



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

RETURN AMENDMENT NO LATER THAN JANUARY 12, 2016 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
December 15, 2015	Carebridge Counseling 1305 Edgewater Point Lake St. Louis, MO 63367	Amendment 001 SDA50300408	Indigent Sex Offender Treatment Services for Missouri Department of Corrections

CONTRACT #SDA50300408 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.9.2 on page 9, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2016 through June 30, 2017.

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: Carebridge Counseling - Lynn Rousan

Mailing Address: 1305 Edgewater Point

City, State Zip: Lake St. Louis, mo 63367

Telephone: _____

E-Mail Address: lynnrousan@yahoo.com

Authorized Signer's Printed Name and Title: Lynn Rousan, LPC

Authorized Signature: *Lynn Rousan* Date: 1-4-16

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

[Signature]
Ellis McSwain, Chairman - Division of Probation and Parole

2/8/16
Date

INVITATION FOR BID



**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**

**AMENDMENT 1
IFB SDA503-004**

Indigent Sex Offender Treatment Services

FOR

**Missouri Department of Corrections
Statewide**

**Contract Period: Date of Award through June 30,
2016**

**Date of Issue: June 24, 2015
Page i of 42**

Bids Must Be Received No Later Than:

2:00 p.m., July 9, 2015

Sealed bids 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 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.

Company Name: Carebridge Counseling (Lynn Rousan)
Mailing Address: 1305 Edgewater Point
City, State, Zip: Lake St Louis, MO 63367
Telephone: 636-561-5511 Fax: 636-561-5537
Federal EIN #: [REDACTED] State Vendor #: Y10708233C
Email: lynnrousan@yahoo.com

Authorized Signer's Printed Name and Title: Lynn Rousan, LPC

Authorized Signature: Lynn Rousan Bid Date: July 1, 2015

NOTICE OF AWARD:

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

In its entirety.

Contract No. **SDA50300408**

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

Date 10/15/15

ORIGINAL

Lynn Rousan, LPC

1305 Edgewater Pointe
Lake St. Louis, MO 63367
Phone: (636) 561-5511
Fax: (636) 561-5537

July 1, 2015

Dear Mr. Stoll,

Thank you for the e-mail correspondence regarding the Sex Offender Services for Indigent Offenders. I have read and reviewed the General Contractual Requirements and agree to follow the specified guidelines. I have also reviewed the "Terms and conditions-Request for Quotation" and understand the process and criterion.

Enclosed you will find all the required documents, including the necessary Exhibits.

If you have any questions or concerns, please do not hesitate to call me. I can be reached at 314-952-0287.

I look forward from to hearing from you.

Sincerely,



Lynn Rousan, LPC

Invention for Bid

IFB SDA503-004

Indigent Sex Offender

Treatment Services

Submitted July 1, 2015

Due date July 9, 2015

Submitted by Lynn Rousan, LPC

1305 Edgewater Point

Lake St. Louis, Mo 63367

Phone-636-561-5511-Office

314-952-0287-Cell

Fax-636-561-5537

E-Mail-lynnrousan@yahoo.com

INVITATION FOR BID



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

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

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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.

Company Name: Carebridge Counseling (Lynn Rousan)
Mailing Address: 1305 Edgewater Point
City, State, Zip: Lake St Louis, MO 63367
Telephone: 636-561-5511 Fax: 636-561-5537
Federal EIN #: [REDACTED] State Vendor #: Y10708233C
Email: lynnrousan@yahoo.com

Authorized Signer's Printed Name and Title: Lynn Rousan, LPC

Authorized Signature: Lynn Rousan Bid Date: July 1, 2015

NOTICE OF AWARD:

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

Contract No. _____

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

Date

I am requesting to serve the following areas:

-Warren County

-St. Charles County

-Pike County

-Lincoln County

EXHIBIT A

Pricing Page

**EXHIBIT A
SUBMISSION IS MANDATORY
SDA503-004
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.

This section was revised by Amendment 1

SERVICE DESCRIPTION	FIRM, FIXED PRICE	First Renewal Option	Second Renewal Option	Third Renewal Option
DSO Evaluation	\$ <u>375</u> per evaluation	\$ <u>375</u> per evaluation	\$ <u>375</u> per evaluation	\$ <u>375</u> per evaluation
Assessment	\$ <u>110</u> per assessment	\$ <u>110</u> per assessment	\$ <u>110</u> per assessment	\$ <u>110</u> per assessment
Individual Counseling <i>(per 15 minute increments)</i>	\$ <u>16</u> per 15 minute increments			
Group Counseling <i>(per 15 minute increments)</i>	\$ <u>7</u> per 15 minute increments			

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

1305 Edgewater Point
Lake St. Louis
MO. 63367

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

 1 days after effective date of contract award.

