



**STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT**



**RETURN AMENDMENT NO LATER THAN August 28, 2015 TO:**

Beth Lambert, Procurement Officer II  
Beth.Lambert@doc.mo.gov  
(573) 526-6494 (Phone)  
(573) 522-1562 (Fax)  
FMU/PURCHASING SECTION  
P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
August 20, 2015	Maxson Counseling, Inc. Attn: Linda Maxson PO Box 32 Fenton, MO 63026	Amendment #005 SDA50300102	Indigent Sex Offender Treatment Services

**CONTRACT #SDA50300102 IS HEREBY AMENDED AS FOLLOWS:**

The Missouri Department of Corrections desires to extend the above-referenced contract until October 31, 2015.  
All terms, conditions and provisions, including prices, of the previous contract period 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.**

Company Name: Maxson Counseling  
Mailing Address: PO Box 32  
City, State Zip: Fenton MO 63026  
Telephone: 636-343-1114  
E-Mail Address: b.l.maxson@gmail.com  
Authorized Signer's Printed Name and Title: Linda S Maxson V/P Off. Mgr  
Authorized Signature: Linda S Maxson Date: 8-29-15

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

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

[Signature]  
Date



STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN 04/02/15 TO:

John.Hall@doc.mo.gov  
(573) 526-6484 (Phone)  
(573) 522-1582 (Fax)  
FMU/PURCHASING SECTION  
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
04/01/15	Maxson Counseling, Inc. Attn: Linda Maxson PO Box 32 Fenton, MO 63026	SA50300102	inpatient Sex Offender Treatment Services

CONTRACT SDA50300102 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.7.6 on page 14, the Missouri Department of Corrections desires to extend the above-referenced contract for the period of July 1, 2015 through July 30, 2015. All terms, conditions and provisions, including prices, of the previous contract period shall remain and apply hereto.

2.7

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.

Name: Maxson Counseling  
Mailing Address: P.O. Box 32  
City, State Zip: Fenton, MO 63026  
Telephone: 636-343-1114  
E-Mail Address: L.Maxson@gmail.com  
Authorized Signer's Printed Name and Title: Linda S Maxson v Pres/Office Mgr  
Authorized Signature: Linda S Maxson Date: 4-1-15

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

  
Eric McSwain, Chairman, Board of Probation and Parole  
Date: 4/13/15



**STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT**

RETURN AMENDMENT NO LATER THAN 04/15/14 TO:

John Hall, CPPB  
John.Hall@doc.mo.gov  
(573) 526-6494 (Phone)  
(573) 522-1562 (Fax)  
FMU/PURCHASING SECTION  
P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
03/25/14	Maxson Counseling, Inc. Attn: Linda Maxson PO Box 32 Fenton, MO 63026	Amendment #003 SDA50300102	Indigent Sex Offender Treatment Services

**CONTRACT SDA50300102 IS HEREBY AMENDED AS FOLLOWS:**

Pursuant to paragraph 2.7.2 on page 13, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2014 through June 30, 2015. All terms, conditions and provisions, including prices, of the previous contract period shall remain and apply hereto.

The contractor shall submit to the Missouri Department of Corrections the qualifications of the current sex offender counselors.

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.**

Name Maxson Counseling, Inc.  
Mailing Address: P O Box 32  
City, State Zip: Fenton MO 63026  
Telephone: 636-343-1114  
E-Mail Address: b.l.maxson@gmail.com  
Authorized Signer's Printed Name and Title: Linda S. Maxson, V.P. / Office Mgr  
Authorized Signature: Linda S Maxson Date 4-7-14

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

Ellis McSwain, Jr., Chairman, Board of Probation and Parole

4/21/14

Date



**STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT**

**RETURN AMENDMENT NO LATER THAN MARCH 15, 2013 TO:**  
LISA MEYER, MBA, CPPB  
PROCUREMENT OFFICER II

MISSOURI DEPARTMENT OF CORRECTIONS  
PURCHASING SECTION  
2729 PLAZA DRIVE, P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
2/26/13	MAXSON COUNSELING, INC. ATTN: LINDA MAXSON P O BOX 32 FENTON, MO 63026	SDA50300102 Amendment 2	INDIGENT SEX OFFENDER TREATMENT SERVICES

THE CONTRACT BETWEEN MAXSON COUNSELING, INC. AND THE MISSOURI DEPARTMENT OF CORRECTIONS IS HEREBY AMENDED AS FOLLOWS:

In accordance with paragraph 2.7.2 on page 13, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2013 through June 30, 2014.

In addition, by signing this amendment the contractor agrees to comply with the attached Prisoner Rape Elimination Act (PREA) requirements.

All other terms, conditions and provisions, including pricing, of the contract shall remain the same and apply hereto.

The contractor shall complete, sign and return this document as acceptance on or before the date indicated above.

**THIS DOCUMENT MUST BE SIGNED TO BE VALID**

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Name Maxson Counseling, Inc.

Mailing Address: P.O. Box 32

City, State Zip: Fenton, MO 63026

Telephone: 636-343-1114

State Vendor Number: 20-5129462 Tax ID

E-Mail Address: b.l.maxson@gmail.com

Authorized Signer's Printed Name and Title: Linda S Maxson vice pres/ office mgr

Authorized Signature: Linda S Maxson Date 3/27/13

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

Ellis McSwain, Jr. Chairman of the Probation & Parole Board  
Missouri Department of Corrections

Date 3/27/13

**ADDENDUM A**  
**PRISON RAPE ELIMINATION ACT (PREA)**  
**REQUIREMENTS**

This Addendum A to the contract between Contractor and the Department ("Addendum") shall be effective upon the renewal of the Amendment renewing the contract for another one-year term, from 2013 to 2014, and is the intent of the parties that it shall be incorporated fully within the contract. To the extent that any terms or conditions of this Addendum conflict with the contract or any subsequent Amendment, the terms and conditions of this Addendum supersede.

