, 7:00pm

Cape P&P Office, 3463 Armstrong Dr., Cape Girardeau, MO. 63703

Thursday: 8:30am

Assessments ONLY in the St. Louis area. Clinician will complete DSO Evaluations at a St. Louis P&P office.

Other groups offered: Supervisor program and DSO Evaluations

Michael Salinger - salinger@embarqmail.com

135 S. Washington, Clinton, Mo. 64735

Telephone Number: (660) 885-7090

Monday: 8:30am;

605 N. Ridgeview Dr., Ste. #D, Warrensburg, Mo. 64093

Tuesday: 5:30pm

Thursday: 8:00am and 6:00pm

Other groups offered: Aftercare, Chaperone Training, Partner Class

Brenda Ulmer - b.k.ulmer@att.net

Mobile Number all locations: (816) 716-8566

Fax Number: (816) 561-5555

525 N. Scott St., Belton, Mo. 64012

Sunday: 4:00pm, 5:30pm

304 W. Walnut, Ste. #207, Independence, Mo. 64055

Wednesday: 6:00pm and 7:30pm;

Thursday: 4:30pm, 6:00pm 7:30pm

4218 Roanoke Rd. Ste. # 100, Kansas City, Mo. 64111

Monday: 6:00pm (Women's Group), 7:30pm (men's group)

Tuesday: 4:30pm, 6:00pm and 7:30pm

KCCRC, 651 Mulberry, Room 119, Kansas City, MO.

Monday: 4:00pm (men's group)

Charlotte Neville - nevillec@moval.edu

100 Rollins, Ste. #A, Moberly, Mo. 65270

Telephone Number: (660) 831-4206

Monday: 4:30pm and 6:00pm

900 E. LaHarpe, Kirksville, Mo. 63501

Telephone Number: (660) 665-1962

Tuesday: 5:30pm

Grand River Multipurpose Ctr. (Senior Ctr.), 607 West Business Hwy. 36, Chillicothe, Mo. 64601,

Telephone Number: (660) 414-6191

Wednesday: 4:00pm and 5:30pm

3805 Oakland St., St. Joseph, Mo. 64506

Wednesday: Women's Group (Bi-Weekly): 8:00pm

Thursday: 10:30am, 4:00pm, 5:30pm and 7:00p

Ebony Tanner - ebotann@aol.com

525 N. Scott St., Belton, Mo. 64012

Telephone Number: (816) 853-7273

Fax Number: (816) 561-5555

Sunday: 2:30pm

4218 Roanoke Rd., Ste. #100, Kansas City, Mo. 64111

Monday: 6:00pm

Other groups offered: Educational, Sponsor/Partner groups, Assessments

John Willadsen - jwilladsen@live.com

414 Main Street, Boonville, Mo. 65233

505 S Kentucky, Sedalia, Mo. 65301

Telephone Number: (660) 287-7386

Tuesday: 6:00pm

Wednesday: 10:30am (women's group)

1239 Santa Fe Trail, Ste. #300, Marshall, Mo. 65340

Wednesday: 5:15pm (Men's group) and 7:00pm (Women's group)

Tiffany Martin - imtbrown@yahoo.com

505 S Kentucky, Sedalia, Mo. 65301

Telephone Number: (660) 232-1107**Monday:** 7:15am, 10:00am, 2:00pm, 7:00pm**Rodney Clossum: rodneyclossum@cs.com**

1360 S. 5th St., Suite 286, St. Charles, MO. 63301

Telephone number: 314-971-4714**Thursday:** 6:30pm**Saturday:** 12:00pm, 2:00pm, 4:00pm**J. Douglas Praiswater - dpraiswater@mocsa.org**

3801 S.W. Trfwy., Kansas City, Mo. 64111

Telephone Number: (816) 285-1329**Monday:** 6:00pm**Tuesday:** 5:00pm and 6:30pm**Thursday:** 9:30am**Jean Tadokoro - jtadokoro1@gmail.com**

4218 Roanoke Rd., Ste. #100, Kansas City, Mo. 64111

Telephone Number: (816) 510-7658Fax Number: (816) 561-5555**Thursday:** 6:00pm and 7:30pm

