



**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	Southwest Missouri Community Alliance, DBA The Alliance of Southwest Missouri 1027 S. Main, Suite 7 Joplin, MO 64801	SDA48000827 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: Kari Clements Executive Director

Authorized Signature: Date 5/9/16

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

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

ORIGINAL ORIGINAL

SW-003

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: **Jasper and Newton County Supportive Services Program**
Company Name: **Southwest Missouri Community Alliance, DBA The Alliance of Southwest Missouri**
Mailing Address: **1027 S Main, Suite 7**
City, State, Zip: **Joplin, MO 64801**
Telephone: **417-782-9899** Fax: **417-782-4337**
Federal EIN #: **43-1801349** State Vendor #: **43180134900**
Email: **kclements@theallianceofswmo.org**
Authorized Signer's Printed Name and Title: **Kari Clements, Executive Director**

Authorized Signature: *Kari Clements* Application Date: **6/25/2015**

NOTICE OF AWARD:

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

Contract No. **SDA48000827** SW-003

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

Date *7/22/15*

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

ORIGINAL ORIGINAL

SW-003

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**

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Mailing Address: **1027 S Main, Suite 7**
City, State, Zip: **Joplin, MO 64801**
Telephone: **417-782-9899** Fax: **417-782-4337**
Federal EIN #: **43-1801349** State Vendor #: **43180134900**
Email: **kclements@theallianceofswmo.org**
Authorized Signer's Printed Name and Title: **Kari Clements, Executive Director**

Authorized Signature: *Kari Clements* Application Date: **6/25/2015**

NOTICE OF AWARD:

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

Contract No.

Ellis McSwain, Chairman, Board of Probation and Parole

Date

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

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 checked="" type="checkbox"/> Southwest Region	City/County <u> Jasper and 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: Jasper/Newton County Transportation
Does this program complement another application? Yes X No ____ **Name:** Jasper/Newton County Housing and Jasper/Newton County Transportation
Provide a unique name descriptive of service or program for EACH application submitted

Applicant Agency and Address: Southwest Missouri Community Alliance dba The Alliance of Southwest Missouri 1027 S. Main, Suite 7 Joplin, MO 64801  _____ Executive Director Signature/Title <u> 6/24/15 </u> Date	Project Director Name, Phone, Fax & Email: Marlissa Diggs phone <u> 417-782-9899 </u> fax <u> 417-782-4337 </u> <u> mdiggs@theallianceofswmo.org </u>
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Anticipated Outputs: (number of offenders supervised by DOC to be served by the proposed project): 48	Estimated Cost per Offender: \$ 1041.67	# of Paid Staff: 1.5 FTE x .34 (Shared among three grant budgets)
		# of Volunteers: 36

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

 Ex-offenders will receive trauma focused treatment in a group setting as well as assistance in setting and moving forward to the achievement of educational and employment goals.

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).

See next page

IN-KIND CONTRIBUTIONS

Individual	In-Kind	\$47520.00	36 volunteers @ 120 hours each
Agency	In-Kind	\$2750.00	Executive Director (.05)
Agency	In-Kind	\$3652.00	Finance Director (.05)
Agency	In-Kind	\$ 1200.00	Director of Operations (.03)
Agency	In-Kind	\$7200.00	Rent/utilities @ \$600.00 per month
Agency	In-Kind	\$2143.00	13% fringe match
Agency	In-Kind	\$4950.00	Purchased services
Licensed Counselors	In-Kind	\$7200.00	Fee reduction
Transitional Housing Units	In-Kind	\$15000.00	Additional expenses incurred not covered by grant
Total		\$91615.00	

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 ___ X ___ No
 - Are sex offenders to receive rent/housing subsidy? ___ Yes ___ X ___ 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%)

6.00% Local government
51.83% State government
17.00% Federal government
0.81% Direct donations from individuals
24.05% Corporate or foundation grants
0.00% Fee and charges for services, products, and sales
0.00% Endowment and interest income
0.00% Fundraisers or special events
0.00% Membership fees
0.05% Other sources (specify: Faith Community)
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

3.1.1 Application Narrative

1) Identify whether an existing program or service procedure is to be continued or replicated.

