

NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
http://oa.mo.gov/purchasing

CONTRACT NUMBER	CONTRACT TITLE
CS160754002	Residential Facility Services
AMENDMENT NUMBER	CONTRACT PERIOD
Amendment #002	July 1, 2018 through June 30, 2019
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 931 YYY18708342	4306526570 0/MB00090637
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
MERS MISSOURI GOODWILL INDUSTRIES 1727 LOCUST ST SAINT LOUIS MO 63103	Department of Corrections Division of Probation and Parole PO Box 236 Jefferson City MO 65102

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

Contract CS160754002 is hereby amended pursuant to the attached Amendment #002 dated 01/31/18.

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: <u>julie.kleffner@oa.mo.gov</u> Phone: (573) 751- 7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
Whi Kleffre	2-6-18

DIRECTOR OF PURCHASING

Home bager

Karen S. Boeger



AMENDMENT NO.: 002

CONTRACT NO.: CS160754002 TITLE: Residential Facility Services

ISSUE DATE: 01/25/18

DOING BUSINESS AS (DBA) NAME

REQ NO.: NR 931 YYY18708342

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.

E-MAIL: julie.kleffner@oa.mo.gov

TO:

MERS MISSOURI GOODWILL INDUSTRIES

1727 LOCUST ST

SAINT LOUIS MO 63103

RETURN AMENDMENT BY NO LATER THAN: 02/08/18 AT 5:00 PM CENTRAL TIME

RETURN AMENDMENT TO THE DIVISION OF PURCHASING (PURCHASING) BY E-MAIL, FAX, OR MAIL/COURIER:

SCAN AND E-MAIL TO:	julie.kleffner@oa.mo.gov
FAX TO:	(573) 526-9816
MAIL TO:	PURCHASING, P.O. Box 809, Jefferson City, Mo 65102-0809
COURIER/DELIVER TO:	PURCHASING, 301 West High Street, Room 630, Jefferson City, Mo
	65101-1517

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Department of Corrections
Division of Probation and Parole
PO Box 236
Jefferson City MO 65102

SIGNATURE REQUIRED

MERS/Missouri Goodwill Industries		MERS/Missouri Goodwill Industries	
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS	
1727 Locust Street		1727 Locust Stree	et
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
St. Louis, MO 63103		St. Louis, MO 63103	
		:	
CONTACT PERSON		EMAIL ADDRESS	
Jeff Cartnal, M.S., M.B.A.		jcartnal@mersgoodwill.org	
PHONE NUMBER		FAX NUMBER	
314-982-8809		314-241-1588	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE	(CHECK ONE)	TAXPAYER ID NUMBER (TIN)
43-0652657	_X_ FEIN _	SŚN	43-0652657
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)			
CorporationIndividualState/I	ocal Government	Partnership Sole I	Proprietor _X_IRS Tax-Exempt
AUTHORIZED-SIGNATURE		DATE	
THE A		January 31, 2018	
PRINTED NAME		TITLE	
David Kutchback		President/Chief Executive Officer	

AMENDMENT #002 TO CONTRACT CS160754002

CONTRACT TITLE:

Residential Facility Services

CONTRACT PERIOD:

July 1, 2018 through June 30, 2019

The State of Missouri hereby renews the above referenced contract through June 30, 2019 at the same prices as the previous contract period.

However, as a result of the budgetary constraints facing State Government, the contractor is advised the State of Missouri reserves the right to terminate the contract at any time, for the convenience of the state, without penalty or recourse, by giving written notice to the contractor at least thirty (30) calendar days prior to the effective date of such termination, pursuant to paragraph 2.20.4 of the contract.

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

The contractor shall signify acceptance by signing and returning this document on or before the date indicated.



NOTICE OF CONTRACT RENEWAL

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809
http://oa.mo.gov/purchasing

CONTRACT NUMBER	CONTRACT TITLE
CS160754002	Residential Facility Services
AMENDMENT NUMBER	CONTRACT PERIOD
Amendment #001	July 1, 2017 through June 30, 2018
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 931 YYY17708263	4306526570 0/MB00090637
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
MERS MISSOURI GOODWILL INDUSTRIES 1727 LOCUST ST SAINT LOUIS MO 63103	Department of Corrections Division of Probation and Parole PO Box 236 Jefferson City MO 65102

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The State of Missouri hereby exercises its option to renew the contract.

All other terms, conditions and provisions of the contract, including all prices, shall remain the same throughout the above contract period and apply hereto.

SIGNATURE OF CONTRACTOR IS NOT REQUIRED ON THIS DOCUMENT.

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: <u>julie.kleffner@oa.mo.gov</u> Phone: (573) 751- 7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
(Julio Colphe)	2-14-17

DIRECTOR OF PURCHASING

Karen S. Boeger



NOTICE OF AWARD

State Of Missouri
Office Of Administration
Division Of Purchasing
PO Box 809
Jefferson City, MO 65102-0809

http://oa.mo.gov/purchasing

SOLICITATION NUMBER	CONTRACT TITLE
RFPS30034901600754	Residential Facility Services
CONTRACT NUMBER	CONTRACT PERIOD
C\$160754002	February 1, 2017 through June 30, 2017
REQUISITION/REQUEST NUMBER	SAM II VENDOR NUMBER/MissouriBUYS SYSTEM ID
NR 931 YYY16708273	43065265700/MB00090637
CONTRACTOR NAME AND ADDRESS	STATE AGENCY'S NAME AND ADDRESS
MERS MISSOURI GOODWILL INDUSTRIES 1727 LOCUST ST SAINT LOUIS MO 63103	Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102

ACCEPTED BY THE STATE OF MISSOURI AS FOLLOWS:

The proposal submitted by MERS/Missouri Goodwill Industries in response to Solicitation/Opportunity (OPP) No. RFPS30034901600754 is accepted in its entirety for twenty-five (25) female residential slots in the eastern region.

BUYER	BUYER CONTACT INFORMATION
Julie Kleffner	Email: <u>Julie.Kleffner@oa.mo.gov</u> Phone: (573) 751-7656 Fax: (573) 526-9816
SIGNATURE OF BUYER	DATE
Lulie Kleffa	12-15-16

DIRECTOR OF PURCHASING

Karen S. Boeger



September 29, 2016

Attention: Julie Kleffner Division of Purchasing 301 West High Street, Truman Building, Room 630 Jefferson City, MO 65101-1517

Dear Ms. Kleffner:

Please find enclosed with this letter MERS Missouri Goodwill Industries' response to BAFO Request No. 003 for RFP No. RFPS30034901600754, Residential Facility Services -Statewide, due to you by Return Date 10/04/16 at 5:00 p.m. CST. As instructed, we are submitting an original and four copies.

We acknowledge receipt of BAFO Request No. 003, which had no changes to the RFP enacted by this BAFO. At this time we are not making any changes to our proposal.

Should there be any questions regarding our response to this BAFO, please contact Jeff Cartnal, Vice President of Program Development, at jcartnal@mersgoodwill.org or (314) 982-8809 for further clarification.

We look forward to continuing our work with you during this process.