1. The contractor and all of the contractor's employees/agents providing services in any Department of Corrections institution must be at least 21 years of age. A Missouri Uniform Law Enforcement System (MULES) check or other background investigation shall be required on the contractor, the contractor's employees/agents before they are allowed entry into the institution. The contractor, its employees/agents understand and agree that the Department shall complete criminal background records checks at least every five (5) years for the contractor and the contractor's employees/agents that have the potential to have contact with inmates.
2. The institution shall have the right to deny access into the institution for the contractor and any of the contractor's employees/agents for any reason, at the discretion of the institution. Such denial shall not relieve the contractor of any requirements of the contract.
3. The contractor, its employees/agents under active federal or state felony or misdemeanor supervision must receive written division director approval prior to providing services pursuant to a Department contract. Similarly, contractors/ employees/ agents with prior felony convictions and not under active supervision must receive written division director approval in advance.
4. The contractor, its employees/agents shall at all times observe and comply with all applicable state statutes, Department rules, regulations, guidelines, internal management policies and procedures, and general orders of the Department that are applicable, regarding operations and activities in and about all Department property. Furthermore, the contractor, its employees/agents, shall not obstruct the Department or any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe correctional environment. The contractor shall comply with the Department's policies and procedures relating to employee conduct.
  - a. The Department has a zero tolerance policy for any form of sexual misconduct to include staff/contractor/volunteer on offender or offender on offender sexual harassment, sexual assault, sexual abuse and consensual sex.
    - (1) Any contractor or contractor's employee/agent who witnesses any form of sexual misconduct must immediately report it to the warden of the institution. If a contractor or contractor's employee/agent fails to report or knowingly condones sexual harassment or sexual contact with or between offenders, the Department may cancel the contract, or at the Department's sole discretion, require the contractor to remove the contractor/employee/agent from providing services under the contract.
    - (2) Any contractor/employee/agent who engages in sexual abuse shall be prohibited from entering the institution and shall be reported to law enforcement agencies and licensing bodies, as appropriate.
5. The contractor, its employees/agents shall not interact with offenders except as is necessary to perform the requirements of the contract. The contractor, its employees/ agents shall not give anything to nor accept anything from the offenders except in the normal performance of the contract.
6. If any contractor or contractor's employee/agent is denied access into the institution for any reason or is denied approval to provide service to the Department for any reason stated herein, it shall not relieve the contractor of any requirements of the contract. If the contractor is unable to perform the requirements of the contract for any reason, the contractor shall be considered in breach.



**STATE OF MISSOURI  
MISSOURI DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT**

**RETURN AMENDMENT NO LATER THAN 05/20/12 TO:**

Lisa Meyer, CPPB  
Lisa.Meyer@dcc.mo.gov  
(573) 525-6611  
(573) 522-1562 (Fax)  
FMU/PURCHASING SECTION  
P.O. BOX 236  
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
03/14/12	Maxson Counseling, Inc. Attn: Linda Maxson PO Box 32 Fenton, MO 63026	Amendment #001 SDA50300102	Indigent Sex Offender Treatment Services

**CONTRACT SDA50300102 IS HEREBY AMENDED AS FOLLOWS:**

Pursuant to paragraph 2.7.2 and 2.7.3 on page 13, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2012 through June 30, 2013 with no increase in prices. All terms, conditions and provisions, including prices, of the previous contract period 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.**

Name Maxson Counseling, Inc

Mailing Address: P.O. Box 32

City, State Zip: Fenton, MO 63026

Telephone: 636-343-1114

E-Mail Address: b.l.maxson@gmail.com

Authorized Signer's Printed Name and Title: Linda Maxson Vice President / Office Mgr

Authorized Signature: Linda Maxson Date 5-14-12

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

6-4-12

Ellis McSwain, Jr., Chairman, Board of Probation and Parole

Date

## INVITATION FOR BID

Missouri Department of Corrections  
Purchasing Section  
2729 Plaza Drive, P.O. Box 236  
Jefferson City, Missouri 65102

Bids Must be Received No Later Than:

Amended Via Amendment 002

**2:00 p.m., January 27, 2011**

For information pertaining to the IFB contact:  
Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 - 6590  
Fax: (573) 522-8407  
E-mail: Donna.Hicks@doc.mo.gov

## IFB SDA503-001

Amendment 002  
For  
Indigent Sex Offender Treatment Services

Contract Period: Date of Award through June 30, 2011  
Date of Issue: January 14, 2011  
Page 1 of 63

Services procured for

Missouri Department of Corrections  
Division of Probation and Parole

### PRE-BID CONFERENCE

A pre-bid conference will be held at 9:00 a.m. Central Time, on December 22, 2010 at the Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid 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 contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

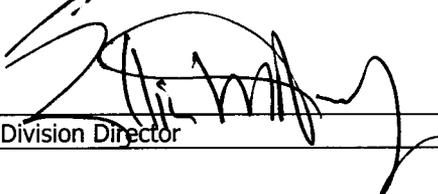
Name: Linda Maxson  
Business Name as filed with the IRS: Maxson Counseling, Inc  
Mailing Address: P.O. Box 32  
City, State Zip: Fenton, MO 63026  
Telephone: 636.343.1114 State Vendor Number: \_\_\_\_\_  
Federal Taxpayer ID Number: 20-5129462  
E-Mail Address: b.l.maxson@gmail.com  
Authorized Signer's Printed Name and Title: Linda Maxson Vice President/Office Manager

Authorized Signature: 

Bid Date

### NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows:

  
Division Director

Date

4/25/11

Contract No. **SDA50300102**  
**ACCEPTED IN ITS ENTIRETY**

CONTRACT PERIOD:  
04/29/2011 - 06/30/2012



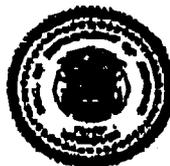
Company ID Number: 387060

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Maxson Counseling, Inc</b>	
<b>Linda S Maxson</b> Name (Please Type or Print)	Title
<b>Electronically Signed</b> Signature	<b>01/23/2011</b> Date
<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b> Signature	<b>01/23/2011</b> Date
<b>Information Required for the E-Verify Program</b>	
<b>Information relating to your Company:</b>	
Company Name:	Maxson Counseling, Inc
Company Facility Address:	1669 South Old Highway 141
	Fenton, MO 63026
Company Alternate Address:	P.O. Box 32
	Fenton, MO 63026
County or Parish:	JEFFERSON
Employer Identification Number:	205129462