The Alliance of Southwest Missouri seeks to continue providing supportive services assistance. However, due to the new focus on trauma focused treatment and the feedback from the ex-offenders and transitional house directors, a new delivery model is being proposed and will be more accurately titled, “supportive services” rather than “mentoring”.

2) Describe how the services will be provided, including screening, assessment or referral procedures.

Ex-offenders will be accepted into the supportive services program via referrals and/or recommendations from Probation and Parole or a partnering transitional housing unit. Based upon these recommendations, the Reentry Coordinator will assess need and grant final approval for supportive services activity. 48 ex-offenders would be allowed to participate in the proposed supportive services program if funding is approved. Daniel Powell, who served as the Reentry Coordinator for The Alliance for five years prior to the funding cut last July, will serve as a Supportive Services Coach and will work directly with the ex-offenders. The Supportive Services Coach and the Reentry Case Manager will work directly with ex-offenders in an effort to build relationships, set and review goals, learn how to escape poverty (a significant factor in recidivism rates), expand social networks, develop coping skills and learn other life skills. The Supportive Services Coach will work with male ex-offenders who are housed in one of the four male transitional housing units that have an existing Memo of Understanding with The Alliance. The Reentry Case Manager will work directly with the women in the one female transitional housing unit as well as supporting the

documentation, etc. of the Supportive Services Coach. A focus of the work done with the Supportive Services Coach will be in preparing for employment. This will include such activities as assistance in applying for necessary paperwork and identification as well as education in such things as resume writing and interviewing. Services will also be provided to assist the participants in achieving personal and educational goals. Each client will complete a goal sheet with coaching on how to set SMART goals:

S –Specific

M – Measurable and Meaningful

A – Achievable and Adjustable

R –Relevant and Realistic

T –Timely and Tangible

Ultimately, participants will learn the skills needed to build long-term visions for their own futures as well as that of the broader community and the work done with them will be individualized to meet their specific needs. When appropriate, the Supportive Services Coach will involve volunteers or former offenders who have successfully rehabilitated and are willing to donate their time to share their life experiences with an ex-offender. The supportive services relationship will enable an offender to build a responsible, fruitful friendship with a mature, responsible adult. Regular meetings with the Supportive Services Coach or Case Manager will foster responsibility and accountability. Specifically, the Supportive Services Coach will work with the ex-offenders in each men's house at least two times per week. Sessions will be available at a variety of times, including evenings to allow the flexibility of working around employment, etc.

In addition to the services provided by the Supportive Services Coach, this funding will also be used to provide trauma focused treatment to a minimum of 36 participants. This treatment will take the form of

two six week sessions of group counseling. These semi-annual sessions that will be provided within each of the transitional housing units will include topics that allow for discussion and teaching on the following topics:

- Parent/child relationship – based on a Strengthening Families model
- Distinguishing Primary and Secondary Loss (Dealing with Loss Part I)
- Emotions of Grief (Dealing with Loss Part II)
- Adverse Childhood Experiences (ACE) and how they affect current stress management
- Understanding Addiction
- Coping Skills
- Forgiveness of self and others – a building block to a healthy future

Certified counselors will be contracted to provide these services. Within the one women's housing unit, Angela Brower, LCMSW will provide services that are more appropriately provided by a female. Angela has worked with The Alliance for the last three years and has a unique capability of relating to and building a relationship with female ex-offenders. Although Ms. Brower is an independent contractor rather than personnel, her qualifications are included in Exhibit B. A certified counselor to provide the sessions within the men's houses has not yet been identified but will be required to have extensive training in trauma recovery.

For the purpose of monitoring and evaluation, the Supportive Services Coach/Case Manager will maintain a file on each ex-offender which will include personal goal sheets as well as documentation of progress toward achieving goals. The Reentry Coordinator will insure that each client is receiving wrap around services and that there are no gaps that could be filled with available services. The Alliance has working

relationships with so many service providers in the area that insuring that each client is aware of available services and has the tools they need to receive those services is something that Alliance staff is uniquely qualified to do. Based on his training and past experience, Daniel Powell has extensive knowledge and understanding of the criminal justice system as a whole, the corrections and reentry process and of offender issues generally. Although The Alliance will be utilizing Mr. Powell's services as a Coach rather than personnel, his qualifications have also been provided in Exhibit B. As a result of these supportive services process, ex-offenders will:

- Develop or improve skills such as interpersonal communication to enhance their social relationships as well as employment opportunities.
- Receive information on available transitional services and referral procedures to other agencies/organizations.
- Set employment and educational goals and achieve benchmarks toward the attainment of those goals.
- Provide assistance in attaining documentation and required paperwork to meet educational goals as well as employment goals.