Thank you,

Jeff Cartnal, MS, MBA

Jykalıl XI

Vice President - Program Development

BOARD OF DIRECTORS

Officers

Christopher Tabourne Chairperson Darryl Jones 1st Vice Chairperson Jay Summerville 2nd Vice Chairperson Michael Iskiwitch Treasurer Barry Ginsburg Assistant Treasurer Louis Loebner Secretary Tani Wolff Assistant Secretary

DIRECTORS

Edda Berti Laura Ellenhorn Judith Gall Paul Gallant Elizabeth Green Julie Heller Rosenfeld Kraig Kreikemeier Gerald Kretmar Robert Lefton Stacy McMurray Jack Minner Harry Moppins, Jr. James Mosqueda Milton Movitz George Newman Joan Newman George Philips Elliot Zucker

Lewis C. Chartock, Ph.D. President/CEO







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STATE OF MISSOURI OFFICE OF ADMINISTRATION **DIVISION OF PURCHASING (PURCHASING)** REOUEST FOR BEST AND FINAL OFFER (BAFO) FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 003 RFP NO.: RFPS30034901600754

TITLE: Residential Facility Services - Statewide

ISSUE DATE: 09/29/16

REQ NO.: NR 931 YYY16708273

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 10/04/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS:

Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)

RETURN BAFO RESPONSE TO: PURCHASING

(Courier Service) **PURCHASING** or

PO BOX 809

JEFFERSON CITY MO 65102-0809

301 WEST HIGH STREET, RM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME		LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.		
MERS/Missouri Goodwill Industries		MERS/Missouri Goodwill Industries		
MAILING ADDRESS		TRS FORM 1099 MAILING	ADDRESS	
1727 Locust Street		1727 Locust Street	t	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE		
St. Louis, MO 63103		St. Louis, MO 631	03	
CONTACT PERSON		EMAIL ADDRESS	EMAIL ADDRESS	
Jeff Cartnal, M.S., M.B.A.		jcartnal@mersgoodwill.org		
PHONE NUMBER		FAX NUMBER		
314-982-8809		314-241-1588		
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE	(CHECK ONE)	TAXPAYER ID NUMBER (TIN)	
43-0652657	43-0652657 <u>X</u> FEIN		43-0652657	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)				
CorporationIndividual State/I	Local Government	Partnership Sole P	roprietor X IRS Tax-Exempt	
AUTHORIZED SIGNATURE		DATE		
the west of the second		September 29, 2016		
PRINTED NAME		TITLE		
Dave Kutchback		President/CEO		

Jeremiah W. (Jay) Nixon Governor



Doug Nelson Commissioner

State of Missouri OFFICE OF ADMINISTRATION

Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TTD: (800) 735-2966 Voice: (800) 735-2466
http://oa.mo.gov/purchasing

Karen S. Boeger Director

September 28, 2016

Jeff Cartnal MERS Missouri Goodwill Industries 1727 Locust Street St. Louis Mo 63103

VIA E-MAIL: jcartnal@mersgoodwill.org

Dear Mr. Cartnal:

In accordance with paragraph 3.2 of RFPS30034901600754- (Residential Facility Services), this letter shall constitute a third official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP. The cover page of the attached RFP is the Best and Final Offer #003 form. This BAFO #003 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #003 form cover page confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments and BAFOs.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #003 form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" BY 5:00 p.m. Central Time on October 4, 2016 to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101-1517

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901600754 on the lower left corner. Please include the original plus four (4) copies (for a total of five (5) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,

Julie Kleffner

c: Evaluation Team

RFPS30034901600754

" Diet Office

Attachment: RFP including BAFO Form



August 10, 2016

Ms. Julie Kleffner Purchasing 301 West High Street, RM 630 Jefferson City, MO 65101-1517

Hello Ms. Kleffner:

Please find enclosed with this letter MERS Missouri Goodwill Industries' response to BAFO Request No. 002 for RFP No. RFPS30034901600754, Residential Facility Services – Statewide, due to you by Return Date 08/11/16 at 5:00 p.m. CST.

We acknowledge receipt of BAFO Request No. 002 and have reviewed and do accept the changes to the RFP enacted by this BAFO. The changes do not materially affect our current response to the RFP. Therefore, at this time we are not making any changes to our proposal.

Should there be any questions regarding our response to this BAFO, please contact Jeff Cartnal, Vice President of Program Development, at jcartnal@mersgoodwill.org or (314) 982-8809 for further clarification.

We look forward to continuing our work with you during this process.

Thank you,

Jeff Cartnal, MS, MBA

Mart

Vice President - Program Development

BOARD OF DIRECTORS

Officers

Christopher Tabourne
Chairperson
Darryl Jones
1st Vice Chairperson
Jay Summerville
2nd Vice Chairperson
Michael Iskiwitch
Treasurer
Barry Ginsburg
Assistant Treasurer
Louis Loebner
Secretary
Tani Wolff
Assistant Secretary

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Lewis C. Chartock, Ph.D. President/CEO

















BAFO REQUEST NO.: 002 RFP NO.: RFPS30034901600754

TITLE: Residential Facility Services - Statewide

ISSUE DATE: 8/4/16

REO NO.: NR 931 YYY16708273

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 8/11/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS:

DOING BUSINESS AS (DBA) NAME

MEDS/Missouri Coodwill Industries

Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)

(Courier Service) PURCHASING or

LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.

MEDC/Missouri Coodwell Industries

RETURN BAFO RESPONSE TO: PURCHASING

PO BOX 809

301 WEST HIGH STREET, RM 630

JEFFERSON CITY MO 65102-0809

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

WERS/WISSOUT GOODWIN MOUSTICS		IVILIXO/IVII33Oui1 C	
MAILING ADDRESS		IRS FORM 1099 MAILING ADDRESS	
1727 Locust Street		1727 Locust Street	
CITY, STATE, ZIP CODE		CITY, STATE, ZIP CODE	
St. Louis, MO 63103		St. Louis, MO 63103	
CONTACT PERSON		EMAIL ADDRESS	
Jeff Cartnal, M.S., M.B.A.		jcartnal@mersgoodwill.org	
PHONE NUMBER		FAX NUMBER	
314-982-8809		314-241-1588	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE	(CHECK ONE)	TAXPAYER ID NUMBER (TIN)
43-0652657	_X_ FEIN _	SSN	43-0652657
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		<u></u>	
Corporation Individual State/Loc	cal Government	Partnership Sole P	roprietor _X_IRS Tax-Exempt
AUTHORIZED SIGNATURE		DATE	
Mart		August 10, 2016	
PRINTEU NAME		TITLE	
Jeff Cartnal		Vice President – Program Development	

RFPS30034901600754

BEST AND FINAL OFFER (BAFO) #002 to RFPS30034901600754

TITLE: Residential Facility Services - Statewide

CONTRACT PERIOD: Effective Date of Contract Through June 30, 2017

The following paragraphs in RFPS30034901600754 have changes:

2.10.5 and its subparagraphs

Jeremiah W. (Jay) Nixon Governor



Doug Nelson Commissioner

State of Missouri OFFICE OF ADMINISTRATION

Karen S. Boeger Director

Division of Purchasing
301 West High Street, Room 630
Post Office Box 809
Jefferson City, Missouri 65102-0809
(573) 751-2387 Fax: (573) 526-9816
TTD: (800) 735-2966 Voice: (800) 735-2466
http://oa.mo.gov/purchasing

August 4, 2016

Jeff Cartnal MERS Missouri Goodwill Industries 1727 Locust Street St. Louis Mo 63103

VIA E-MAIL: jcartnal@mersgoodwill.org

Dear Mr. Cartnal:

In accordance with paragraph 3.2 of RFPS30034901600754- (Residential Facility Services), this letter shall constitute a second official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP, including revisions to the RFP as a result of this request for negotiations. The cover page of the attached RFP is the Best and Final Offer #001 form. This BAFO #001 form must be completed, signed by an authorized representative of your organization, and returned with your BAFO response. Signing the BAFO #001 form cover page confirms your understanding and agreement to comply with the provisions and requirements of the RFP as modified by any previously issued RFP amendments and BAFOs and by this request for a BAFO.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, please be advised that it is not necessary for you to resubmit your entire proposal. Only the signed BAFO #002 form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need be submitted. Your BAFO response is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this request for a BAFO by submitting a written, sealed "Best and Final Offer" BY 5:00 p.m. Central Time on August 11, 2016 to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101-1517

Jeff Cartnal August 4, 2016 Page 2

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901600754 on the lower left corner. Please include the original plus four (4) copies (for a total of five (5) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,

Julie Kleffner

c: Evaluation Team

RFPS30034901600754

Ow & Outhow

Attachment: RFP including BAFO Form

July 21, 2016

Ms. Julie Kleffner Purchasing 301 West High Street, RM 630 Jefferson City, MO 65101-1517

Hello Ms. Kleffner:

Please find enclosed with this letter MERS Missouri Goodwill Industries' response to BAFO Request No. 001 for RFP No. RFPS30034901600754, Residential Facility Services – Statewide, due to you by Return Date 07/25/16 at 5:00 p.m. CST.