FEB-09-2011 14:53

TAXATION DIVISION  
P O BOX 3666  
JEFFERSON CITY MO 65105-3666



Missouri  
DEPARTMENT OF REVENUE

Telephone: (573) 751-9268  
Fax: (573) 522-1265  
E-mail: taxclearance@dor.mo.gov

**VENDOR NO TAX DUE**



MAXSON COUNSELING INC  
PO BOX 32  
FENTON MO 63026

DATE ISSUED: FEBRUARY 8, 2011

MISSOURI TAX ID NUMBER: 19551541  
FEDERAL IDENTIFICATION NUMBER: 205129462

The Missouri Department of Revenue (Department), certifies that based on the information provided the above listed taxpayer/vendor and its disclosed affiliates do not sell taxable tangible personal property or provide taxable services in the State of Missouri. As a result, the above vendor and its disclosed affiliates are in compliance with Section 34.040.6, RSMo.

This statement does not limit the authority of the Director of Revenue to assess and/or collect liabilities under appeal or that become known to the Department as a result of audit or determination of successor liability.

This certificate will remain valid until such time as the business activity changes. Please note that any change in or deviation from the operation of this business as originally described will render this letter inapplicable.

DIRECTOR OF REVENUE OR DELEGATE  
STATE OF MISSOURI

BY:

Dwayne Kaples  
Administrator, Business Tax

JP:DU0568

CBN045  
201103900301277

## INVITATION FOR BID

Missouri Department of Corrections  
Purchasing Section  
2729 Plaza Drive, P.O. Box 236  
Jefferson City, Missouri 65102

Bids Must be Received No Later Than:

Amended Via Amendment 002

**2:00 p.m., January 27, 2011**

For information pertaining to the IFB contact:  
Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 - 6590  
Fax: (573) 522-8407  
E-mail: Donna.Hicks@doc.mo.gov

## IFB SDA503-001

### Amendment 002

For  
Indigent Sex Offender Treatment Services

Contract Period: Date of Award through June 30, 2011  
Date of Issue: January 14, 2011  
Page 1 of 63

Services procured for

Missouri Department of Corrections  
Division of Probation and Parole

#### PRE-BID CONFERENCE

A pre-bid conference will be held at **9:00 a.m. Central Time, on December 22, 2010** at the **Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri**. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

**Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid 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 contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Name: Linda Maxson

Business Name as filed with the IRS: Maxson Counseling, Inc

Mailing Address: P.O. Box 32

City, State Zip: Fenton, MO 63026

Telephone: 636.343.1114

State Vendor Number: \_\_\_\_\_

Federal Taxpayer ID Number: 20-5129462

E-Mail Address: b.l.maxson@gmail.com

Authorized Signer's Printed Name and Title: Linda Maxson Vice President/Office Manager

Authorized Signature: 

Bid Date

#### NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows:

Contract No.

Division Director

Date

**Amendment #002 for IFB SDA503-001**

**Title: Indigent Sex Offender Treatment Services**

**Contract Period: Date of Award through June 30, 2011**

IFB SDA503-001 is hereby amended as follows:

1. Bids must be received no later than **2:00 p.m., January 27, 2011**, Central Time.
2. The following paragraphs and Exhibits were modified as a result of Amendment #002.
  - 1.1.1
  - 2.1.1
  - 4.11.2
  - Pricing Page
3. The following paragraphs were added as a result of Amendment #002.
  - 2.2.6 a.

## INVITATION FOR BID

Missouri Department of Corrections  
Purchasing Section  
2729 Plaza Drive, P.O. Box 236  
Jefferson City, Missouri 65102

Bids Must be Received No Later Than:

Amended Via Amendment 001

**2:00 p.m., January 19, 2011**

For information pertaining to the IFB contact:

**Donna J. Lynch-Hicks, CPPB**  
Procurement Officer II  
Telephone: (573) 526 – 6590  
Fax: (573) 522-8407  
E-mail: [Donna.Hicks@doc.mo.gov](mailto:Donna.Hicks@doc.mo.gov)

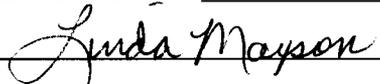
### PRE-BID CONFERENCE

A pre-bid conference will be held at **9:00 a.m. Central Time, on December 22, 2010** at the **Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri**. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

**Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid 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 contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Name: Linda Maxson  
Business Name as filed with the IRS: Maxson Counseling, Inc  
Mailing Address: P.O. Box 32  
City, State Zip: Fenton, MO 63026  
Telephone: 636.343.1114 State Vendor Number: \_\_\_\_\_  
Federal Taxpayer ID Number: 20-5129462  
E-Mail Address: b.l.maxson@gmail.com  
Authorized Signer's Printed Name and Title: Linda Maxson, Vice President/Office Manager

Authorized Signature:  Bid Date \_\_\_\_\_

### NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows:

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

Division Director \_\_\_\_\_

Date \_\_\_\_\_

## IFB SDA503-001

### Amendment 001

For  
**Indigent Sex Offender Treatment Services**

Contract Period: Date of Award through June 30, 2011  
Date of Issue: December 23, 2010  
Page 1 of 61

### Services procured for

**Missouri Department of Corrections  
Division of Probation and Parole**

**Amendment #001 for IFB SDA503-001**

**Title: Indigent Sex Offender Treatment Services**

**Contract Period: Date of Award through June 30, 2011**

IFB SDA503-001 is hereby amended as follows:

1. Bids must be received no later than **2:00 p.m., January 19, 2011**, Central Time.
2. The following paragraphs and Exhibits were modified as a result of Amendment #001.
  - 1.1.1
  - 1.4.1
  - 2.2.1
  - 2.8.2
  - 4.6.1
  - 4.7.1
  - Pricing Page
3. The following paragraphs were added as a result of Amendment #001.
  - 1.4.5
4. The following paragraphs were deleted as a result of Amendment #001.
  - 4.7.3
  - 4.7.4
  - 4.7.5
  - 4.7.6
  - 4.7.7

Listed below are questions asked by potential bidders and the corresponding answers that are provided for clarification purposes only. In the event of a conflict between the responses to the questions listed below and the IFB, the IFB shall govern.