Other groups offered: Educational, Sponsor/partner groups, Assessment

Laura Mars - hilmars1@aol.com

4218 Roanoke Rd., Ste. #100, Kansas City, Mo. 64111

Telephone Number: (816) 868-0349Fax Number: (816) 561-5555**Wednesday:** 9:00am, 10:30am**Thursday:** 9:00am, 10:30am, 4:30pm, 6:00pm and 7:30pm

Other groups offered: Education, Sponsor/Partner groups, Assessments

Shirley Willmon - therapygirl255@aol.comTelephone Number: (417) 667-1486 (Cell)

406 W. 34th St., Suite 400, Kansas City, MO 64111 (VFW)

Monday: 5:00-6:30pm, 6:30-8:00pm

910 Kent, Ste. #B, Liberty, Mo. 64068

Tuesday: 8:00am - 10am, 9:00am -11:00am [9:00am education both groups combined]**Tuesday:** 2:00-3:00pm, 3:00-3:30pm (education) [lower functioning group]**Wednesday:** 5:00-7:00pm, 6:00-8:00pm [6:00pm education both groups combined]**Thursday:** 5:00-7:00pm, 6:00-8:00pm [6:00pm education both groups]

4801 E. 42nd St., Suite 400, Independence, MO. 64055

Tuesday: 4:30-6:00pm, 6:00-7:30pm**Thursday:** 10:45am-12:15pm

Other groups offered: Sponsor group (as needed), Developmentally Disabled (DD), Assessments: ABEL and PPG

PROVIDENT

Telephone number: 314-371-6500

Fax number: 314-371-6508

EXT. 1198 **Hope Heller - hheller@providentstl.org**

EXT. 1157 **Larry Marshall - Lmarshall@providentstl.org**

EXT. 1127 **Jennifer Washington - Jwashington@providentstl.org**

409 S. Florissant Rd., Ferguson, MO. 63135

Telephone number: 314-884-6099

Monday: 1:00pm, 3:00pm

2650 Olive St., St. Louis, MO. 63103

Tuesday: 9:00am (2 groups), 11:00am, 5:00pm, 6:45pm

Wednesday: 6:00pm

Thursday: 3:00pm, 6:00pm (2 groups)

Jim Moll (James M. Moll Counseling, LLC) - 711jmoll@charter.net

4144 Lindell Blvd., Ste. #120, St. Louis, MO. 63108

Telephone Number: (314) 303-6559

Monday: 9:00am - this group is usually led by Larry Marshall

Tuesday: 5:30pm - this group is usually led by Larry Marshall

Wednesday: 5:00pm, 7:00pm - led by Jim Moll

Thursday: 10:00am - first and third weeks - step-down - led by Larry Marshall

Thursday: 5:00pm - Led by Jim Moll

Thursday: 7:00 pm - first and third weeks - step-down - led by Jim Moll

Friday: 10:00am - led by Jim Moll

Friday: 12:00 noon - led by Jim Moll

Designated Sex Offender Evaluations: by appointment - fee: \$400.00

Lynn Rousan - lynnrousan@yahoo.com

1000 Edgewater Point, Suite, 305, Lake Saint Louis, MO. 63367

Telephone number: 636-561-5511

Monday: 9:00am, 4:30pm, **Wednesday:** 11:30am, **Thursday:** 4:00pm, 5:30pm, 7:00pm

Otis Pitts - otispitts@sbcglobal.net

1000 Edgewater Point, Suite 305, Lake Saint Louis, MO. 63367

Telephone number: 636-561-5511 (office)

Telephone number: 314-313-7278 (cell)

Fax number: 636-688-0059

Saturday: 7:00am, 8:30am

McGuire Counseling Centers

Susan McGuire - susan-mcguire@att.net

Laura Brooks - laurabrookslpc@gmail.com

200 West 12th St. Suite 100, Washington, MO.

Telephone number: 314-258-4056 or 636-390-2770

Monday: (Therapist **Laura Brooks**), 10:00am, 12:30 pm, 5:00pm, 6:30pm

10449 St. Charles Rock Road, Suite 401, St. Ann, MO. 63074

Telephone number: 414-258-4056 or 314-427-2940

Tuesday: (Therapist, **Laura Brooks**), 10:00am, 1:00pm, 5:00pm, 6:30pm

Tuesday: (Therapist, **Susan McGuire**), 5:00pm

1360 S. 5th Street, Suite 370, St. Charles, MO. 63301

Telephone number: 314-258-4056 or 636-940-9511

Wednesday: (Therapist **Susan McGuire**), 10:30am, 5:00pm, 6:30pm, 8:00pm (RPG-last Wed. of month only).

