



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	SDA48000829 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: *Kari Clements* Date 5/19/16

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

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

Original

SW-005

REQUEST FOR APPLICATION



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

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

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 Housing Project**
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:

In its entirety.

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

Contract No. **SDA48000829** **SW-005**

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

Date **7/23/15**

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

REQUEST FOR APPLICATION



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

**Buyer of Record:
Gary Stoll, CPPB
Telephone: (573) 526-6402
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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.

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.

Attach a page identifying in-kind contributions.

IN-KIND CONTRIBUTIONS

Individual	In-Kind	\$12400.00	35 volunteers @ 32 hours each
Agency	In-Kind	\$2750.00	Executive Director (.05)
Agency	In-Kind	\$2252.00	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	\$2080.44	13% fringe match
Agency	In-Kind	\$4950.00	Purchased services
University Extension	In-Kind	\$25000.00	Work essentials and education assistance
Total		\$57832.44	

**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

- **Identify whether an existing program or service procedure is to continued or replicated**

The Alliance of Southwest Missouri seeks to continue the services that have been provided in previous rounds of this funding.

- **Describe how the services will be provided, including screening, assessment or referral procedures.**

The Alliance of Southwest Missouri Community Reentry Project has an established Memo of Understanding with five transitional housing programs in the service area: The Road, Guiding Light, Lazarus House (2 houses) , and Teen Challenge. Funding will be available to pay for the first six weeks of their “rent” for housing services as needed. These residential programs will provide not only housing but also a family-type atmosphere that provides basic life skills, mentoring programs, substance abuse education, interpersonal skill building, spiritual development, employment preparation and job seeking skills. The offender will be required to participate in reentry programs that are structured to help them gain financial stability which will ultimately lead to obtaining long term supportive housing. These facilities provide programming and support to encourage positive behaviors, goal-oriented outcomes, spiritual development, and a successful reentry into society. With programs such as AA 12-step recovery, basic life skills groups, relapse prevention, financial accountability, career counseling, and support groups, these facilities offer high quality assistance by well-equipped and trained professionals. Volunteers and former offenders who have successfully integrated back into the community as employers and leaders are encouraged to take on the role as mentors to emphasize their ability to succeed. In addition, these facilities encourage pro-social behaviors by awarding offenders with incentives, such as a membership to the YMCA

and one- and two-day passes to see their families. Financial assistance will also be available for medical needs, including eye exams and glasses, and dental services. The Alliance of Southwest Missouri has established relationships with community providers who will provide services at a reduced cost. Transitional assistance will also be available to meet employment needs such as acquiring the necessary documentation, uniforms, or required tools through partnership with the Missouri Employment and Training Program. This wide scope of services will allow us to partner with Probation and Parole, The Career Center, Ozark Center, Mount Hope Counseling Center, local transitional housing programs, the Metro Area Public Transit System, and area medical, dental, and eyeglass providers. Services will include, but will not be limited to: career counseling, substance abuse issues, Celebrate Recovery, NA, AA, grief counseling, parenting classes, Stewards of Children workshops (child sexual abuse prevention), transportation support, medical, dental, and eye care. The Alliance Reentry Coordinator and Case Manager will also be working with the Missouri Employment and Training Program through the University of Missouri Extension to connect clients with available services including; up to \$500 in work essentials, and education training assistance. Since one of the most significant gaps in service is the housing and financial support that offenders need to reenter society as a productive and self-sufficient individual, this program is a crucial element in terms of allowing residential treatment facilities to most effectively and productively meet the needs of the offenders. We will seek to provide comprehensive services to 36 returning offenders that will ultimately lead to their successful reentry into society. Each of the transitional housing units that we are working with has completed Memorandums of Understanding with The Alliance certifying that their housing units meet the standards previously required by the Missouri Department of Corrections. If other housing units in the service area demonstrate that they also

meet the requirements, they may also be considered for the funding assistance. The .5FTE Case Manager will work directly with the housing units as well as the ex-offenders to ensure that comprehensive services are provided, adequate tracking is in place, and additional gaps are identified.