<b>Reference</b>	<b>Questions/Comments</b>	<b>Response</b>
1.1.1 and 1.4.1	IFB references Substance Abuse Treatment Services.	Language throughout the document will be corrected via amendment.
1.4.3	Clarify Paragraph 1.4.3 which references 160 indigent offenders	There are approximately 160 offenders that need to be evaluated, and 400 indigent offenders that are in need of treatment. These numbers change frequently.
2.2	Who determines if an offender is indigent?	The Department's supervising Probation and Parole Officer will make the referral.
2.2	How do you define indigent? What if an offender is gainfully employed during treatment?	Offenders are considered indigent if they qualify for an intervention fee waiver. Indigent will be defined via amendment. See paragraph 1.4.5.
2.2	What is the treatment length?	Treatment length is determined by the provider and Department's supervising Probation and Parole Officer.
2.2.1	Paragraph 1.2.2 is referenced in Paragraph 2.2.1.	The correct Paragraph reference is 2.2.2. This will be corrected via amendment.
2.2.7	Who will pay for polygraph testing referenced in Paragraph 2.2.7?	The offender or the Department will pay for polygraph testing services.
2.5.1	Does the contractor need to be on the Department Approved Sex Offender list?	Yes. Contractors must be a Department approved provider. Refer to attachment and criteria on how to go about getting approved.
2.5.1	How long does it take to become an approved provider? How does the bidder qualify?	There first must be a need in a geographic area. If there is a need in a geographic area, the length of time may be short; a couple of

Reference	Questions/Comments	Response
		weeks after the Department receive application material. The application documentation may be turned in with bid. It usually minimally takes 30 days to evaluate responses to an Invitation for Bid (IFB).
4.3.1	Where will a technical question and answer conference or interview be conducted?	The technical question and answer conference or interview depends upon the product or service. These sessions are seldom requested.
Pricing Page	Is the pricing all or nothing, or sliding scale?	The offender or the Department pays.
Pricing Page	Clarify. There is not a place on the Pricing Page on what locations the bidder is bidding services.	The Department assumed the provider would provide services in all the locations they are approved. A place to list locations will be added to the Pricing Page via amendment.

## INVITATION FOR BID

Missouri Department of Corrections  
Purchasing Section  
2729 Plaza Drive, P.O. Box 236  
Jefferson City, Missouri 65102

Bids Must be Received No Later Than:

**2:00 p.m., January 12, 2011**

For information pertaining to the IFB contact:

Donna J. Lynch-Hicks, CPPB  
Procurement Officer II  
Telephone: (573) 526 – 6590  
Fax: (573) 522-8407  
E-mail: Donna.Hicks@doc.mo.gov

### PRE-BID CONFERENCE

A pre-bid conference will be held at **9:00 a.m. Central Time, on December 22, 2010** at the **Missouri Department of Corrections, Large Conference Room, 2729 Plaza Drive, Jefferson City, Missouri**. Attendance is not required to submit a bid; however, all bidders are encouraged to attend since information related to the IFB will be discussed in detail.

**Bids must be delivered to the Department of Corrections, Purchasing Section, 2729 Plaza Drive, P.O. Box 236, Jefferson City, Missouri 65102. The bidder should clearly identify the IFB number on the lower right or left-handed corner of the container in which the bid 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 contract, as defined herein, shall exist. The authorized signer of this document certifies that the contractor (named below) and each of its principals are not suspended or debarred by the federal government from providing any service requirements outlined herein.

Name: Linda Maxson

Business Name as filed with the IRS: Maxson Counseling, Inc

Mailing Address: P.O. Box 32

City, State Zip: Fenton, MO 63026

Telephone: 636.343.1114

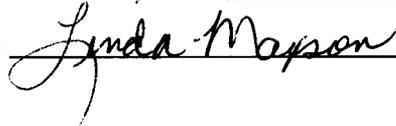
State Vendor Number: \_\_\_\_\_

Federal Taxpayer ID Number: 20-5129462

E-Mail Address: b.l.maxson@gmail.com

Authorized Signer's Printed Name and Title: Linda Maxson, Vice President/Office Manager

Authorized Signature: \_\_\_\_\_



Bid Date

### NOTICE OF AWARD:

This bid is accepted by the Department of Corrections as follows:

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

Division Director \_\_\_\_\_

Date \_\_\_\_\_

## IFB SDA503-001

For  
**Indigent Sex Offender Treatment Services**

Contract Period: Date of Award through June 30, 2011

Date of Issue: December 8, 2010

Page 1 of 59

Services procured for

Missouri Department of Corrections  
Division of Probation and Parole

**Price Page modified via Amendment 001 and 002**

**EXHIBIT A  
SUBMISSION IS MANDATORY  
SDA503-001  
PRICING PAGE**

*The bidder must provide a firm fixed price in the table below for the original contract period and maximum prices for each potential renewal period for providing all services in accordance with the provisions and requirements of this IFB. All costs associated with providing the required services shall be included in the stated prices.*

<b>SERVICE DESCRIPTION</b>	<b>FIRM, FIXED PRICE</b>	<b>First Renewal Option</b>	<b>Second Renewal Option</b>	<b>Third Renewal Option</b>
Intake Evaluation	\$ <u>120.00</u> per evaluation	\$ <u>120.00</u> per evaluation	\$ <u>150.00</u> per evaluation	\$ <u>165.00</u> per evaluation
Assessment	\$ <u>300.00</u> per assessment	\$ <u>325.00</u> per assessment	\$ <u>350.00</u> per assessment	\$ <u>375.00</u> per assessment
Individual Counseling <i>(per 15 minute increments)</i>	\$ <u>15.00</u> per 15 minute increments			
Group Counseling <i>(per 15 minute increments)</i>	\$ <u>5.84</u> per 15 minute increments			

Bidder is to state the location where the service is provided:

Maxson Counseling, Inc  
 \_\_\_\_\_  
 1669 South Old Highway 141  
 \_\_\_\_\_  
 Fenton, MO 63026  
 \_\_\_\_\_  
 \_\_\_\_\_

Employee Bidding/Conflict of Interest - Bidders who are employees of the State of Missouri, a member of the General Assembly or a statewide elected official must comply with Sections 105.450 to 105.458 RSMo regarding conflict of interest. If the bidder and/or any of the owners of the bidder's organization are currently an employee of the State of Missouri, a member of the General Assembly or a statewide elected official, please provide the following information.