Thursday: (Therapist **Susan McGuire**), 9:00am

Bill Maxson: b.l.maxson@gmail.com

1669 South Old Hwy. 141, Fenton, Mo. 63026

P.O. Box 32, Fenton, Mo. 63026

Telephone Number: (636) 343-1114

Monday: 5:30pm and 7:00pm;

Tuesday: 8:30am;

Wednesday: 5:30pm and 7:00pm;

Thursday: 4:30pm and 6:00pm

Other groups offered: Supervisor program (as needed)

Dana Maxson: danamaxson@gmail.com

1669 S. Old Hwy 141, Fenton, Mo. 63026

Telephone Number: (636) 343-1114

Monday: 5:30pm and 7:00pm

Tuesday: 8:30am

Wednesday: 5:30pm and 7:00pm

Thursday: 6:00pm

Other groups offered: Supervisor Program (as needed)

Professional Psychological Services

Jenny Toon - Telephone number: 314-995-2106 - jennytoon@hotmail.com

Matt Collins - Telephone number: 314-997-8506 - ppsmcollins@juno.com

1600 Kingshighway, Suite 1 North, St. Louis, MO. 63110

Monday: 10:am (offenders with developmental disabilities)

Monday: 4:00pm (male offenders, child victim mixed offense types)

Monday: 4:45pm (male offenders, rapists)

Monday: 5:30pm (male offenders, contact offenses, child victims)

Monday: 6:30pm (male offenders, child victims mixed)

Monday: 7:00pm (relapse prevention group - meets bi-weekly)

Tuesday: 9:00am (women's group), 10:00am (women's group), 11:30am (internet offenders), 12pm (mixed offenses, child victims)

Thursday: 8:30am, (male offenders), 9:45 (male offenders - contact offenses child victims), 10:00am (internet offenders), 4:00pm (internet offenders), 4:30pm(internet offenders-Matt)

New Vision Counseling - Sikeston Office

Anna Majors - ac_majors@yahoo.com

404 E. Center St., Sikeston, MO. 63801

Telephone number: 573-334-4330, Fax number: 573-334-3524

Wednesday: 6:00pm, 7:30

New Vision Counseling

Robyne Collins

Mo. Probation and Parole

915 HWY 84 West, PO. Box 940, Caruthersville, MO. 63830

Telephone number: 573-429-0082

Tuesday: 9:00am, 11:00am (women)

1401 Laura Dr., PO. Box 100, Kennett, MO. 63857

Tuesday: 3:00pm (women only), 5:00pm, 7:00pm

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

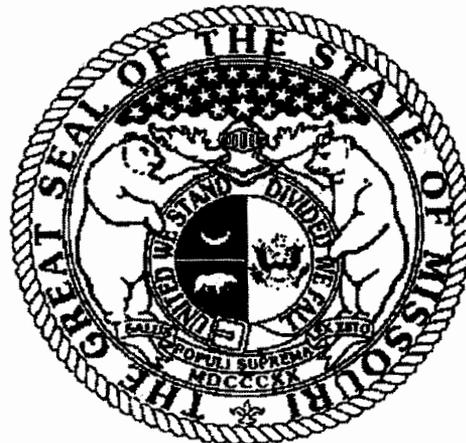
THE H.O.U.S.E., INC.
N00055232

was created under the laws of this State on the 27th day of September, 1996, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 31st day of July, 2012

A handwritten signature in cursive script that reads "Robin Carnahan".

Secretary of State



Internal Revenue Service

Date: March 31, 2006

HOUSE INC
% THOMAS M HUBBS
743 W WICKERSHAM DR
WEBB CITY MO 64870

Department of the Treasury
P. O. Box 2508
Cincinnati, OH 45201

Person to Contact:

Ms. Smith #31-07262
Contact Representative

Toll Free Telephone Number:
877-829-5500

Federal Identification Number:
43-1754894

Dear Sir or Madam:

This is in response to your request of March 31, 2006, regarding your organization's tax-exempt status.

In February 1997 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

Janna K. Skufca

Janna K. Skufca, Director, TE/GE
Customer Account Services