The Alliance Reentry Coordinator will work directly with the Supportive Services Coach/Case Manager, housing managers, Probation and Parole to insure that all participants receive wrap-around services that will greatly enhance their successful reentry. A key part of this will be in identifying potential volunteers to work with the Supportive Services Coach and the ex-offenders.

Volunteers who are recruited will be trained and monitored through The Alliance of Southwest Missouri Reentry Project.

Volunteer training will be ongoing. An established volunteer pool is already in place because of the existing relationships with our local reentry service providers. Volunteers will be at least 21 years old and must complete an application, pass a background check, and present a letter of "good standing" from their pastor or community leader. Volunteers with a criminal background must have been free of parole / probation supervision for at least one year prior to the training session. Volunteers will complete a local training which will be facilitated by Cherylon Winningham, District 9 Supervisor, Missouri Probation and Parole. This extensive, community based training will:

- Enhance their knowledge of the criminal justice system as a whole, the corrections and reentry process, and of offender issues generally.
 - Acquaint them with appropriate governing policy and procedures of the correctional agencies/facilities referring clients.
 - Develop or improve skills such as interpersonal communication to enhance their effectiveness as volunteers.
 - Provide information on available transitional services and referral procedures to other agencies/organizations.
 - Develop or enhance the level of professionalism and adherence to accepted ethical standards of practice.
- Offender success and recidivism rates will be monitored through:
- Monthly reports from volunteers based on the monitoring plan and the desired outcomes
 - Documentation of wrap-around services provided
 - Quarterly reports for Probation and Parole

3) Describe the amount of time (i.e., hours , days) of contact that each offender will receive from each type of anticipated service.

Each ex-offender that is accepted into the Supportive Services Project will receive a minimum of three hours of supportive services time per week. This amount of time may be increased in cases of demonstrated need. Wrap-around services including specialized sessions with qualified professionals will be addressed on an as-needed basis. The 36 ex-offenders who participate in the semi-annual trauma recovery sessions will receive an additional 18-20 hours of services.

4) Describe the target audience that will receive the services, how target audience will be verified and identify the process for referrals

This proposal targets men and women who are under the supervision of the Missouri Department of Corrections. The majority of the offenders receiving services are originally from the Jasper, Newton, Barton, and McDonald County areas. These men and women are referred by the directors of the transitional housing units and verified either by the IPO's (Institutional Parole Officers) and Counselors during the offender's pre-release program or by a District 9 or 33 Parole Officer. Based upon these referrals and recommendations, the Reentry Coordinator will assess need and grant final approval for acceptance into the Supportive services Program.

Wrap-around services will be provided through The Alliance by accessing the variety of services which will be coordinated by the Reentry Case Manager. For those clients who have been identified as having a significant need (by either the Reentry Coach or the Reentry Case Manager), counseling would be offered by an established community provider with whom The Alliance currently collaborates. The nature of the relationship between The Alliance and community partners would allow the provision of these services at a reduced cost.

3.1.2.c Trauma Focused Treatment

The services proposed do provide trauma focused treatment on several levels. A key component will allow participants to receive counseling sessions that directly address trauma issues such as Adverse Childhood Experience, Dealing with Loss, Understanding Addiction and Coping Skills and Forgiveness of Self and Others. Additional services will allow for individualized assistance in achieving personal goals that are attainable based on the treatment received.