Terms:

The bidder should state below its discount terms offered for the prompt payment of invoices:

 N/A % if paid within days of receipt of invoice.

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:		0 %

Executive Order 04-09: Products and/or Services Provided Outside United States

If any products and/or services offered under this RFP are being manufactured or performed at sites outside the United States, the offeror MUST disclose such fact and provide details in the space below or on an attached page.

Are any of the bidder's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If YES, do the proposed products/services satisfy the conditions described in 4a, b, c, or d of Executive Order 04-09? (see the following web link: http://www.sos.mo.gov/library/reference/orders/2004/eo04_009.asp)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If YES, mark the appropriate exemption below, and provide the requested details:</p> <p><input type="checkbox"/> 1. Unique good or service.</p> <ul style="list-style-type: none"> EXPLAIN: _____ <p><input type="checkbox"/> 2. Foreign firm hired to market Missouri services/products to a foreign country.</p> <ul style="list-style-type: none"> Identify foreign country: _____ <p><input type="checkbox"/> 3. Economic cost factor exists</p> <ul style="list-style-type: none"> EXPLAIN: _____ <p><input type="checkbox"/> 4. Vendor/subcontractor maintains significant business presence in the United States and only performs trivial portion of contract work outside US.</p> <ul style="list-style-type: none"> Identify maximum percentage of the overall value of the contract, for any contract period, attributed to the value of the products and/or services being manufactured or performed at sites outside the United States: ___% Specify what contract work would be performed outside the United States: _____ 		

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 Care bridge Counseling

Printed Name Lynn Rousan Email Address: lynnrousan@yahoo.com

Authorized Signature Lynn Rousan Date June 30, 2015

EXHIBIT B

Prior Experience of Bidder

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.

Bidder Name:	<i>Lynn Rousan</i>
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	<i>St. Charles Probation + Parole Office</i>
Address of Reference Company:	<i>211 Compass Point</i>
	<i>St. Charles, mo 63301</i>
Reference Contact Person Name:	<i>Tammy Gremminger</i>
Contact Person Phone #	<i>636-940-3333 ext-244</i>
Contact Person e-mail address:	<i>TammyGremminge@doc.mo.gov</i>
Dates of Prior Services:	<i>2003 to current</i>
Dollar Value of Prior Services	<i>N/A</i>
Description of Prior Services Performed	<i>I have worked closely with Tammy as she supervises the Sex Offender Caseload in St. Charles, I report all high risk behaviors to Tammy, I complete quarterly reports on each client, we staff cases weekly per phone - I feel we share the</i>

Lynn Rousan, LPC
 Signature of Bidder

July 1, 2015
 Date of Signature

same main focus of maintaining a safe community. Tammy + I work closely as a Team - I feel we have been successful in managing Sex offenders + maintaining a safe community.

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.

Bidder Name:	Lynn Roussan
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	St. Charles Probation & Parole office
Address of Reference Company:	211 Compass Point st. charles, mo 63301
Reference Contact Person Name:	Sonya Engelking
Contact Person Phone #	636- 940- 3333 ext. 24
Contact Person e-mail address:	Sonyengelking @ doc.mo.gov
Dates of Prior Services:	2014- current
Dollar Value of Prior Services	N/A
Description of Prior Services Performed	Sonya is also a Probation officer with the Sex offender Case load. I work closely with Sonya, provide e-mails, phone & fax @ client progress rpt, polygraph concerns, tx planning and relapse prevention, staffing -

Lynn Roussan, CPC
 Signature of Bidder

July 1, 2015
 Date of Signature

I feel Sonya & I make a positive team - she can rely on me to obtain information needed, letters required etc. We staff cases frequently & change treatment plans as needed - ca

EXHIBIT C

Expertise of Bidder's Personnel

EXHIBIT C
SUBMISSION IS MANDATORY

PERSONNEL EXPERTISE SUMMARY
(Also Attach Resumes for Management Staff)

Personnel	Background and Expertise of Management Staff
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1. Lynn Roussan
(Name)

Licensed Professional Counselor
(Title)

2. _____
(Name)

(Title)

3. _____
(Name)

(Title)

4. _____
(Name)

(Title)

5. _____
(Name)

(Title)

6. _____
(Name)

(Title)

Lynn Roussan

Bidder's Signature

Date

*This is a private practice setting,
managed by myself. I do not have any
management staff, personnel or other employees.
LN*

LYNN ROUSAN, BSN, M.ED., L.P.C.