Our response consists entirely of the enclosed Exhibit J, which was modified by the BAFO request to include more detailed justification for each line item in our proposed budget. Our revised budget and detailed budget justifications have been provided on the expanded Exhibit J. Please note there is no change in our Firm, Fixed Price per Residential Slot of \$79.20.

Should there be any questions regarding our response to this BAFO, please contact Jeff Cartnal, Vice President of Program Development, at (314) 982-8809 or jeartnal@mersgoodwill.org for further clarification.

We look forward to continuing our work with you during this process.

Thank you,

David Kutchback President/CEO



BOARD OF DIRECTORS

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Chairperson
Darryl Jones
1st Vice Chairperson
Jay Summerville
2nd Vice Chairperson
Michael Iskiwitch
Treasurer
Barry Ginsburg
Assistant Treasurer
Louis Loebner
Secretary
Tani Wolff
Assistant Secretary

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Lewis C. Chartock, Ph.D. President/CEO















STATE OF MISSOURI OFFICE OF ADMINISTRATION **DIVISION OF PURCHASING (PURCHASING)** REQUEST FOR BEST AND FINAL OFFER (BAFO) FOR REQUEST FOR PROPOSAL (RFP)

BAFO REQUEST NO.: 001 RFP NO.: RFPS30034901600754

TITLE: Residential Facility Services - Statewide

ISSUE DATE: 07/15/16

REQ NO.: NR 931 YYY16708273

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

BAFO RESPONSE SHOULD BE RETURNED BY: 07/25/16 AT 5:00 PM CENTRAL TIME

MAILING INSTRUCTIONS:

Print or type RFP Number and Return Due Date on the lower left hand corner of the envelope or package. Sealed BAFOs should be in Division of Purchasing office (301 W High Street, Room 630) by the return date and time.

or

(U.S. Mail)

RETURN BAFO RESPONSE TO: PURCHASING

PO BOX 809

JEFFERSON CITY MO 65102-0809

(Courier Service) PURCHASING

301 WEST HIGH STREET, RM 630

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by any previously issued RFP amendments and by this and any previously issued BAFO requests. The offeror agrees that the language of the original RFP as modified by any previously issued BAFO requests shall govern in the event of a conflict with his/her proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the offeror and the State of Missouri.

SIGNATURE REQUIRED

DOING BUSINESS AS (DBA) NAME	LEGAL NAME OF ENTITY/INDIVIDUAL FILED WITH IRS FOR THIS TAX ID NO.
MERS/Missouri Goodwill Industries	MERS/Missouri Goodwill Industries
MAILING ADDRESS	IRS FORM 1099 MAILING ADDRESS
1727 Locust Street	1727 Locust Street
CITY, STATE, ZIP CODE	CITY, STATE, ZIP CODE
St. Louis, MO 63103	St. Louis, MO 63103
CONTACT PERSON	EMAIL ADDRESS

CONTACT PERSON		EMAIL ADDRESS		
Jeff Cartnal, M.S., M.B.A. jcartnal@mers		jcartnal@mersgood	oodwill.org	
PHONE NUMBER			FAX NUMBER	
314-982-8809	314-982-8809 314-241-1		1-1588	
TAXPAYER ID NUMBER (TIN)	TAXPAYER ID (TIN) TYPE	(CHECK ONE)	TAXPAYER ID NUMBER (TIN)	
43-0652657	_X_ FEIN SSN		43-0652657	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)				
Corporation Individual State/I	Local Government	Partnership Sole P	roprietor _X_IRS Tax-Exempt	
AUTHORIZED SIGNATURE		DATE		
Modella		July 21, 2016		
PRINTED NAME		TITLE		
David Kutchback		President/Chief Executive Officer		

BEST AND FINAL OFFER (BAFO) #001 to RFPS30034901600754

TITLE:

Residential Facility Services - Statewide

CONTRACT PERIOD:

Effective Date of Contract Through June 30, 2017

The following paragraph and exhibit in RFPS30034901600754 have changes:

3.6.6 Exhibit J Exhibit Revised by BAFO 001

EXHIBIT J BUDGET/PRICE ANALYSIS

The vendor should complete the following table in sufficient detail for information regarding the services proposed

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

X	Eastern Region	Western Region	Statewide Region

Budget Categories	Quantity	Unit Price	Total
Professional Personnel (list by classification and	l name, if known)		
1. Shanna Parmely, Director	1.00	\$41,600.00	\$41,600.00
2. Terrie Woods, Lead Security Monitor /	1.00	\$15.000.60	417.000.60
Coordinator	1.00	\$17,889.60	\$17,889.60
3. To Be Determined, Case Manager	1.00	\$34,041.37	\$34,041.37
Total Professional Personnel			\$93,530.97
Support Personnel (list by classification and na	me, if known)		stribijo šinije sed sestelja karaji i ospisari
4. Hossam Abdelmoneim, Security Monitor	1.00	\$8,227.56	\$8,227.56
5. Vanessa Ball, Security Monitor	1.00	\$8,227.56	\$8,227.56
6. Octavia Brankley, Security Monitor	1.00	\$8,227.56	\$8,227.56
7. Antwana Briggs, Security Monitor	1.00	\$8,227.56	\$8,227.56
8. Ericia Clark, Security Monitor	1.00	\$11,647.70	\$11,647.70
9. Briah Dotson, Security Monitor	1.00	\$8,227.56	\$8,227.56
10. India Dulaney, Security Monitor	1.00	\$8,227.56	\$8,227.56
11. LaChelle Fullilove, Security Monitor	1.00	\$11,647.70	\$11,647.70
12. Yvette Gay, Security Monitor	1.00	\$8,227.56	\$8,227.56
13. Anthony Hill, Security Monitor	1.00	\$8,227.56	\$8,227.56
14. Julie Hunt, Security Monitor	1.00	\$11,647.70	\$11,647.70
15. Kimmy Moore, Security Monitor	1.00	\$11,647.70	\$11,647.70
16. Antoinette Roberts, Security Monitor	1.00	\$8,227.56	\$8,227.56
17. Arlivia Ross, Security Monitor	1.00	\$11,647.70	\$11,647.70
18. Cherri Sargent, Security Monitor	1.00	\$8,227.56	\$8,227.56
19. Brian Young, Security Monitor	1.00	\$11,647.70	\$11,647.70
20. LaTasha Wilson, Security Monitor	1.00	\$8,227.56	\$8,227.56
21. To Be Hired, Security Monitor	1.00	\$22,995.40	\$22,995.40
22. To Be Hired, Security Monitor	1.00	\$22,995.40	\$22,995.40
23. To Be Hired, Security Monitor	1.00	\$5,973.85	\$5,973.85
24. To Be Hired, Security Monitor	1.00	\$5,973.85	\$5,973.85
25. To Be Hired, Security Monitor	1.00	\$5,973.85	\$5,973.85
Total Support Personnel			\$224,301.67
Travel Expenses (list)		tranie dinigralings geschau. District de parentings de de spress	
1. Client Assistance - Transportation	12.00	\$1,407.67	\$16,892.00
2. Staff Travel, Lodging, and Meals	12.00	\$91.00	\$1,092.00
Total Travel Expenses			\$17,984.00