3.1.3 See the breakdown of agency funding on the Checklist for Application Submission

3.1.4 Applicant's Experience and Expertise

a. The Alliance of Southwest Missouri has completed four rounds of Community Reentry funding and has worked primarily with District 9 Administrator, Cheryl Winingham, 417-629-3200.

b. See Exhibit A

c. See Exhibit B

d. See Exhibit C

e. See Exhibit C

f. The Alliance of Southwest Missouri, established in 1998 and one of 20 Community Partnerships in the state of Missouri, serves approximately 55,000 individuals every year. The Alliance manages a budget in excess of 1.6 million dollars with numerous funding streams and has extensive fiscal management policies in place to ensure the adequate tracking and reporting of grant funds. With focused efforts on Jasper, Newton, Barton, and McDonald counties. The Alliance works diligently and collaboratively to formally assess, identify, and meet the greatest needs of these communities. The Alliance oversees and/or coordinates several programs, including: Safe Kids, Child Abuse Prevention/Parent Education and Home

Visitation (Project CARE), Drug-Free Communities, Safe Teens, the Homeless Coalition, multiple substance abuse coalitions, the Community Health Collaborative, and the Crossroads Project.

While striving to identify service gaps in the community, The Alliance seeks to maintain the Reentry programs in order to more effectively and sufficiently address and meet the needs of returning ex-offenders. The Alliance first joined the Reentry Steering Team in 2006. Activities planned by the Reentry Steering Team have primarily centered on mental health and employment issues for offenders. Since the inception of the Reentry Steering Team, there has been a focus on collaborating resources and services to most productively assist ex-offenders in the reentry process. The Reentry Steering Team consists of members from: Probation and Parole Districts 9 and 33, Division of Family Services, Division of Child Support Enforcement, Ascent Recovery Residences, Vocational Rehabilitation, Lazarus House, Teen Challenge, The Encourager, Freeman Health System's Ozark Center, Missouri Career Center, Economic Security Corporation, the Joplin Ministerial Alliance, and ex-offenders.

The Reentry Steering Team has had great success in building a solid foundation of reentry services and resources but there are still many barriers to be overcome. The team has worked diligently and consistently to meet the practical needs of ex-offenders. Some of the major accomplishments include: compilation of a Resource Manual of services for offenders; a seminar and a public forum to educate area businesses, concerned citizens, and families of offenders on the process of reentry; and production of a Public Service Announcement, encouraging businesses to hire ex-offenders and offering incentives to those who do so. In addition, The Alliance has hosted a VISTA volunteer who worked to obtain funding, organize forums, and raise community awareness. Prior to the funding cut as of August 1, 2014, The Alliance employed a Reentry Coordinator who worked to strengthen the relationship between the agencies that participate in the Reentry Steering team as well as setting up systems to provide these essential services to

ex-offenders. Community Reentry grants have allowed for the safe housing and wrap-around services for 170 offenders in the previous four years. To the extent that tracking is available, of those served with wrap-around services, the recidivism rate remains under 25%. The Director of Reentry Programs worked directly with Probation and Parole as well as two subcommittees of the Reentry Steering Team to ensure that services are accessed and utilized by the maximum number of offenders. These relationships continue to develop and a forward momentum has been achieved that will continue unhindered with the continuance of funding. The Reentry Coordinator also made considerable progress in the recruitment of professionals who will provide necessary services to ex-offenders at a reduced cost. These include: Dr. Gary Hamlin, DO, Access Family Medical, Lenscrafters, and the Community Clinic. Lenscrafters provides eye exams and glasses through their "One Sight" program for the cost of the exam only. A relationship has also been developed with the Dental School at Missouri Southern State University to provide dental cleaning and x-rays. Weekly grief recovery groups were being provided by Angela Brower, Certified Grief Counselor, MSW with referrals for individual counseling made as appropriate. Hospice Compassus, a local hospice organization, is also working with the Reentry Program to provide grief recovery services. Ozark Center (mental health) and Lafayette House (domestic violence and substance abuse treatment) have come on board to provide the necessary substance abuse counseling. These services have been made possible primarily because of the existing positive relationship between The Alliance and these providers. Transportation assistance for non-driving ex-offenders and those living in rural areas has become a clear and prominent gap in the reentry process.

EXHIBIT A

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:	The Alliance of Southwest Missouri
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Department of Social Services Family and Community Trust
Address of Reference Company:	3418 Knipp Drive
	Jefferson City, MO 65109
Reference Contact Person Name:	Bill Dent
Contact Person Phone #:	573-526-3581
Contact Person e-mail address:	Bill.Dent@dss.mo.gov
Dates of Prior Services:	2008- Present
Dollar Value of Prior Services:	FY 15
	Community Partnership - \$354,952.00
	Educare - \$117,034.00
	Division of Youth Service - \$96,746.00
	Home Visitation - \$276,369.00
Description of Prior Services Performed:	Community Partnership – Facilitate community based services to southwest Missouri citizens in the areas of health and safety Educare –Provide support and education to area childcare providers Division of Youth Services - Coordinate community based supportive services and support services for youth returning to the community from residential treatment. Home Visitation – Provide home visitation services to families with children under the age of 3 who have been identified as at high risk for child abuse and neglect.