Licensed Professional Counselor

536 Elm Creek Drive

Wentzville, MO 63385

314-952-0287

PROFESSIONAL SUMMARY

- Demonstrated success in reaching treatment goals, with a special focus on cognitive/behavioral therapy.
- Skilled in working as a member of the professional treatment team.
- Demonstrated effectiveness in assisting clients to identify weaknesses and reframe them into strengths.
- Strong practical and theoretical foundation in a number of therapeutic and intervention models.
- Excellent skills in group, couple, family and individual counseling.

PROFESSIONAL EXPERIENCE

Assessment and Diagnosis

- Conducted psycho-social evaluations and in-depth interviews of individuals and families.
- Assess needs of clients involving a great diversity of issues:
 - crisis intervention
 - family role disruption
 - child abuse/elderly abuse
 - adjustment to chronic illness
 - families divorcing; sibling adjustment
 - adolescent behaviors
 - destructive relationships
 - loss and grief counseling
 - acceptance of aging
 - sex offender counseling

Treatment

- Counseled wide range of individuals and families at time of significant family crisis:
 - assessed personal strengths in coping mechanisms of clients in families;
 - developed and implemented treatment plans in keeping with the priorities and focus of the clients' and families' needs and resources.

Group Counseling

- Facilitated and co-facilitated psychotherapy groups (Anger Management, Sex Offender and Adolescent).
- Designed and led a unique open therapy group called "Step By Step" for women.
- Facilitated group therapy for geriatric clients residing in a skilled nursing facility.
- Directed support/therapy groups for patients with a chronic medical illness.

EMPLOYMENT HISTORY

2006 - Present	Private Practice Specialty in Sex Offender Management	Carebridge Counseling 1305 Edgewater Point Lake St. Louis, MO 63367
1996 - 2006	Psychotherapist Private Practice	Psychological Services 17 Hawk Ridge Circle Lake Saint Louis, MO 63367 2 nd ofc 122 S. 3 rd Louisiana, MO
1994 - 1998	Nursing School Faculty (Part – Time)	St. Charles Community College 4601 Mid-Rivers Mall Dr. St. Peters, MO 63376
1992 - 1995	Staff Nurse (SSM Rehab and Oncology – PRN)	St. Joseph Heath Center 300 First Capitol Drive St. Charles, MO 63301
1980 – Present	RN / Therapist (Per Diem – since 1992)	Barnes Jewish St. Peters Hospital 10 Hospital Drive St. Peters, MO 63376
Summer 1995	Nursing School Faculty (Psychiatric Nursing)	University of Missouri-St. Louis 8001 Natural Bridge St. Louis, Mo 63133
1978 – 1980	Staff Nurse-Oncology	St. Louis University Hospital
1976 – 1978	Staff Nurse-Medical	Missouri Baptist Hospital

PROFESSIONAL EDUCATION AND DEVELOPMENT

Master of Education in Counseling – University of Missouri St. Louis, 1994
Bachelor Science in Nursing – St. Louis University, 1984
Associate Degree in Nursing – Central Methodist College, 1976

PROFESSIONAL CREDENTIALS

- Professional Licensed Counselor, CS 002534
- Registered Professional Nurse, RN 069207
- National Certified Gerontological Counselor, 38830

State of Missouri
Division of Professional Registration
Licensed Professional Counselor

VALID THROUGH JUNE 30, 2017
ORIGINAL CERTIFICATE/LICENSE NO. 002534
LYNN L ROUSAN



3.7 Proposed Method of Performance

The Sex offense – Specific Treatment as described are provided by this Vendor. As noted previously, I am an ATSA member and comply with ATSA guidelines. I am also a Licensed Professional Counselor that upholds all licensure expectations and standards.

The content of offense – specific treatment shall be designed to:

1. **Accountability** – this is implemented through feedback in group, setting specific treatment goals and promoting full disclosure
2. **Sex History** – each offender completes a History Packet prior to the Polygraph Examination. This is discussed in the group setting. The History Packet is a required group component
3. **Reduction of Defensiveness** – the group modality addresses this concern as offenders share how they dismantled their defensive patterns. This is also accomplished through sensitivity and respect
4. **Deviant Fantasy** – a core concept in treatment; to include a plan to redirect the fantasy, homework specific to this concern and assessment as to the 'pay – off' of the fantasy. The offender learns specific 'tools' to manage this
5. **Risk Factors** – individualized to specific offense patterns and sexual history. The use of Safety Planning is helpful to reduce risk
6. **Self Management** –Offender knowledge of self control strategies is always of priority. For example, the ability to problem solve using healthy coping tools reduces the risk of sexualizing behaviors.
7. **Thoughts, Emotions, Behavior** – these constitute the basis of Cognitive Therapy. Much emphasis is placed on sexualized thoughts, emotions and behaviors – providing alternative, healthy coping responses
8. **Cognitive Distortions** – the distortions must be identified in order for restructuring to occur. The offenders are given a specific assignment to identify 25 thinking distortions and provide an example as to how these were used in the offense. This homework is usually the initial packet of information provided this is a required group component.