KIT 530034901000734			1 ago 4
Materials and Supplies (list)		jatus producti upus sala 1976-193	sayan na galatta da assayasi abii
1. Telecommunications	12.00	\$335.00	\$4,020.00
2. Equipment	1.00	\$1,900.00	\$1,900.00
3. Supplies	12.00	\$1,221.50	\$14,658.00
Total Materials and Supplies			\$20,578.00
Other Components/Overhead (List)			aus personale april provincia de la como de La como del como de la
1. Fringe Benefits and Payroll Taxes	1.00	\$102,520.60	\$102,520.60
2. Purchased Services	1.00	\$12,570.00	\$12,570.00
3. Investigative Fees and Background Checks	1.00	\$375.00	\$375.00
4 Dues and Organization Memberships	6.00	\$110.00	\$660.00
5. Bank Fees	12.00	\$31.00	\$372.00
6. Cafeteria Expenses	12.00	\$15,687.61	\$188,251.37
7. Depreciation - Building Improvements	12.00	\$1,252.00	\$15,024.00
8. Depreciation - Furniture	12.00	\$56.42	\$677.00
9. Administrative Cost Rate (6.77%)	1.00	\$45,822.38	\$45,822.38
Total Other Components/Overhead			\$366,272.35
Firm, Fixed Price Per Residential Slot (equals	price on Pricing	Page)	\$79.20

EXHIBIT J, continued

Paragraph Inserted by BAFO 001

1.1.1 The vendor should provide a separate, detailed justification for each item listed in the preceding budget in the table below or any other format.

Budget Categories	Detailed Justification
Professional Personnel (list by classification a	nd name, if known)
1. Shanna Parmely, Director	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
2. Terrie Woods, Lead Security Monitor / Coordinator	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
3. To Be Determined, Case Manager	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
Support Personnel (list by classification and n	ame, if known)
4. Hossam Abdelmoneim, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
5. Vanessa Ball, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
6. Octavia Brankley, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
7. Antwana Briggs, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
8. Ericia Clark, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
9. Briah Dotson, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
10. India Dulaney, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
11. LaChelle Fullilove, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
12. Yvette Gay, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes

RFPS30034901600754	Page 6
•	charged to this budget on a percentage basis as outlined in Exhibits H and I.
13. Anthony Hill, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
14. Julie Hunt, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
15. Kimmy Moore, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
16. Antoinette Roberts, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
17. Arlivia Ross, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
18. Cherri Sargent, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
19. Brian Young, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
20. LaTasha Wilson, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
21. To Be Hired, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
22. To Be Hired, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
23. To Be Hired, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
24. To Be Hired, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.
25. To Be Hired, Security Monitor	Position required by Scope of Work and other RFP guidelines. Salary, Fringe Benefits, and Payroll Taxes charged to this budget on a percentage basis as outlined in Exhibits H and I.

Travel Expenses (list)

RFPS30034901600754	Page 7
1. Client Assistance - Transportation	MERS Goodwill provides bus tickets to offenders for free,
	which the residents reimburse once they obtain employment.
2. Staff Travel, Lodging, and Meals	Mileage reimbursement is at 42 cents per mile. Mileage for
	the program is estimated at 50 miles per week.
Materials and Supplies (list)	
1. Telecommunications	Cellphone service for Director, Case Manager, and Lead
	Security Monitor/Coordinator. Landline phone service for
·	monitoring station and each professional staff office.
	Payphone line service for resident's use. Internet access and
	service for staff and residents.
2. Equipment	Replacement of monitoring devices, such as Breathalyzer and
	metal detectors.
3. Supplies	Standard office supplies, such as ink cartridges for printers,
	folders, paper clips, pens, etc. Consumable supplies for
·	monitoring equipment, such as Breathalyzer mouthpieces.
	Janitorial supplies. Hygiene supplies and toiletries for
	residents. Bedding and linens for residents.
Other Components/Overhead (List)	
1. Fringe Benefits and Payroll Taxes	Full-time, non-exempt MMGI staff receive life insurance,
	medical insurance, and dental insurance. They also receive annual contributions to their Defined Contribution Plan after
	one year of service. (All new Staff hired for this grant will
	receive this benefit in Program Year 2 of the program.) The
	Defined Contribution Plan is calculated at 5% of salary. Life
	insurance is calculated at .069% of salary, medical insurance
	at \$7,074.12 per FTE, dental insurance at \$273.48 per FTE,
	and Disability Insurance at .049% of salary. Payroll taxes
	are calculated based on total staff salaries. FICA is 7.65%.
·	Workers Compensation is 1.50%. Unemployment
	Compensation is 2.0% of salary.
2. Purchased Services	Independent laboratory Urinalysis. Pest control on a monthly
	basis. Laundry equipment maintenance.
3. Investigative Fees and Background Checks	For each new hire, there are fees for background checks and
	employment verification. These total \$75 per employee.
4. Dues and Organization Memberships	Annual subscriptions to newspapers for residents' use, as
	outlined in the Scope of Work.
5. Bank Fees	Monthly banking service fees for independent checking
	account used to process resident maintenance contributions
	and dispersals.
6. Cafeteria Expenses	All meals, snacks, and other food offerings for residents, as
	required within the Scope of Work.
7. Depreciation - Building Improvements	State Residential Facility underwent a renovation in 2015.
8. Depreciation - Furniture	Relates to regular replacement of beds, chairs, and other
O Addition Co. D. (C. 570)	furniture.
9. Administrative Cost Rate (6.77%)	MMGI annually calculates Indirect Costs according to U.S.
·	Department of Labor standards used for the establishment of
	a FICRA. We have allocated 6.77% for Indirect Costs for this
	grant based on our 2016 calculation.



Jeremiah W. (Jay) Nixon Governor

Doug Nelson Commissioner State of Missouri
OFFICE OF ADMINISTRATION

Division of Purchasing 301 West High Street, Room 630 Post Office Box 809 Jefferson City, Missouri 65102-0809 (573) 751-2387 FAX: (573) 526-9815 TTD: 800-735-2966 Voice: 800-735-2466

http://oa.mo.gov/purchasing

Karen S. Boeger Director

July 15, 2016

Jeff Cartnal MERS Missouri Goodwill Industries 1727 Locust Street St. Louis Mo 63103

VIA E-MAIL:

Dear Mr. Cartnal

In accordance with paragraph 3.2 of RFPS30034901600754- (Residential Facility Services), this letter shall constitute an official request by the State of Missouri to enter into competitive negotiations with your company.

Included with this letter is a complete copy of the RFP, including revisions to the RFP as a result of the Best and Final Offer (BAFO). It includes a Best and Final Offer (BAFO) Form as the cover page which must be completed, signed by an authorized representative of your organization, and returned with your detailed BAFO response.

In your response to this Best and Final Offer, you may make any modification, addition, or deletion deemed necessary to your proposal. However, it is not necessary for you to resubmit your entire proposal. Only the signed BAFO Form and any portions of your proposal that are being revised as a result of this request for a Best and Final Offer need to be submitted. Furthermore, please understand that your response to this BAFO request is your final opportunity to ensure that (1) all mandatory requirements of the RFP have been met, (2) all RFP requirements are adequately described since all areas of the proposal are subject to evaluation, and (3) this is your best offer, including a reduction or other change to pricing.

You are requested to respond to this BAFO request by submitting a written, sealed "Best and Final Offer" BY 5:00 PM CENTRAL TIME ON July 25, 2016 to:

Attention: Julie Kleffner
Division of Purchasing
301 West High Street, Truman Building, Room 630
Jefferson City, MO 65101

The outside of the packet containing the BAFO response needs to state, "BAFO for RFPS30034901600754 on the lower left corner. Please include the original plus four (4) copies (for a total of five (5) documents) of your response. Faxed or e-mailed responses are not acceptable.