 Authorized Signature of Applicant

06/26/15
 Date

EXHIBIT A

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:	The Alliance of Southwest Missouri
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Missouri Children's Trust Fund
Address of Reference Company:	Harry S. Truman Office Building 301 West High Street; P.O. Box 1641 Jefferson City, MO 65102-1641
Reference Contact Person Name:	Kirk Schreiber, Executive Director
Contact Person Phone #:	573-751-5147
Contact Person e-mail address:	kirk.schreiber@oa.mo.gov
Dates of Prior Services:	2008-Present
Dollar Value of Prior Services:	FY 15 - \$99,992.00
Description of Prior Services Performed:	Community-based Child Abuse Prevention Project – facilitate wrap-around services for families who have been identified as at-risk for child abuse and neglect in Jasper, Newton and McDonald County.



 Authorized Signature of Applicant

06/26/15
 Date

EXHIBIT A

PRIOR EXPERIENCE OF APPLICANT

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Organization Name:	The Alliance of Southwest Missouri
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	U.S. Department of Health of Human Services Substance Abuse and Mental Health Services Administration
Address of Reference Company:	1 Choke Cherry Road , Room 7-1091 Rockville, MD 20857
Reference Contact Person Name:	Karen Warner
Contact Person Phone #:	240-276-2488
Contact Person e-mail address:	Karen.warner@samhsa.hhs.gov
Dates of Prior Services:	2005- Present
Dollar Value of Prior Services:	FY15 - \$125, 000
Description of Prior Services Performed:	Drug Free Communities Program – provide community based services to reduce the substance abuse among teens and raise community awareness to the prevalence of this substance abuse



Authorized Signature of Applicant

06/26/15
Date

EXHIBIT B
EXPERTISE OF PERSONNEL

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

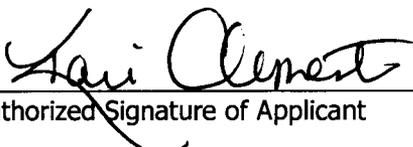
Title of Position: <u>Reentry Coordinator</u>	
Name of Person:	Marlissa Diggs
Educational Degree (s): include college or university, major, and dates	Carthage High School – graduation 1986 Missouri Southern State University – 60 hours of general study
License(s)/Certification(s), Number(s), expiration 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?	4 years experience in substance abuse prevention 3 years experience with Jasper County Emergency Services
Describe person’s relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee – 4 years
Describe this person’s responsibilities over the past 12 months.	Served as the Drug Free Communities Coordinator working with a wide variety of substance abuse prevention, education and awareness activities
Previous employer(s), positions, and dates.	Jasper County Emergency Services - 2009- Leggett and Platt Inc. – 2004-2006
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	Assistant to Drug and Alcohol Counselor for P& P with Ozark Center 1989-1993
✓ Counseling	
✓ Criminal Justice	Direct work with a variety of law enforcement with Jasper Co Emergency services - 2009


Authorized Signature of the Applicant

06/26/15
Date

EXHIBIT B
EXPERTISE OF PERSONNEL

Title of Position: <u>Reentry Case Manager</u>	
Name of Person:	Harriet Scobee
Educational Degree (s): include college or university, major, and dates	GED - 1977
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?	14 years – Administrative duties, accounts management, etc. 1 year - Reentry Case Manager
Describe person’s relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee – 2 years
Describe this person’s responsibilities over the past 12 months.	Served as a Case Manager to the Reentry Coordinator and as an administrative assistant to the Executive Team.
Previous employer(s), positions, and dates.	Evans Oil and Gas, Inc. – Lawson, MO Office Manager 2004-2012 Facility Source – Kansas City, MO Business Manager 2003-2004 Maxus Properties – Kansas City, MO Assistant Manager - 2001-2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person’s role and extent of involvement in the experience
✓ Reentry	1 year Reentry Case Manager