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

With the funding requested from this proposal, the offenders will also have the option of applying for financial assistance to cover their living costs for up to six weeks (42 days). Each offender will a minimum of 180 hours of supportive recovery group services. Offenders will also have the option of accessing assistance for counseling, basic employment needs, and necessary medical expenses. Offenders will have to comply with the following guidelines in order to be approved to receive this funding:

Residential Clients	Must participate fully in housing programs and service	Must participate in the Missouri Employment and Training Program to assist in job search.	Must be actively seeking employment	Must agree to do community volunteer service activities to "repay" the financial assistance
Offenders not residing in an approved housing unit	Demonstrate a proven need that does not have another point of care	Evidence of threat to successful reentry	Recommendation from Probation and Parole	

- **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. Referrals are made for offenders when the IPOs and Parole Offices don't believe that the offenders' current housing plan is conducive to proper supervision. This proposal will provide for comprehensive continuum of care and housing for 36 offenders. We believe that greater success will be achieved by providing comprehensive care to these 36 offenders than would be achieved by providing smaller amounts of financial aid to a larger number of offenders.

3.1.2 Preference Points

Proposal does propose Service Supported Housing.

3.1.3 Funding Sources

See the breakdown of funding sources on the Checklist for Application Submission

3.1.4 Applicant's Experience and Expertise

a. The Alliance of Southwest Missouri has completed five rounds of Community Reentry funding and has worked primarily with District 9 Administrator, Cherolyn Winningham, 417-629-3200. The Alliance has assisted ex-offenders with safe and supportive housing, transportation, meeting essential needs and by providing counseling and mentorship. Good working relationships are already in place with each of the transitional housing units and with others such as service providers that will allow the process to be continued in a seamless fashion.

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 is 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 Reentry 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 trauma focused treatment will be provided (through complementing application) 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.

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 mentoring 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.

Kari Clements
Authorized Signature of Applicant

6/22/15
Date

EXHIBIT A

SUBMISSION IS MANDATORY

PRIOR EXPERIENCE OF APPLICANT

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

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

06/22/15
 Date

EXHIBIT A

SUBMISSION IS MANDATORY

PRIOR EXPERIENCE OF APPLICANT

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

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

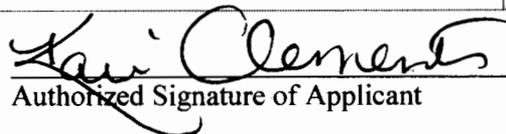
06/22/15
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

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 six weekss.	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
<input checked="" type="checkbox"/> Social Work	
<input checked="" type="checkbox"/> Reentry	Assistant to Drug and Alcohol Counselor for P& P with Ozark Center 1989-1993
<input checked="" type="checkbox"/> Counseling	
<input checked="" type="checkbox"/> Criminal Justice	Direct work with a variety of law enforcement with Jasper Co Emergency services - 2009


Authorized Signature of Applicant

6/22/15
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 six weekss.	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

06/22/15
 Date

EXHIBIT C

SUBMISSION IS MANDATORY

LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT

The applicant shall copy and complete this form for each legal action or cancellation of contract brought against the organization in the past 5 years. In addition, the applicant is advised that if such information is obtained by 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:	

Kari Clements
 Authorized Signature of Applicant

06/22/15
 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	Work Essentials		Attainment of basic needs and emergency services	100% of the clients will receive financial assistance for medical, dental or vision expenses. 100% of the ex-offenders will receive financial assistance for work essentials.
	Dental and vision financial assistance will be provided through established service providers.	16		
Employment			Improved employment	
Family			Increased family support	
Housing	Temporary Housing	36	Attainment of housing	100% of Ex-offenders will be successfully placed in the an approved transitional housing unit
Mental Health			Reduced mental health risks	
Substance Abuse			Reduced substance abuse	