You are reminded that pursuant to section 610.021, RSMo, proposal documents including any best and final offer documents are considered closed records and shall not be divulged in any manner until after a contract is executed or all proposals are rejected. Furthermore, you and your agents (including subcontractors, employees, consultants, or anyone

Jeff Cartnal July 15, 2016 Page 2

else acting on their behalf) must direct all questions or comments regarding the RFP, the evaluation, etc. to me, as the buyer of record. Neither you nor your agents may contact any other state employee regarding any of these matters during the negotiation and evaluation process. Inappropriate contacts or release of information about your proposal or BAFO are grounds for suspension and/or exclusion from specific procurements.

If you have any questions regarding this BAFO request, please contact me at (573) 751-7656 or e-mail me at Julie.Kleffner@oa.mo.gov. I sincerely appreciate your efforts in working with the State of Missouri to ensure a thorough evaluation of your proposal.

Sincerely,

Julie Kleffner

c: Evaluation Team

RFPS30034901600754

Attachments: RFP including BAFO Form



STATE OF MISSOURI OFFICE OF ADMINISTRATION DIVISION OF PURCHASING (PURCHASING) REQUEST FOR PROPOSAL (RFP)

ADDENDUM NO.: 1

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600754

TITLE: Residential Facility Services - Statewide

ISSUE DATE: 05/26/16

REO NO.: NR 931 YYY16708273

BUYER: 573-751-7656 PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: June 16, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH HTTPS://MISSOURIBUYS.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

or.

MAILING INSTRUCTIONS:

Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

RETURN PROPOSAL AND ADDENDUM(S) TO:

(U.S. Mail) PURCHASING

PO BOX 809

JEFFERSON CITY MO 65102-0809

(Courier Service)
PURCHASING

301 WEST HIGH STREET, ROOM 630 JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all terms and conditions, requirements, and specifications of the original RFP as modified by this and any previously issued RFP addendums. The vendor should, as a matter of clarity and assurance, also sign and return all previously issued RFP addendums shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED

VENDOR NAME	Missouribuys system ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN)	
MERS Missouri Goodwill Industries	90637	
MAILING ADDRESS		
1727 Locust St		
CITY, STATE, ZIP CODE		
St. Louis, MO 63103		
CONTACT PERSON	EMAIL ADDRESS	
Jeff Cartnal	jcartnal@mersgoodwill.org	
PHONE NUMBER	FAX NUMBER	
314-982-8809	314-241-1085	
VENDOR TAX FILING TYPE WITH IRS (CHECK ONE)		
Corporation Individual State/Local Government P	artnership Sole ProprietorX_IRS Tax-Exempt	
AUTHORISED SIGNATURE	DATE	
- Church	06/15/2016	
PRINTED NAME	TITLE	
David Kutchback	President/Chief Executive Officer	

ADDENDUM #1 to RFPS30034901600754

TITLE:

Residential Facility Services - Statewide

CONTRACT PERIOD:

Effective Date of Contract through June 30, 2017

PROSPECTIVE OFFERORS ARE HEREBY NOTIFIED OF THE FOLLOWING CHANGES AND CLARIFICATIONS:

- The attendance sheet from the preproposal teleconference has been added to MissouriBUYS and can be found under the Addendum Documents.
- 2. The following paragraphs and attachment contain changes:

2.1.4

2.2.4 d 1)

2.2.5

2.2.5 c.

2.4

2.7.2 b 2)

2.8.4 a.

2.9.6

2.10.5 c.

2.10.5 c. 1)

2.12.3

2.12.4 a. 4)

Exhibit F, Item 10

Attachment #7

The changes are indicated in *italics*, unless the change is a deletion of words.

Vendors may review the revision(s) to the MissouriBUYS electronic solicitation at https://MissouriBUYS.mo.gov. Please follow these steps to conduct a comparison to review the electronic solicitation revision(s):

- 1. Log into MissouriBUYS.
- 2. Select the Solicitations tab.
- 3. Select View Current Solicitations.
- 4. Select My List (if you have previously reviewed/responded to this solicitation); Select Other Active Opportunities (if you have not previously reviewed/responded to this solicitation).
- 5. Select the correct Opportunity Number (Opportunity No); the Overview page will display.
- 6. From the Overview page, under Solicitation History information, select Previous Version from the dropdown box.
- 7. Choose the solicitation version you desire to compare to the addendum.
- 8. Click Show Version Comparison (revisions will be in yellow highlight).



STATE OF MISSOURI OFFICE OF ADMINISTRATION DIVISION OF PURCHASING (PURCHASING) REQUEST FOR PROPOSAL (RFP)

SOLICITATION/OPPORTUNITY (OPP) NO.: RFPS30034901600754

Residential Facility Services - Statewide TITLE:

ISSUE DATE: 05/06/16

REQ NO.: NR 931 YYY16708273

BUYER: Julie Kleffner PHONE NO.: (573) 751-7656

E-MAIL: Julie.Kleffner@oa.mo.gov

RETURN PROPOSAL NO LATER THAN: June 16, 2016 AT 2:00 PM CENTRAL TIME (END DATE)

VENDORS ARE

ENCOURAGED

OT RESPOND ELECTRONICALLY

THROUGH

HTTPS://MISSOURIBUYS.MO.GOV BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS:

Print or type Solicitation/OPP Number and End Date on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing office (301 W High Street, Room 630) by the return date and time.

(U.S. Mail)

RETURN PROPOSAL TO:

PURCHASING

PURCHASING ar

(Courier Service)

PO BOX 809

301 WEST HIGH STREET, RM 630

JEFFERSON CITY MO 65102-0809

JEFFERSON CITY MO 65101-1517

CONTRACT PERIOD: Effective Date of Contract through June 30, 2017

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

Missouri Department of Corrections Division of Probation and Parole Post Office Box 236 Jefferson City MO 65102

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal (Revised 10/19/15). The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order from the Division of Purchasing or when a Notice of Award is signed and issued by an authorized official of the State of Missouri, a binding contract shall exist between the vendor and the State of Missouri. The vendor shall understand and agree that in order for their proposal to be considered for evaluation, they must be registered in MissouriBUYS. If not registered at time of proposal opening, the vendor must register in MissouriBUYS upon request by the state immediately after proposal opening.

SIGNATURE REQUIRED MissouriBUYS SYSTEM ID (SEE VENDOR PROFILE - MAIN INFORMATION SCREEN) VENDOR NAME MERS Missouri Goodwill Industries 90637 MAILING ADDRESS 1727 Locust St CITY, STATE, ZIP CODE St. Louis, MO 63103 CONTACT PERSON EMAIL ADDRESS jcartnal@mersgoodwill.org Jeff Cartnal PHONE NUMBER 314-982-8809 314-241-1085 VENDOR TAX FILING TYPE WITH IRS (CHECK ONE) Sole Proprietor X IRS Tax-Exempt State/Local Government Partnership Corporation Individual AUTHORIZED SIGNATURE DATE 06/15/2016 TITLE President/Chief Executive Officer David Kutchback

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3) Method of Performance -	
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6) Business Compliance –	
 RFP Numbered Attachments #2-22 	Page ATT1-ATT28
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7) Additional Unnumbered Attachments Referen	ced in Proposal

- Organizational Chart
- Floor Plans
- Verification of Approved Zoning
- ADA Compliance
- Fire, Health, and Safety Permits and Inspections
- 2015 Financial Audit
- MERS Goodwill PREA Policy and Procedure
- MERS/Goodwill State Halfway House Standard Operations Procedures (House Rules)
- Local Client Outreach Services
- MERS Goodwill Disaster Recovery Plan

PRICING PAGE

1. EA	STERN REGION				
ORIGINAL CONTRACT	ORIGINAL CONTRACT PERIOD PRICE PER RESIDENTIAL SLOT				
Firm, Fixed Price Per Residential Slot:	\$ <u>79.20</u>	(Line item 1)			
RENEWAL OPTION Y	EARS PRICE PER RES	SIDENTIAL SLOT			
First Renewal Period					
Maximum Price Per Residential Slot:	\$ 8 <u>3.16</u>	(Line item 1)			
		ot for the original contract period)			
Second Renewal Period		/T *			
Maximum Price Per Residential Slot:	\$ 87.12	(Line item 1)			
(not to exceed 10% of the firm, j	ixea price per residential s	slot for the original contract period)			
Third Renewal Period					
Maximum Price Per Residential Slot:	\$ 91.08	(Line item 1)			
		slot for the original contract period)			
(not to exceed 1570 by the firm,)	tett price per restaurant				
PROPOSEI	NUMBER OF SLOTS	,			
FEMALE RESIDENTIAL SLOTS: If propo following:	sing female residential s	lots, the vendor shall complete the			
The prices quoted shall be applicable to a minimum slots through a maximum of 25 (must r	n of 25 (must not not quote more than 25) fe	quote less than 10) female residential male residential slots.			
NOTE: No male residential slots are needed at the	is time.				