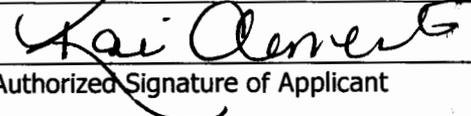


 Authorized Signature of Applicant

06/26/15
 Date

**EXHIBIT B
EXPERTISE OF PERSONNEL**

Title of Position: <u>Supportive services Coach</u>	
Name of Person:	Daniel Powell
Educational Degree (s): include college or university, major, and dates	M.A. Pastoral Ministries – Trinity College and Seminary B.A. Pastoral Ministries – Trinity College and Seminar
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 ex-offenders?	5 years Crossroads Project Director 13 years working with ex-offenders
Describe person’s relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Past Employee – 5 years
Describe this person’s responsibilities over the past 12 months.	Served as the Reentry Program Director working with transportation and housing programs.
Previous employer(s), positions, and dates.	2007-2008 Advancement Director, Eastern US, Stonecroft Ministries, Kansas City, MO 2002-2006 General Manager, Maranatha Bible Camp, Everton, MO 1998-2002 Regional Director of Development, American Cancer Society, Joplin, MO
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	9 years working as a volunteer chaplain 5 years as Reentry Program Director
✓ Counseling	Pastoral counseling – 20 years of experience with various faith-based organizations
✓ Criminal Justice	5 years as Reentry Program Director
✓ Correctional Residential Facilities	9 years working as a volunteer chaplain 5 years as Reentry Program Director



 Authorized Signature of Applicant

06/26/15
 Date

**EXHIBIT B
SUBMISSION IS MANDATORY**

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Contracted Counselor</u>	
Name of Person:	Angie Brower, MSW, LCSW
Educational Degree (s): include college or university, major, and dates	Missouri Southern State University, BA Psychology 1994 Missouri State University, Master of Social Work 2011
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Licensure of Master in Social Work, 2011 Clinical Licensure (Social Work), 2014 License Number: 2011029073, renewal September 2016
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Grief certification, BEV Corp. 1995 Forensic interview training through Tennessee Child Trauma Center for Sexual Abuse, 2013 Strengthening Families, Dr. David Shram, 2015 Addiction Counseling through Missouri State University Continuing Ed., 2011 Offender Re-entry and Rebuilding, ARM Prison Outreach, 1998
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Worked with offenders since 1998. Have worked with men and women still in prison and also those in halfway houses and their families.
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Subcontracted to do grief recovery and Mentoring classes as an MSW since 2011 with Southwest Missouri Community Alliance.
Describe this person's responsibilities over the past 12 months.	Have taught mentoring classes for Southwest Community Missouri Alliance to females living in halfway houses, on parole or just out of jail or prison that include subjects like: budgeting, grief and loss, addiction recovery, trauma, etc. For Rapha House: Daily clients for therapy, trauma and otherwise.
Previous employer(s), positions, and dates.	Beverly Corporation Alzheimer's Director, 1994-1999 Martin Luther School, School Social Worker 2000-2008 Thompson and McGregor Mental Health Services, 2006-2011, Social Work Rapha House International, US Social Work Program Manager, 2011 to present
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience

Title of Position: <u>Contracted Counselor</u>	
✓ Social Work	Therapy, management, training, supervision, community education, documentary research, grant writing, publication, continuing education, proposal presentation, travel to foreign countries to educate and liaison with heads of communities and social services there (Haiti, Southeast Asia)
✓ Reentry	Classes taught for ARM Prison Outreach Classes taught for Southwest Missouri Community Alliance
✓ Counseling	Using various theories and methods, counsel in everyday job with Rapha House: children, teens, and adults in individual and family settings as well as groups for grief, re-entry, aspergers syndrome, etc.
✓ Criminal Justice	None



 Authorized Signature of Applicant

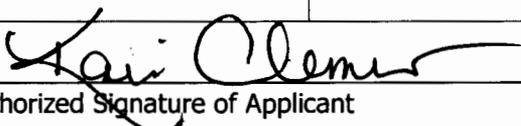
6/26/15
 Date

EXHIBIT C

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 DOC that is not included in the application, the application may not be considered.