Name of State Employee, General Assembly Member, or Statewide Elected Official:		
	In what office/agency are they employed?	
	Employment Title:	
Percentage of ownership interest in bidder's organization:		_____ %

The bidder must state the number of days required before the services described herein could be provided:

7 days after effective date of contract award.

Bidder to state discount for prompt payment.

2 % if paid within 7 days

In accordance with Executive Order 04-09, the bidder is required to provide certification of the location where the contracted services are to be performed and whether the vendor contemplates any of the work necessary to provide the contracted services being performed offshore.

The bidder shall certify by completing the questions below:

Will any work related to the contract be performed offshore?  Yes  No

If answer to above is "yes," describe work and indicate location: (attach extra page if necessary)

Indicate if the bidder is a For Profit or Nonprofit Entity:

For Profit  Nonprofit

By signing below, the bidder hereby declares understanding, agreement and certification of compliance to provide the services, at the prices quoted, in accordance with all the requirements and specifications contained herein and in the Terms and Conditions. The bidder further agrees that the language of this IFB shall govern in the event of a conflict with his/her bid.

Company Name Maxson Counseling, Inc

Authorized Signature *Linda Maxson* Date 1-25-11

Printed Name Linda Maxson

**EXHIBIT B**  
**SUBMISSION IS MANDATORY**  
**PRIOR EXPERIENCE OF BIDDER**

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

<b>Bidder Name:</b>	Linda Maxson
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	None
Address of Reference Company:	
Reference Contact Person Name:	
Contact Person Phone #	
Contact Person e-mail address:	
Dates of Prior Services:	
Dollar Value of Prior Services	
Description of Prior Services Performed	

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Date of Signature

**EXHIBIT C**  
**SUBMISSION IS MANDATORY**

**PERSONNEL EXPERTISE SUMMARY**  
**(Also Attach Resumes for Management Staff)**

Personnel	Background and Expertise of Management Staff
1. <u>Bill L. Maxson</u> (Name)  <u>President/Senior Counselor</u> (Title)	
2. <u>Dana M. Maxson</u> (Name)  <u>Provisional Counselor in Training</u> (Title)	
3. <u>Linda S. Maxson</u> (Name)  <u>Vice President/Office Manager</u> (Title)	
4. _____ (Name)  _____ (Title)	
5. _____ (Name)  _____ (Title)	
6. _____ (Name)  _____ (Title)	

Bidder's Signature

Date

Bill L. Maxson  
1 Camelot Court  
High Ridge, MO 63049  
Home (636)677-2977  
Office (636)343-1114

***EXPERIENCE:***

*Maxson Counseling Inc./Serenity Counseling Services, Fenton, MO*

4/06 – Present – Private Practice

Provides counseling services to individuals involved in the criminal justice system, for example, sex offenders, batterers, and people with chemical dependencies. Completes evaluations and provides a sex offender treatment program. Completes intake assessments and facilitates a psycho-educational program for men who have battered their partners. Completes substance abuse evaluations and provides substance abuse treatment or refers to appropriate treatment center.

*Serenity Center, Inc., Fenton, MO*

3/97 – 4/06 – President

Plans, organizes, implements, directs and evaluates all major activities of the organization. Facilitates groups for men who have battered or abused their partners. Facilitates sexual offender groups. Facilitates a group for women with the primary purpose being to learn emotions management. Provides individual, couples, and family counseling. Specializes in counseling individuals with anger and violence problems, and individuals with addictions, in particular drug addictions but can counsel individuals with any type of addiction effectively. Significant experience in working with parents of abused and neglected children and in working with the children who have been abused and neglected. Has provided family therapy to resolve all types of family problems. Provided supervision for two counselors seeking licensure as professional counselors.

*Community Treatment, Inc., Festus, MO*

1/94 – 11/99 - Assistant Clinical Director

Supervises various staff members including clinical coordinators, therapists, interns, and other support staff. Oversees day-to-day operations of coordinators. Responsible for developing and implementing new programs. Manages and directs various services of the clinical department including personnel, delivery of services, etc. Responsible for maintaining excellent liaison relationships among staff, management and external agencies. Planned, organized, coordinated and facilitates HAWK (Halt Aggression With Knowledge) Program (6 groups). This is a group for men who have battered or abused their partners. Specializes in providing individual, conjoint and family therapy with emphasis on interventions and treatment plans that will facilitate resolution of conflicts and adjustments in families. Provides consultation to all clinical staff involved in managing cases with the presenting problem of violence. Approximately 40% of time spent is working with clients with co-occurring disorders, for example, individuals with bi-polar disorder and chemical dependency. Active on Family Violence Council, serving on education committee and chairing projects committee. Provides gatekeeper service for Hawthorne Children's Psychiatric Hospital. Engages in screening and assessing children with emotional disturbances to determine their appropriateness for hospitalization. Supervises therapists and targeted case managers providing services to seriously emotionally disturbed children. Develops and implements rap-around services to assist in stabilizing children and allowing them to function adequately and live in the community. Supervised Master level counseling and social work students for their practicums and/or internships. Supervised some staff for licensure as clinical social workers and professional counselors.

11/91 – 1/94 - Coordinator of Adult Clinical Outpatient Services, Therapist II

Assumed administrative duties as assigned by the Clinical Director. Responsible for the most complex cases. Coordinated adult clinical staff, assigned cases, provided consultation and supervision. Planned, organized and coordinated Aggressive Offenders Program, specializing in treatment of perpetrators of violent crime and domestic violence. Provided social skills training for a wide variety of clients with various problems. Supervised Master level counseling and social work students for their practicums and/or internships.

7/91 – 11/91 - Therapist II

Provided therapy and counseling to clients in individual, group, and family settings; dealt effectively with a range of clients in difficult circumstances. Supervised graduate students in a fieldwork placement. Planned, organized, and coordinated various groups including groups for individuals with depression, anxiety, and other mood disorders.