RFPS30034901600754 Page A1

EXHIBIT A

VENDOR INFORMATION

The vendor should provide the following information about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

MERS Missouri Goodwill Industries (MERS Goodwill) is a comprehensive, community-based organization that provides employment, training, and support services to over 69,000 individuals each year in St. Louis and communities across Missouri and Southern Illinois. We empower individuals with significant obstacles to self-sufficiency by helping them achieve maximum community integration, economic independence, and opportunity. On August 1, 2001, Missouri Goodwill Industries and Metropolitan Employment and Rehabilitation Services (MERS) merged. MERS had successfully provided a comprehensive array of employment and support services since its incorporation in 1940. Missouri Goodwill Industries, founded in 1918 as part of the national Goodwill Industries movement, operated thrift retail outlets across southern and eastern Missouri and southern Illinois, a contracts division, and employment and training services for individuals with disabilities. We have been in business as currently constituted for 15 years.

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any.

The mission of MERS Missouri Goodwill Industries is "Changing lives through the power of work." Since 1918, our goal has been to appropriately evaluate, train, place, and retain each client facing employment barriers in a career, the foundation upon which self-sufficiency is built. Annually, we serve over 69,000 people at more than 70 employment and training service locations and 43 retail thrift stores across Missouri and Southern Illinois. We endeavor to help each person who comes to us, regardless of their particular barrier to employment. Clients utilize our Evaluation, Skills Training, Placement, Retention, and various support services to identify, prepare for, and maintain not just jobs, but living wage careers. MERS Goodwill is a regional voice for our clients' needs and routinely exceeds major industry benchmarks of success in providing vocational services. Our agency-wide 90-day retention rate of clients placed into jobs is 78%, one of the highest in the industry, and indicates how the great majority of our clients are successful, once given the opportunity to rise above entrenched poverty and attain social and financial participation in the community.

We provide intense, comprehensive, yet individualized services to persons with:

- Physical injuries or disabilities
- Developmental disabilities
- · Learning disabilities
- Hearing impairments
- Traumatic brain injury
- Visual impairments
- Limited education

- Poor economic conditions
- Chronic unemployment
- Dysfunctional living situations
- Generational welfare dependence
- Criminal histories
- Language and cultural barrièrs

MERS Goodwill's services, provided at over 70 area service centers, include:

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- Case management
- Vocational assessment
- Career counseling
- Work behavior training
- Job readiness training
- Work experience
- Apprenticeship training
- Job placement
- Sheltered and supported employment

- Job retention and support services
- Post-employment mentoring
- · Translation and interpreter services
- Residential treatment
- Supported living
- Community corrections placement
- Employment/community follow-up
- Vocational skills training

Our website is www.mersgoodwill.org.

3. Provide a list of and a short summary of information regarding the vendor's current contracts/clients.

Source	Program	Contract Amount (Current FY)
City of St. Louis	Community Development Block Grant - St. Louis Youth Jobs	\$100,000.00
	Youth at Risk employment and education program	\$30,000.00
Federal Bureau of Prisons	Federal Residential Reentry Center	\$804,365.00
Missouri Department of Corrections	State Residential Facility Services	\$855,682.38
SLATE	Provides youth with appropriate vocational goals, work experience, group education, job development and placement services. Program length averages six to eight weeks	\$1,840,363.23
Southeast Missouri WIB	Job readiness training and placement program for residents	
Northeast Missouri WIB	WIOA Workforce Development Services in Hannibal, MO	\$179,876.40
Jefferson-Franklin WIB	WIOA Workforce Development Services in Jefferson and Franklin, MO	\$312,336.00
Madison County ETD	Provides youth with appropriate vocational goals, work experience, group education, job development and placement services. Program length averages six to eight weeks	
St. Clair IGD Provides youth with appropriate vocational goals, wo experience, group education, job development and placement services. Program length averages six to eigenvecks		\$388,354.36
Productive Living Board (PLB) – St. Louis Supported Employment: A program designed to meet the employment needs of individuals with severe developmental disabilities or traumatic head injuries. The four components involved are individual community assessment, job development and placement, job coaching, and job retention.		\$1,267,878.00

SWEP	Summer Work Employment Program (SWEP)	
St. Louis Office for Developmental Disability Resources	Supported Employment: A program designed to meet the employment needs of individuals with severe developmental disabilities or traumatic head injuries. The four components involved are individual community assessment, job development and placement, job coaching, and job retention.	
Supported Employment Supported Living Computer Works Pre-Sheltered Workshop Sheltered Workshop	Supported Living: Individuals with various disabilities are assessed for strengths and needs in living independently. MERS Goodwill provides assistance with identification of the apartment or house, referral to other neighborhood services, and long-term supports.	\$754,116.00
Post-Sheltered Workshop	Sheltered Employment: Provides employment and case management services to persons choosing a supported setting. Some of the piece rated work experiences available include packaging, assembly, collating, and machine operation.	
Developmental Disability Resource Board of St. Charles County	Supported Employment: A program designed to meet the employment needs of individuals with severe developmental disabilities or traumatic head injuries. The four components involved are individual assessment, job development, job coaching, and job retention.	\$42,361.00
MO Department of Health and Senior Services	Senior Community Service Employment Program (SCSEP): Provides paid on-the-job training and work experience for individuals 55+ years of age.	\$1,179,988.84
IL Dept of Human Services	Supported Employment: A program designed to meet the employment needs of individuals with severe developmental disabilities or traumatic head injuries. The four components involved are individual assessment, job development, job coaching, and job retention.	\$319,325.00
Missouri Dept of Social Services FSD	Missouri Work Assistance. Provides employment related services to individuals who are receiving Temporary Assistance cash benefits from DFS. Participants are provided with vocational counseling, job readiness training, job placement assistance, and supportive services.	\$5,744,155.92
U.S. Department of Veterans Affairs	VetSuccess employment program for veterans	\$369,438.00
Emerson Corporation	Ferguson Forward is a summer jobs program for youth between the ages of 16 and 23, who live in at-risk neighborhoods in North St. Louis County.	\$500,000.00
St. Louis Community Foundation	St. Louis Youth Jobs Summer Employment is a summer jobs program for youth between the ages of 16 and 23, who live in at-risk neighborhoods in St. Louis City.	\$892,271.13
22 nd Judicial Circuit of Missouri	The Juvenile Transition Program offered at the Innovative Concept Academy helps youth in juvenile detention centers find employment and obtain their High School Diploma	\$136,778 \$175,000
Simon Foundation Safer Foundation	through Missouri Options. Juvenile Transition Program? - US DOL Face Forward 2	\$380,920.45

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4. List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

We have gained contracts from the Workforce Investment Board in St. Louis City to staff their America's Job Center, as well as provide vocational services to adjudicated youth. We have also gained a contract from the Southern Illinois Workforce Investment Board to provide WIOA Youth services. We gained the primary contract for the St. Louis Youth Jobs initiative from the Greater St. Louis Community Foundation. We also gained a U.S. Department of Labor Face Forward 2 community grant through the Safer Foundation to provide employment and training services to St. Louis area at-risk youth. We have not lost any contracts in the past two years.