Organization Name:	The Alliance of Southwest Missouri – no legal actions
Legal/Cancellation Actions Information From:	
Name of Company:	
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:	



 Authorized Signature of Applicant

06/26/15
 Date

Exhibit D
Performance Measures
3.1.5

Total Number of Unique Clients Agency Proposes to Serve:

Category	Service	Proposed Clients	Outcome	Indicator (How do you know you are achieving the outcome?)
Academic			Enhanced education	
Basic Needs and Emergency Services	Assistance with necessary items for goal attainment	48	Attainment of basic needs and emergency services	100% of the 36 ex-offenders will receive assistance in securing needed documentation or other items necessary for attaining educational and employment goals.
Employment			Improved employment	
Family	Parenting Training	36	Increased family support	100% of the 36 ex-offenders will receive parenting training. 85% of the ex-offenders will report improved understanding of positive parenting skills.
Housing			Attainment of housing	
Mental Health	Coping Skills	36	Reduced mental health risks	100% of the 36 ex-offenders will receive trauma focused treatment. 80% of the ex-offenders will show improved mental health status based on pre and post test results and case notes.
	Trauma Recovery	36		
Substance Abuse			Reduced substance abuse	

Transportation			Attainment of transportation	
Vocational			Improved employment	

EXHIBIT E
TIMELINE
3.1.6

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	Date Started	Date Completed	Assigned Personnel
Recruit and train volunteers	08/01/15	Ongoing/as needed	Reentry Coordinator
Recruit ex-offenders for participation in the supportive services program	08/01/15	Ongoing/as needed	Reentry Coordinator, Case Manager, Probation and Parole, Reentry Coach
Meet with District 9 and 33 Probation/Parole officers on a monthly basis to answer questions, etc.	08/01/15	Ongoing	Reentry Coordinator, Case Manager
Begin in house counseling sessions with transitional housing unit residents	08/01/15	Ongoing	Reentry Coordinator Contracted Certified Counselors
Begin coaching sessions	08/01/15	Ongoing	Reentry Coordinator, Case Manager, Supportive Services Coach
Quarterly Review of client goal sheets	10/30/15	10/30/2015 1/31/2016, 4/30/2016 7/31/2016	Reentry Coordinator, Case Manager
Refine and develop policies and procedures, supportive services logs, forms, etc.	08/01/15	Ongoing	The Alliance of Southwest Missouri, Reentry Coordinator, Case Manager
Quarterly Reports submitted to the University of Missouri		11/15/2015, 2/15/2016, 5/15/2016 8/15/2016	
Final Report to the University of Missouri		07/15/2016	Reentry Coordinator, The Alliance of Southwest Missouri

**EXHIBIT F
BUDGET DETAIL WORKSHEET**

3.1.7

All Expenses Must Be Reasonable and Necessary

COMPLETED FORM MUST BE RETURNED WITH APPLICATION

COMPLETED FORM MUST BE RETURNED WITH APPLICATION		
A. Personnel (include the number of hours each person is dedicated to the project)		
Name/Position	Calculation of Cost	Cost
Reentry Coordinator	1 FTE @\$16.10 hour x .34	\$11385.92
Reentry Case Manager	.5 FTE@\$14.25 per hour x .34	\$5102.45
	Subtotal	\$16488.37
B. Fringe Benefits (must be capped at 12%)		
Name/Position	Calculation of Cost	Cost
Reentry Coordinator	.12 of \$11385.92	\$1366.39
Reentry Case Manager	.12 of \$5102.45	\$611.94
	Subtotal	\$1978.33
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
Travel for staff and volunteers	1090 miles x \$.37	\$403.30
	Subtotal	\$403.30
D. Direct Services (i.e. housing rental/lease, GED Testing)		
****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****		
Item	Calculation of Cost	Cost
Supportive Services Coach	\$400 per week x	\$20,000.00

	50 weeks	
Fees for goal attainment items (i.e.: birth certificates, testing fees)	48 clients x \$125	\$6500.00
Certified Counselors	36 sessions @ \$92.50	\$3,330.00
Training materials	48 clients x \$25	\$1200.00
	Subtotal	\$30610.00
E. Equipment/Supplies		
	Calculation of Cost	Cost
Item		
Office supplies and equipment	\$50*12	\$600.00
	Subtotal	\$600.00
Summary		
A. Personnel		\$16488.37
B. Fringe Benefits		\$ 1978.33
C. Travel		\$403.30
D. Direct Services		\$30530.00
E. Equipment/Supplies		\$600.00
	TOTAL PROJECT COSTS	\$ 50000.00