1/90 – 7/91 - Therapist I

Provided individual, family and group therapy. Developed and was primary facilitator for groups with a special interest in domestic violence. These included groups for women who were victims/survivors of abuse and groups for men with a therapeutic goal of halting and preventing further violence. Worked with victims of sexual abuse.

1/89 – 1/90 - Independent Contractor/Intern

Provided individual, couples, family and group therapy with special interest in developing men's issues group.

7/88 – 1/89 - Practicum Student

Under supervision, provided individual, conjoint, and family therapy. Performed case management duties with a wide range of clients.

#### *The Vet Center, St. Louis, MO*

6/86 – 8/86 - Practicum Student

Provided readjustment counseling to Vietnam Veterans. Effectively dealt with issues related to Post Traumatic Stress Disorder and chemical dependency.

8/84 – 8/85 - Readjustment Counselor

Co-Facilitator in group for Vietnam Veterans dealing with readjustment problems and Post Traumatic Stress issues. Behavioral techniques were used to reduce anxiety, enabling veterans to deal more effectively with frustration. Structured group to provide safe environment for veterans to explore feelings and resolve problematic situations. Special interest in assisting veterans to resolve domestic violence issues.

#### *Life Crisis Services, St. Louis, MO*

5/80 – 10/85 - Crisis Counselor

Suicide prevention: made assessments as to the seriousness of the crisis and evaluated potential suicide risk, made emergency interventions when necessary.

#### *YMCA/Club 44, Kirkwood, MO*

6/78 – 4/80 - Program Director, Outreach Supervisor

Specialized in developing, coordinating and directing programs for individuals with disabilities. Counseled parents having difficulties with their disabled children, training them in more adaptive problem solving, coping and parenting skills. Engaged in community outreach and networking with other social service agencies servicing individuals with disabilities for the primary purpose of integrating programs.

#### **EDUCATION:**

MA Organizational Management, Webster University, May 1995

-Emphasis in managing and leading human service organizations.

MSW Degree, Washington University, December 1988

-Mental Health Concentration

-Family Therapy Specialization

-Principles and applications in Behavior Therapy

MA Counseling Services, Webster University, May 1980

-Emphasis in counseling special populations, in particular individuals and families with adjustment and grief issues related to disability

BA Degree, Webster University, December 1977

-Sociology Major

Associate in Arts, Meramec College, August 1975

-Liberal Arts Major

***CERTIFICATION:***

Certified Group Facilitator for male batterers by Duluth Domestic Abuse Intervention Project, June 1995

Licensed Professional Counselor, December 1994

License No. CS001717

Licensed Clinical Social Worker, June 1991

License No. SW000452

Post-Graduate Certificate in Marital and Family Therapy May 1989,  
Washington University

***RECOGNITIONS:***

Graduated Magma Cum Laude Academic Honors, 1977

Phi Theta Kappa, 1975

Dana M. Maxson  
559 Town Hall Court  
St. Louis, MO 63141  
DanaMaxson@gmail.com  
Cell: (314) 807.7855

**Experience:**

Maxson Counseling Fenton, MO May 2008-Present

**Counselor-In-Training**

- Provides individual counseling services to children, adolescents, and adults
- Provides couples therapy
- Facilitates sex offender treatment groups. Other related responsibilities include treatment planning, progress notes, and evaluations
- Plans, organizes, and implements all aspects of a batterers intervention program. Responsibilities include conducting initial assessments, treatment planning, and facilitating group sessions
- From May 2008 until June 2009 performed substance abuse evaluations, facilitated outpatient substance abuse treatment program, or referred to appropriate treatment center

Francis Howell School District St. Charles, MO July 2007-Present

**Educational Support Counselor- District Crisis Counselor**

Provides individual and group counseling to students (K-12) and their families regarding special needs, social, emotional, developmental and behavioral concerns. Other responsibilities include:

- Support/Individual therapy with teachers and staff members
- Training for staff regarding social, emotional, and behavioral concerns
- Developing strategies and interventions for all behavioral problems experienced with students
- Working with special education evaluation team in evaluating children in classrooms and in home
- District wide crisis counselor

Maxson-Serenity Counseling Fenton, MO August 2005-May 2008

**Group Co-Facilitator**

Observed sex offender treatment groups and assisted therapist with progress notes and treatment plans. Co-facilitated outpatient substance abuse treatment program and batterers intervention program. Assisted Licensed Professional Counselor with initial intakes, treatment planning, and progress notes.

Serenity Counseling Fenton, MO October 1998-August 2005

**Administrative Assistance**

Managed counseling office. Responsibilities included:

- Assisted five counselors with record keeping, billing, and making appointments
- Transcribed dictation for sex offender treatment provider

**Education:**

MA Professional Counseling – GPA 4.0 Lindenwold University- May 2008  
BA Psychology – GPA 3.76 Webster University- August 2005

**Certification:**

Approved Sex Offender Treatment Provider in Missouri – June 2010  
Provisional Licensed Professional Counselor – September 2009

*Linda S. Maxson  
1 Camelot Ct.  
High Ridge, MO 63049  
LindaMaxson@gmail.com  
(636)677-2977*

***Experience:***

Maxson Counseling Fenton, MO April 2006-Present

**Vice President/Office Manager**

Oversees day to day activities of the organization. Responsibilities include supervision of the office staff, communication with external vendors to assure efficient functioning of the organization.

Serenity Counseling Services, Inc. Fenton, MO March 1997-April 2006

**Vice President/Office Manager**

Responsibilities included supervision of secretaries, scheduling appointments, bookkeeping, file organization and ordering supplies, overseeing day to day activities of the organization.

Comtrea Mental Health Center Festus, MO June 1992-March 1996

**Therapist Assistant**

Responsibilities included working with visually impaired psychotherapists assisting them in annotating files, taking dictation, typing, filling out necessary paperwork, translating into Braille, doing research, transportation and orientation.

National Farm & Power Equipment Dealers Assn. October 1972-October 1977

**Insurance Enrollment Specialist.**

Established eligibility for companies enrolling in a group health plan. Duties included accounting, billing, dictation, filing and typing.