Describe the structure of the organization including any board of directors, partners, top
departmental management, corporate organization, corporate trade affiliations, any
parent/subsidiary affiliations with other firms, etc.

MERS Goodwill is governed by a 26 member Board of Directors representing a wide range of business, professional, and social interests. The Executive Management Team includes:

- David Kutchback has held MERS Goodwill's President/Chief Executive Officer position since June 2016, and held the position on an interim basis since October of 2015. Previously, Mr. Kutchback served as Assistant Chief Executive Officer and Chief of Staff, and has been with MERS Goodwill for 37 years. He has been a certified vocational specialist for the U.S. Department of Labor.
- Dawayne Barnett, Chief Finance Officer, has an MBA. He oversees an Accounting Department of 14 staff members as well as our Retail and Contracts Division. He has been with MERS Goodwill for 10 years.
- Mark Arens, Executive Vice President of Employment and Training, holds a Master's Degree
 in Rehabilitation Counseling, and an MBA. He has been with MERS Goodwill for 18 years.
 He oversees all of our vocational services and employment programs.
- Jeff Cartnal, Vice President of Program Development, has been with MERS Goodwill for 25 years, holds a Master's Degree in Rehabilitation Administration, and an MBA. He is a Certified Rehabilitation Counselor, a Certified Workforce Development Counselor and a former CARF Surveyor. He oversees the Program Development Department and is involved with helping to monitor our program services.

MERS Goodwill management is an experienced, well-trained and stable team that is capable of developing and managing large and complex projects. MERS Goodwill is committed to building programs that serve the needs of our customers and clients, going above and beyond standards for exceptional service. MERS Goodwill is a member of Goodwill Industries International. Each member is fully autonomous in its operation.

EXHIBIT B

CURRENT/PRIOR EXPERIENCE

The vendor should copy and complete this form documenting the vendor and subcontractor's, if any, current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: MERS Missouri Goodwill Industries (if reference is for a Subcontractor):		
Reference Information (Current/Prior Services Performed For):		
Name of Reference Company/Client:	Federal Bureau of Prisons	
Address of Reference Company/Client:	The Robert A. Young Federal Bldg. Suite 6101 1222 Spruce Street St. Louis, MO 63103	
Reference Contact Person Name, Phone #, and E-mail Address:	Kathy Hueter Contract Oversight Specialist 314-539-2390 mhueter@bop.gov	
Title/Name of Service/Contract	Federal Residential Reentry Center	
Dates of Service/Contract:	December 1, 2011 – November 30, 2016	
If service/contract has terminated, specify reason:		
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	\$804,365	
Size of Service/Contract (in terms of vendor's total amount of business)	0.51% of 2015 Total Agency Revenues	
Description of Services Performed, such as: Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Provides residential services and vocational supports in order to assist female offenders with their transition from an institution back into the community.	
Personnel Assigned to Service/Contract (include position title):	Patricia Pittman - Federal Program Director, Lead Security Monitor/Coordinator, Case Manager, Social Services Coordinator, and Security Monitors	

EXHIBIT B

CURRENT/PRIOR EXPERIENCE

The vendor should copy and complete this form documenting the vendor and subcontractor's, if any, current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: MERS Missouri Goodwill Industries (if reference is for a Subcontractor):		
Reference Information (Current/Prior Services Performed For):		
Name of Reference Company/Client:	Missouri Department of Corrections Division of Probation and Parole	
Address of Reference Company/Client:	220 South Jefferson St, 2nd Floor St. Louis, Missouri 63103	
Reference Contact Person Name, Phone #, and E-mail Address:	Cynthia Hygrade 314-877-1000 chygrade@doc.mo.gov	
Title/Name of Service/Contract	State Residential Facility Services	
Dates of Service/Contract:	July 1, 2011 – December 31, 2016	
If service/contract has terminated, specify reason:		
Size of Service such as: Number of Individuals Being Served Total Annual Value/Volume	40 Individuals served \$855,682.38	
Size of Service/Contract (in terms of vendor's total amount of business)	0.55% of 2015 Total Agency Revenues	
Description of Services Performed, such as: Population Served Type of Services Performed Geographic Area Served Vendor's specific duties and strategic objective	Individuals on Probation or Parole State Residential Facility Services / Residential Halfway House St. Louis, MO (city and county)	
Personnel Assigned to Service/Contract (include position title):	Shanna K. Parmeley - Director; Lead Security Monitor/Coordinator, Case Managers, and Security Monitors	

EXHIBIT C

EXPERTISE OF KEY PERSONNEL

Title of Position: Residential Facility Director		
Name of Person:	Shanna Parmeley	
Educational Degree (s): include college or university, major, and dates	MA, Criminology and Criminal Justice – University of Missouri, St. Louis BS, Psychology – Missouri State University	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	PREA training	
Number of years experience in area of service proposed to provide:	4+ years of experience with Missouri Department of Corrections and MERS Goodwill involving state offenders transitioning out of a correctional facility.	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; two months.	
Describe this person's responsibilities over the past 12 months.	Remain current on and in compliance with program contract, updating program rule book and Standard Operating Procedure (SOP) accordingly. Responsible for the safety and security of all residents, 24-hours a day. Available to oversee the program in person, or by phone, 24-hours per day, 365 days a year (must appoint someone to handle questions, decisions, and crisis situations in case of illness or vacation). Monitor individual resident plans through file review and case staffing, recommending courses of action and counseling.	
Previous employer(s), positions, and dates	Missouri Department of Corrections; Probation and Parole Officer; 04/12-02/16 StL Regional Stabilization Center; Psych Tech; 12/11-04/12 ITT Technical Institute; Recruitment; 02/11-08/11 Jefferson Regional Med Center; Psych Tech III; 06/08-02/11	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	Director, MERS Goodwill State RFS, 03/16-Present	
✓ Counseling	Psych Tech; 12/11-04/12 – facilitated therapeutic group sessions and provide crisis stabilization services	
✓ Criminal Justice	Probation and Parole Officer; 04/12-02/16 – prepare and maintain case files for MO DOC	
✓ Social Work	Psych Tech III; 06/08-02/11 – Psychiatric intake assessments referrals, and crisis intervention services	
✓ Other		

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EXHIBIT C, continued

Title of Position: Chief Financial Officer	
Name of Person:	C. Dawayne Barnett
Educational Degree (s): include college or university, major, and dates	MBA BS, Accounting – Southern Illinois University Edwardsville, 06/88 BS, Finance – Illinois State University, 08/85
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	CPA – Certified Public Accountant
Specialized Training Completed.	
Number of years experience in area of service proposed to provide:	28+ years of experience in financial management and accounting; 17+ years at an Executive level.
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; 9+ years
Describe this person's responsibilities over the past 12 months.	Directly responsible for the accounting, finance, purchasing, information technology, risk management, and insurance benefits for a \$167 million agency.
Previous employer(s), positions, and dates	Heritage Communications – Vice President/CFO (09/02-11/06) TBG Development – Vice President, Finance (09/99-02/02) Collins and Hermann Controller (04/98-08/99) Greystone Partners – Controller (07/95-03/98) Spartan Printing – Controller (01/94-06/95) Rockwell international - Finance Manager (12/92-12/93) BDO Seidman – Senior Accountant (01/88-12-92)
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	
✓ Counseling ✓ Criminal Justice	
✓ Social Work	
✓ Other	MERS Goodwill, 11/06-Present. As CFO, developed and implemented investment financial philosophies and accounting/finance infrastructure to support \$98 million in revenue growth and \$60 million in capital expenditures since 2006.