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

Applicant Company Name: The Alliance of Southwest Missouri

Authorized Signature of Applicant *Kari Clements* Date 06/24/15

Printed Name
Kari Clements

EXHIBIT G
BUDGET NARRATIVE
3.1.8

A. Personnel

The 1 FTE Reentry Coordinator will work with each of the three grant programs if funded. She will work directly with the housing unit managers, service providers and ex-offenders to insure that they have the opportunity to be placed in a supportive environment and receive a comprehensive continuum of care. A .5 FTE Reentry Case Manager will also work with each of the three grant programs. She will work directly with the ex-offenders to facilitate the services with the local transitional housing units, Probation and Parole and service contractors. She will also insure that all required documentation and data tracking is in place.

B. Fringe Benefits

In order to provide quality employment, The Alliance will seek to provide the employees and fringe benefits. These benefits have been calculated at 12%, although the current rate of the agency is 24%.

C. Staff Travel

Staff travel will allow for local travel to work directly with the ex-offenders, P & P and other service providers.

D. Direct Services to the Offender

A Supportive services Coach will work directly with ex-offenders in an effort to build relationships, set and review goals, learn how to escape poverty (a significant factor in recidivism rates), expand social networks, develop coping skills and learn other life skills. Funds will be available to assist clients with attaining

documentation and other fees related to goal attainment. Certified counselors will provide specialized sessions dealing with trauma recovery. Training materials include manuals for Stewards of Children, child sexual abuse prevention training as well as other as needed.

E. Equipment/Supplies

The Alliance will provide the use of a computer, printer, copier, etc. for the Reentry Coordinator, but funds are requested to compensate for some of the cost of paper and ink. The Coordinator will need to print monthly reports, ex-offender information sheets, etc. In addition, the Case Manager will be required to keep a binder of all ex-offender information sheets.

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_1185361678150.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_1185361678150.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

BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS

Southwest Mo Community Alliance

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

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the 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: Mo. Dept 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: 06/36/10

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

Kari Clements
 Authorized Business Entity Representative’s
 Name (Please Print)
 Southwest Missouri Community Alliance


 Authorized Business Entity
 Representative’s Signature

Business Entity Name

6/36/15
 Date

kcléments@theallianceofswmo.org
 E-Mail Address

337312
 E-Verify MOU Company ID Number

FOR DEPARTMENT USE ONLY

Documentation Verification Completed By:

 Procurement Officer

 Date

DOCUMENTATION OF NON-PROFIT CORPORATION UNDER CHAPTER 355 RSMo. OR SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE

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

DEPARTMENT OF THE TREASURY

Date: **DEC 26 2002**

Employer Identification Number:
43-1801349

DLN:
17053327711012

SOUTHWEST MISSOURI COMMUNITY
ALLIANCE
3230 S WISCONSIN STE E
JOPLIN, MO 64804

Contact Person:
ERIC J BERTELSEN ID# 31323

Contact Telephone Number:
(877) 829-5500

Our Letter Dated:
September 1999

Addendum Applies:
No

Dear Applicant:

This modifies our letter of the above date in which we stated that you would be treated as an organization that is not a private foundation until the expiration of your advance ruling period.

Your exempt status under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(3) is still in effect. Based on the information you submitted, we have determined that you are not a private foundation within the meaning of section 509(a) of the Code because you are an organization of the type described in section 509(a)(1) and 170(b)(1)(A)(vi).

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

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.

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

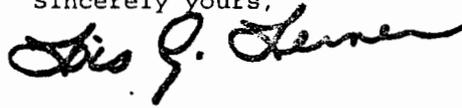
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SOUTHWEST MISSOURI COMMUNITY

Because this letter could help resolve any questions about your private foundation status, please keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown above.

Sincerely yours,

A handwritten signature in cursive script that reads "Lois G. Lerner". The signature is written in black ink and is positioned below the typed name.

Lois G. Lerner
Director, Exempt Organizations