Thomas F.X. Gibbons Insurance Agency May 1971-October 1972

**Secretary**

Duties included enrolling individuals in insurance programs, taking dictation, typing, filing, managing incoming and outgoing communications, phones and mail.

***Education:***

Jefferson College Hillsboro, MO November 1993-October 1994

St. Francis De Sales High School September 1967-May 1971  
High School Diploma

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

**BUSINESS ENTITY CERTIFICATION:**

**The bidder/contractor 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/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/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 utilizes 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 \_\_\_\_\_ (Bid/SFS/Contract 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 \_\_\_\_\_ (insert agency name) 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 G, continued**

**BOX B – CURRENT BUSINESS ENTITY STATUS**

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

Linda Maxson  
 Authorized Business Entity  
 Representative's Name  
 (Please Print)

*Linda Maxson*  
 Authorized Business Entity  
 Representative's Signature

Maxson Counseling, Inc  
 Business Entity Name

1-24-2011  
 Date

b.l.maxson@gmail.com  
 E-Mail Address

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

- Enroll and participate in the E-Verify federal work authorization program (Website: [http://www.dhs.gov/xprevprot/programs/gc\\_1185221678150.shtm](http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtm); Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto: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 a page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, at minimum, by the bidder/contractor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the bidder's/contractor'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 G, continued**

**AFFIDAVIT OF WORK AUTHORIZATION:**

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

Comes now Linda Maxson (Name of Business Entity Authorized Representative) as V.P./Office Mgr (Position/Title) first being duly sworn on my oath, affirm Maxson Counseling, Inc (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 for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Maxson Counseling, Inc (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided to 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.)*

Linda Maxson Linda Maxson  
Authorized Representative's Signature Printed Name

Vice President/Office Manager 1-25-2011  
Title Date

b.l.maxson@gmail.com  
E-Mail Address

Subscribed and sworn to before me this 25th of January 2011. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of St Louis, State of  
(NAME OF COUNTY)  
MO, and my commission expires on 09-19-2011.  
(NAME OF STATE) (DATE)

Heather Frazier 01-25-2011  
Signature of Notary Date



**EXHIBIT G, continued**

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

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

- ✓ A page from the E-Verify Memorandum of Understanding (MOU) listing the bidder's/contractor's name and the MOU signature page completed and signed, , by the bidder/contractor and the Department of Homeland Security – Verification Division.
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed and notarized within the last twelve months).

Linda Maxson

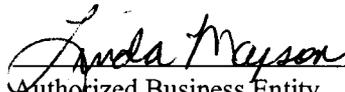
Authorized Business Entity  
Representative's Name  
(Please Print)

387060

E-Verify MOU Company ID  
Number

Maxson Counseling, Inc

Business Entity Name



Authorized Business Entity  
Representative's Signature

b.l.maxson@gmail.com

E-Mail Address

1-25-11

Date

Missouri State Agency or Public University\* Name  
Date of Submission

Bid/Contract Number IFB SDA503-001

(If known)

\* Public University includes the following five schools:

- 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
- Division of Purchasing & Materials Management

Company ID Number: 387060

## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

# E-Verify



Company ID Number: 387060

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.**

Employer	
Name (Please Type or Print) <i>Dana M. Maxson</i>	Title <i>Provisional Counselor-in-training</i>
Signature <i>Dana M. Maxson</i>	Date <i>1.25.11</i>
Department of Homeland Security – Verification Division	
Name (Please Type or Print)	Title
Signature	Date

Company ID Number: 387060

### Information Required for the E-Verify Program

#### Information relating to your Company:

Company Name:	Maxson Counseling, Inc
Company Facility Address:	1669 S. Old Hwy 141 Fenton MO 63026
Company Alternate Address:	P.O. Box 32 Fenton MO 63026
County or Parish:	Jefferson
Employer Identification Number:	205129462
North American Industry Classification Systems Code:	624190
Administrator:	Linda Maxson
Number of Employees:	3
Number of Sites Verified for:	1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

State	Number of sites	Site(s)

Company ID Number: 387060

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	Dana Maxson
Telephone Number:	636 - 343-1114
Fax Number:	636 - 326-0606
E-mail Address:	DanaMaxson@gmail.com

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	
Telephone Number:	
Fax Number:	
E-mail Address:	

Exhibit H



STATE OF MISSOURI  
DEPARTMENT OF CORRECTIONS  
VENDOR INFORMATION DATA

Purchasing Section  
P.O. Box 206  
Jefferson City, Missouri 65102  
Telephone: (573) 526-3268 Fax: (573) 522-8407