Transportation			Attainment of transportation	
Vocational			Improved employment	

EXHIBIT E**3.1.6****TIMELINE**

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

Task or Event	Date Started	Date Completed	Assigned Personnel
Continue to develop and review policies and procedures, forms, etc. for maximum effectiveness	8/1/2015	Ongoing	Reentry Coordinator Case Manager
Meet with District #9 and District #33 Probation/Parole Officers weekly to answer questions, etc.	8/1/2015	Ongoing	Reentry Coordinator Case Manager
Meet with the Housing Directors and Managers weekly	8/1/2015	Ongoing	Reentry Coordinator Case Manager
Ongoing referrals and placements	8/1/2015	Ongoing	Reentry Coordinator Case Manager Probation and Parole
Ongoing referrals for medical, dental and vision aid	8/1/2015	Ongoing	Probation and Parole Housing Directors Reentry Coordinator
Ongoing recruitment of medical, dental, and vision providers	8/1/2015	Ongoing	Reentry Coordinator
Housing Reports from August 1- July 31	8/1/2015	7/31/2016	Housing Directors Case Manager
Quarterly Reports to the University of Missouri		11/15/2015, 2/15/2016, 5/15/2016 8/15/2016	Reentry Coordinator, The Alliance of Southwest Missouri
Final Report to the University of Missouri		8/15/2016	Reentry Coordinator The Alliance of Southwest Missouri

EXHIBIT F

3.1.7

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
Reentry Coordinator	1 FTE @\$16.10 hour x.33	\$11051.04
Reentry Case Manager	.5 FTE @\$ 14.43per hour x.33	\$4952.38
	Subtotal	\$16003.42
B. Fringe Benefits (must be capped at 12%)		
Name/Position	Calculation of Cost	Cost
Reentry Coordinator	.12 of \$11051.04	\$1326.24
Reentry Case Manager	.12 of \$4952.38	\$594.29
	Subtotal	\$1920.53
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
Local travel	1825 miles x \$.37	\$675.25
	Subtotal	\$675.25
D. Direct Services (i.e. housing rental/lease, GED Testing)		
****ALL DIRECT SERVICES MUST BE PROVIDED TO THE OFFENDERS****		
	Calculation of Cost	Cost
Housing financial aid for 36 ex-offenders	\$700.00/ex- offender	\$25200.00
Medical/Dental/Vision financial aid for 16 ex-offenders	\$350.00/ex- offender	\$5600.00
	Subtotal	\$30800.00

E. Equipment/Supplies (Direct Services Only)	Calculation of Cost	Cost
Office supplies and equipment	12 *\$50	\$600.00
	Subtotal	\$600.00
Summary		
A. Personnel		\$16003.42
B. Fringe Benefits		\$1920.53
C. Staff Travel		\$675.25
D. Direct Services		\$30800.00
E. Equipment/Supplies (Direct Services Only)		\$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  Date: 6/22/15

Printed Name Kari Clements

EXHIBIT G
3.1.8

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

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

Fringe benefits are calculated at .12 which will include all payroll expenses. Agency's actual current rate for benefits is 24%.

C. Staff Travel

Local travel will allow the Reentry staff to travel within the region to work with ex-offenders, collaborating organizations, Probation and Parole, and the housing units. Mileage was charged at the state rate of .37 per mile.

D. Direct Services to the Offenders

Direct service costs include the financial aid that will be provided for up to the six weeks of housing in the approved housing units. This cost is based on the unit's expenses, including: mortgage, utilities, phone, office supplies, printing and postage, maintenance, bedding, toiletries, cleaning supplies, food, and house salaries. The financial aid for necessary medical expenses will include: medical and dental exams and prescriptions and eyeglasses and exams. Dental and vision financial assistance will be provided through established service providers.

E. Equipment/Supplies

Office supplies include: paper, ink, general desk supplies, etc. These items will be required for keeping accurate records in order to assess client progress and needs.

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.)

<i>Authorized Representative's Signature</i>	Printed Name
Title	Date
E-Mail Address	E-Verify Company ID Number

Subscribed and sworn to before me this _____ of _____. I am
(DAY) (SIX WEEKS, 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

BOX C – AFFIDAVIT ON FILE - 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, 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 six weekss).

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: 06/22/10

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

6/22/15

 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.

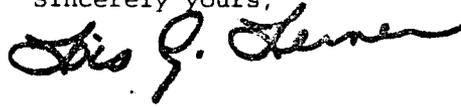
-2-

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".

Lois G. Lerner
Director, Exempt Organizations