9. Healthy Sexual Functioning – education in this area is very significant in prevention of relapse. The topics of emotional and sexual intimacy are discussed in detail. The goal of no further victimization begins with the awareness of healthy functioning.
10. Offense Impact – offenders identify their index victims and co-victims. This ‘ripple effect’ in offending becomes a focus in empathy enhancement also.
11. Victim Empathy – this is also a required component; usually completed toward the end of treatment. Empathy is also covered in the Relapse Prevention Plan. I have a ‘Victim Empathy Chair’ in the group room. This was implemented for understanding victim impact, not to instill further guilt/shame. It has been a very positive intervention
12. Personality Traits and Deficits – these are often assessed during an individual intake session or through Psychological Testing. If the deficit is lessened through psychotropic medication – then medication compliancy is added to the treatment plan. Also, other resources such as Mental Health, Substance Abuse, Community Support may be required to address the specific concerns
13. Trauma and Victimization – in this program, the offenders personal victimization is separated from his/her perpetration. These issues are disclosed in the sexual history and discussed – however, never in the realm of victim – stance
14. Social Deficits – this is an on – going goal within the group dynamic. Increasing social skills is promoted by respect and concern for others including no use of profanity. Offender takes responsibility for their own feelings and expressing feelings in a healthy manner (these are listed on the SO Program Guidelines). The improvement of social skills increase the offenders ability to ‘emotionally connect’ with others – another high priority goal
15. Relapse Prevention Plan – a specific and detailed Relapse Prevention Plan is completed and presented to group members. This is a required component also. The offender works on the Relapse Prevention Plan after the completion of his Deviant Cycle
16. Referrals – implementing a Multi-disciplinary Team approach is used to meet the specific needs of the offender. Various community resources such as Vocational Rehab, Employment Career Center and support groups can often assist the offender (and family) if indicated

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

CAREBRIDGE COUNSELING
1305 EDGEWATER POINT
LAKE ST LOUIS MO 63367

DATE ISSUED: [REDACTED]

FEDERAL IDENTIFICATION NUMBER: 431822399

The Missouri Department of Revenue 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 Maples
Administrator, Business Tax

DH:DU1247

CBN045
201518100300161

Exhibit D

Missouri Services-disabled Veteran

Business

EXHIBIT D
MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

Pursuant to section 34.074, RSMo, and 1 CSR 40-1.050, the Department has a goal of awarding three (3) percent of all contracts for the performance of any job or service to qualified service-disabled veteran business enterprises (SDVEs).

STANDARDS:

The following standards shall be used by the Department in determining whether an individual, business, or organization qualifies as an SDVE:

- Doing business as a Missouri firm, corporation, or individual or maintaining a Missouri office or place of business, not including an office of a registered agent;
- Having not less than fifty-one percent (51%) of the business owned by one (1) or more service-disabled veterans (SDVs) or, in the case of any publicly-owned business, not less than fifty-one percent (51%) of the stock of which is owned by one (1) or more SDVs. (An SDV is defined as any individual who is disabled as certified by the appropriate federal agency responsible for the administration of veterans' affairs.);
- Having the management and daily business operations controlled by one (1) or more SDVs;
- Having a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty) and a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs; and
- Possessing the power to make day-to-day as well as major decisions on matters of management, policy, and operation.

If a bidder meets the standards of a qualified SDVE as stated above, and unless previously submitted within the past five (5) years to the Department or to the Office of Administration, Division of Purchasing and Materials Management (DPMM), the bidder **must** provide the following SDV documents to receive the Missouri SDVE three (3) bonus point preference.

- A copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty),
- A copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs, and
- A completed copy of this exhibit.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

EXHIBIT D (continued)
MISSOURI SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE PREFERENCE

W/A

By signing below, I certify that I meet the definitions of a service-disabled veteran and a service-disabled veteran business enterprise as defined in section 34.074, RSMo. I further certify that I meet the standards of a qualifying SDVE as listed herein pursuant to 1 CSR 40-1.050. *ca*

Service-Disabled Veteran's Name
(Please Print)

Service-Disabled Veteran Business Enterprise Name

Service-Disabled Veteran's Signature

Missouri Address of Service-Disabled Veteran
Business Enterprise

Phone Number

Website Address

Date

E-Mail Address

The SDVE bidder should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified herein to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM) and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified herein within the past five (5) years to the state agency.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Office of Administration, Division of Purchasing and Materials Management (DPMM).