BUSINESS NAME AS FILED WITH THE IRS Maxson Counseling, Inc			
TAXPAYER ID TYPE <input checked="" type="checkbox"/> FEIN <input type="checkbox"/> SSN		TAXPAYER IDENTIFICATION NUMBER OR SSN	
TAXPAYER MINORITY STATUS <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input checked="" type="checkbox"/> Not Applicable		MISSOURI MBE/WBE CERTIFICATION NUMBER	
POST OFFICE BOX P.O. Box 32		STREET ADDRESS 1669 South Old Highway 141	
CITY Fenton	STATE MO	ZIP CODE 6302	COUNTY Jefferson
TELEPHONE NUMBER 636.343.1114	FAX NUMBER 636.326.0606	E-MAIL ADDRESS FOR NOTIFICATION OF BIDS b.l.maxson@gmail.com	
PAYMENT INFORMATION (IF DIFFERENT THAN ABOVE)			
BUSINESS NAME			
POST OFFICE BOX		STREET ADDRESS	
CITY		STATE	ZIP CODE
CONTACT		TELEPHONE NUMBER	FAX NUMBER
The Office of Administration mandates all vendors to use Automatic Deposit for payment. That form can be found on-line at the following web address: <a href="http://oa.mo.gov/acct/vendor_sch_efid.pdf">http://oa.mo.gov/acct/vendor_sch_efid.pdf</a> .			
CHIEF EXECUTIVE OFFICER			
FULL NAME Bill L. Maxson			
TITLE President/Senior Counselor		TELEPHONE NUMBER 636.343.1114	EXTENSION
CONTRACT INTERESTS (X THOSE THAT APPLY)			
<input type="checkbox"/> Banking Services	<input type="checkbox"/> Cable-TV-Satellite	<input type="checkbox"/> Canteen Resale (Specify Below)	<input type="checkbox"/> Case Management Services
<input type="checkbox"/> Commodity (Specify Below)	<input type="checkbox"/> Crime Victim Impact Services	<input type="checkbox"/> Curriculum Development (Specify Below)	<input type="checkbox"/> Education Services (Specify Below)
<input type="checkbox"/> Electronic Monitoring Services	<input type="checkbox"/> Employment Readiness Services	<input type="checkbox"/> Fee Collection Services	<input type="checkbox"/> Forensic/Lab Services
<input type="checkbox"/> Interactive Voice Recognition Services	<input type="checkbox"/> Janitorial Services	<input type="checkbox"/> Legal Library Services	<input type="checkbox"/> Life Skills Services
<input type="checkbox"/> Medical Services	<input type="checkbox"/> Mental Health Services	<input type="checkbox"/> Parenting Skills Services	<input type="checkbox"/> Pest Control Services
<input type="checkbox"/> Polygram Exam Services	<input type="checkbox"/> Reentry-Community Services	<input type="checkbox"/> Residential/Transitional Services	<input type="checkbox"/> Security System
<input checked="" type="checkbox"/> Sex Offender Treatment	<input type="checkbox"/> Substance Abuse Treatment Services	<input type="checkbox"/> Trash Removal Services	<input type="checkbox"/> Vaccinations/TB Testing
<input type="checkbox"/> Vending Services	<input type="checkbox"/> Other (Specify Below)	For service interests, specify the county(ies) you are willing to provide services or indicate statewide:	
OTHER - SPECIFY			
BUSINESS WEBSITE (IF APPLICABLE)			
NOTE: Updates to the MO DOC database will only occur with the completion of the Purchasing Section's receipt of this form. Additions and/or corrections to the Office of Administration Vendor Profile must be made on-line at <a href="https://www.moolb.mo.gov">https://www.moolb.mo.gov</a> .			
SUBMITTED BY Linda Maxson		DATE 1-25-11	

ATTACHMENT A

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MISSOURI DEPARTMENT OF CORRECTIONS

**STANDARD OPERATING PROCEDURES**

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PROCEDURE TITLE:  
ESTABLISHMENT OF COMMUNITY SEX OFFENDER  
THERAPISTS

EFFECTIVE DATE: May 7, 2008

\_\_\_\_\_  
Mariann Atwell, Psy.D., Division Director

\_\_\_\_\_  
Judy Hudson, Assistant Director/Medical Services

\_\_\_\_\_  
Nicholas Noll, Psy. D., Acting Chief of Mental  
Health Services

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I. PURPOSE:

This standard operating procedure establishes the process for consideration and approval of sex offender therapy providers in the community.

A. AUTHORITY: 589.040

B. APPLICABILITY:

This standard operating procedure applies to the Division of Offender Rehabilitative Services/Health Services Section and the mental health staff. Specific review processes and activities have been developed based upon the guidelines set forth herein.

II. DEFINITIONS:

ASSOCIATION FOR THE TREATMENT OF SEXUAL ABUSERS (ATSA) STANDARDS

Nationally recognized professional organization which establishes requirements/standards for therapists.

LETTER OF RESPONSE TO APPLICATION

A letter of response will be sent to the provider acknowledging the application, advising of requirements for approval and requesting a communication of continued interest/audit.

LETTER OF RESPONSE TO REQUEST FOR AUDIT

A letter sent to the provider, advising that the Regional Sex Offender Specialist will contact the provider to schedule the audit.

LETTER OF APPROVAL



A letter sent to the provider advising that he/she has been approved as a community sex offender therapist.

#### LETTER OF DENIAL

A letter sent to the provider advising that he/she has been denied, reason for denial and reapplication process.

#### COMMUNITY SEX OFFENDER THERAPIST APPLICATION/CREDENTIALING FILE

An organized system for filing will be maintained by the Chief of Mental Health Services.

### III. PROCEDURE:

- A. When a letter is received from a community provider it will be forwarded to the Chief of Mental Health Services.
- B. A letter of response will be sent to the provider, acknowledging receipt of the request. The letter will have an attachment detailing the requirements for authorization.
- C. It will be up to the provider to respond back and request a site visit and audit.
- D. The appropriate Regional Sex Offender Specialist will contact the provider and determine a time and date for the review.
- E. The Regional Sex Offender Specialist will go to the site, conduct an audit and upon completion of the audit prepare a report/packet to be forwarded to the Chief of Mental Health Services.
- F. A credentialing committee consisting of the Chief of Mental Health Services, the Assistant Director/Health Services, A representative of Probation and Parole will review the information, check disciplinary history and approve or deny status. The credentialing committee will maintain a network of providers large enough to meet the demand for services but limited in scope such that the provision of services can be carefully monitored.
- G. The Chief of Mental Health Services will send a letter to the provider advising of the outcome of the audit.
- H. If denied, the letter will state specific reasons for the denial. The provider may apply again in one year for consideration.
- I. If approved, the Chief of Mental Health Services will notify appropriate Regional Sex Offender Specialist and Probation and Parole staff. The provider will also be notified that the respective Regional Sex Offender Specialist will audit his/her services on a regular basis.
- J. The Chief of Mental Health Services will add the name of the approved provider to the Provider Directory.
- K. If a provider fails to follow the ATSA Standards and/or those rules and regulations of the Missouri Department of Corrections the information will be submitted to the Chief of Mental Health Services who will schedule a meeting with the credentialing committee, who will review documentation concerns and make recommendations.
- L. If it is determined that removal from the Directory if necessary, the Chief of Mental Health Services will advise the provider, the Regional Sex Offender Specialist, and Probation and Parole staff.

### IV. FORMS/ATTACHMENTS:

- A. Letter of Response to Application
- B. Letter of Response to Request for Audit
- C. Letter of Approval
- D. Letter of Denial
- E. Requirements for Approval checklist

### V. REFERENCE:

- A. D5-4.1 Missouri Sex Offender Program (MoSOP)