Date SDV Documents were Submitted: _____

Previous Bid/Contract Number for Which the SDV Documents were Submitted: _____
(if known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY

SDV's Documents - Verification Completed By:

Procurement Officer

Date

EXHIBIT E

Participation Commitment

EXHIBIT F

Documentation of Intent To Participate

EXHIBIT F

n/A

DOCUMENTATION OF INTENT TO PARTICIPATE

If the bidder is proposing to include the participation of an Organization for the Blind/Sheltered Workshop and/or qualified Service-Disabled Veteran Business Enterprise (SDVE) in the provision of the products/services required in the IFB, the bidder must either provide a recently dated letter of intent, signed and dated no earlier than the IFB issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the bidder's bid.

~ Copy This Form For Each Organization Proposed ~

Bidder Name: _____

This Section To Be Completed by Participating Organization:

By completing and signing this form, the undersigned hereby confirms the intent of the named participating organization to provide the products/services identified herein for the bidder identified above.

Indicate appropriate business classification(s):

_____	Organization for the Blind	_____	Sheltered Workshop	_____	SDVE
-------	-------------------------------	-------	-----------------------	-------	------

Name of Organization: _____

(Name of Organization for the Blind or Sheltered Workshop or SDVE)

Contact Name: _____ Email: _____

Address (If SDVE, provide MO Address): _____ Phone #: _____

City: _____ Fax #: _____

State/Zip: _____ Certification # _____

SDVE's Website _____ Certification (or attach copy of certification)

Address: _____ Expiration _____

_____ Date: _____

Service-Disabled Veteran's SDV's

(SDV) Name: _____ Signature: _____

(Please Print)

PRODUCTS/SERVICES PARTICIPATING ORGANIZATION AGREED TO PROVIDE

Describe the products/services you (as the participating organization) have agreed to provide:

Authorized Signature:

*Authorized Signature of Participating Organization
(Organization for the Blind, Sheltered Workshop, or SDVE)*

*Date
(Dated no earlier than
the IFB issuance date)*

EXHIBIT F (continued)

DOCUMENTATION OF INTENT TO PARTICIPATE

N/A
cc

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran's (SDV) documents were previously submitted within the past five (5) years to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM), the bidder **must** provide the following SDV documents:

- a copy of the SDV's award letter from the Department of Veterans Affairs or a copy of the SDV's discharge paper (DD Form 214, Certificate of Release or Discharge from Active Duty); and
- a copy of the SDV's documentation certifying disability by the appropriate federal agency responsible for the administration of veterans' affairs.

(NOTE: The SDV's award letter, the SDV's discharge paper, and the SDV's documentation certifying disability shall be considered confidential pursuant to subsection 14 of section 610.021, RSMo.)

The bidder should check the appropriate statement below and, if applicable, provide the requested information.

- No, I have not previously submitted the SDV documents specified above to the state agency or to the Office of Administration, Division of Purchasing and Materials Management (DPMM) and therefore have enclosed the SDV documents.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the state agency.
- Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Office of Administration, Division of Purchasing and Materials Management (DPMM).

Date SDV Documents were Submitted: _____

Previous Bid/Contract Number for Which the SDV Documents were Submitted: _____
(if known)

(NOTE: If the SDVE and SDV are listed on the DPMM SDVE database located at <http://oa.mo.gov/sites/default/files/sdvelisting.pdf>, then the SDV documents have been submitted to the DPMM within the past five [5] years. However, if it has been determined that an SDVE at any time no longer meets the requirements stated above, the DPMM will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY	
SDV's Documents - Verification Completed By:	
_____	_____
Procurement Officer	Date

EXHIBIT G

Business Entity Certification

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 .
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 Lynn Rousan (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 Lynn Rousan (Company/Individual Name) is awarded a contract for the services requested herein under LFP SDA 503-004 (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, Lynn Rousan (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the DOC (insert agency name) with all documentation required in Box B of this exhibit.

Lynn Rousan
 Authorized Representative’s Name
 (Please Print)

 Authorized Representative’s Signature

 Company Name (if applicable)

June
 Date

EXHIBIT G, continued

n/A
cu

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 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; 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 bidder's/contractor's name and company ID OR 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

w/ff
lw

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 _____ (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 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 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.)

Authorized Representative's Signature

Printed Name

Title

Date

E-Mail Address

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

Signature of Notary

Date

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Lake St. Louis, MO 63367

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