EXPERTISE OF KEY PERSONNEL (Copy and complete this table for each case manager proposed)

<u> proponeration de la company </u>	of Position: Case Manager
Name of Person:	To Be Determined
Educational Degree (s): include college or university, major, and dates	High School/GED required with work experience, Bachelor's Degree Preferred.
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	
Number of years experience in area of service proposed to provide:	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	
Describe this person's responsibilities over the past 12 months.	Conduct intake interviews with potential consumers, incorporating information given by other involved parties. Establish professional and ethical relationship, develop/maintain individual plan for services. Conduct individual/group sessions. Meet performance outcomes in enrollments, graduation rate, entered employment, average wage, and retention details. Maintain client files with all required agency and funding source paperwork and complete all paperwork in a timely manner.
Previous employer(s), positions, and dates	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	
✓ Counseling	
✓ Criminal Justice ✓ Social Work	
✓ Social Work ✓ Other	

EXPERTISE OF KEY PERSONNEL
(Copy and complete this table for each security person proposed)

Title of Position: Coordinator / Lead Security Monitor	
Name of Person:	Terrie Woods
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP)
Specialized Training Completed.	
Number of years experience in area of service proposed to provide:	15 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 15 years with MERS Goodwill.
Describe this person's responsibilities over the past 12 months.	Ensure all Security Monitors on staff meet essential training requirements such as CPR and First Aid Certification, and monthly staff trainings. Schedule Security Monitors and submits work schedules to supervisor in a timely manner. Effectively supervise the performance of Security Monitors by consistently reviewing their documentation and areas of responsibility, implementing corrective actions when problems are identified. Review client folders for accuracy 5. Review medication logs. Complete Performance Appraisals to evaluate Security Monitors performance. Hire and train all Security Monitors.
Previous employer(s), positions, and dates	Transporter, ACT/Available Citywide Transportation, 03/01-08/01 Driver/Courier, Security Armored Car Services, 12/00-02/01 Security Officer Supervisor, CCCC Security, 03/95-12/00
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	15 years of experience as a Security Monitor in our Missouri and Federal correctional residential facility programs.
 ✓ Counseling 	
✓ Criminal Justice	
✓ Social Work	
✓ Other	<u></u>

Title of Position: Security Monitor	
Name of Person:	Hossam Abdelmoneim
Educational Degree (s): include college or university, major, and dates	Bachelor of Commerce, Business Administration and Information Systems Management
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	3+ years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; 10 months
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Residential Assistant, Centerstone Federal Halfway House, 10/12-07/15 Team Lead, Dollar General, 09/11-08/12
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	Three years of experience working with offenders transitioning out of a DOC/BOP correctional institution.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title of Position: Security Monitor	
Name of Person:	Vanessa Ball
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	3 months
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 3 months.
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Teacher's Assistant, Kiddieversity Childcare Center, 10/09-02/16 Cleaner, Boldt Brothers Cleaning, 01/14-02/16 Cashier, St. Louis Parking, 03/05-08/10
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	3 months experience working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title of Position: Security Monitor	
Name of Person:	Octavia Brankley
Educational Degree (s): include college or university, major, and dates	AS, Business Administration – Florissant Valley Com College
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	7+ years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; 7+ years
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Hip Hop Arts Instructor, Leaping Lizards Performing Arts Studio, 01/01-06/08 Administrative Assistant, St. Louis Community College, 09/07-05/08
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	7+ years working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title o	f Position: Security Monitor
Name of Person:	Antwana Briggs
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	3+ years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; 3+ years
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Landlord/Property Management, Self-employed, 06/02-01/13 Phone Rep., Expresspro, 10/12-11/12 Poker Dealer, Ameristar, 03/06-08/08 Security Officer, Whelan Security, 02/05-03/06
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	3+ years working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title of Position: Security Monitor	
Name of Person:	Ericia Clark
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	8 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; 8 years
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Lead Teacher; Apple Tree Children, 08/99-01/08 Head Teacher, Wonder Years, 02/94-06/98 Clerk II, City of Minneapolis, MN, 08/85-11/93
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	8 years working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title of Position: Security Monitor	
Name of Person:	Briah Dotson
Educational Degree (s): include college or university, major, and dates	High School Diploma
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	5 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee; 5 years.
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Sales Clerk, Old Navy, 06/07-05/11 Call Center Representative, Realltime Results, 03/10-02/11
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	5 years working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

EXHIBIT C, continued

Title of Position: Security Monitor	
Name of Person:	India Dulaney
Educational Degree (s): include college or university, major, and dates	GED
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	1.5 years
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 1.5 years
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Laborer, Southside Temps, 02/14-12/14 Insurance Agent, American Income Life Insurance, 06/13-03/14 Security Officer, Whelan Security, 05/08-09/12
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	1.5 years working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	4+ years of work experience as a Security Officer

Title of Position: Security Monitor	
Name of Person:	LaChelle Fullilove
Educational Degree (s): include college or university, major, and dates	AS, Business Administration
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	6 months
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 6 months.
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Leasing Agent, Cambridge Heights, 04/15-08/15 Area Supervisor, Ross Dress for Less, 06/14-04-15 Asst. Store Manager, Christopher & Banks, 08/13-06/14
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	6 months experience working as a Security Monitor in the MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title of Position: Security Monitor	
Name of Person:	Yvette Gay
Educational Degree (s): include college or university, major, and dates	AA, St. Louis Community College
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);
Number of years experience in area of service proposed to provide:	1+ year
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 1+ year.
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.
Previous employer(s), positions, and dates	Business Mail Technician, U.S. Postal Service, 1994-2009 Military Police Sergeant, U.S. Army
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Correctional Residential Facility	1 year working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.
✓ Counseling	
✓ Criminal Justice	
✓ Social Work	
✓ Other	

Title of Position: Security Monitor		
Name of Person:	Anthony Hill	
Educational Degree (s): include college or university, major, and dates	High School Diploma	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	6.5 years	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 6.5 years	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Training Specialist, Americall Group inc., 1993-2006 Food and Beverage Manager, Embassy Suites Hotel, 1989- 1993 Ramp Serviceperson, Trans World Airlines, 1987-1989	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	6.5 years working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice		
✓ Social Work		
✓ Other		

EXHIBIT C, continued

Title of Position: Security Monitor		
Name of Person:	Julie Hunt	
Educational Degree (s): include college or university, major, and dates	High School Diploma	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	6+ years	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 6+ year.	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Custodian Lead, St. Louis City, 03/08-02/10 Employee, Compass Group, 04/06-03/08 Housekeeper, Humane Society, 02/02-11/06 Mail Sorter/Carrier, U.S. Postal Service, 12/00-06/02	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	6 years working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice		
✓ Social Work		
✓ Other		

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Kimmy Moore	
AS, Accounting, St. Louis Community College	
Medical Assistant Certification, Midwest Institute	
Manual, First Aid, CPR certification, Blood-Borne Pathoger Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
4 years	
Employee, One month.	
Monitor physical facilities to ensure safety and security Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency. DOC, and BOP guidelines.	
Secretary, Ladies of Peace, 10/15-05/16 Nurse Assistant, St. Anthony's Medical Center, 10/13-05/14 Medical Assistant, Corizon Correctional Healthcare, 06/08-12/12 Guest Service Rep., Extended Stay Suites, 10/07-07/08	
Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
4 years working as a Medical Assistant in a correctional setting (Corizon Correctional Healthcare).	

Title of Position: Security Monitor		
Name of Person:	Antoinette Roberts	
Educational Degree (s): include college or university, major, and dates	High School Diploma	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	2.5 years	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 2.5 years.	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Social Service Aide, Hillside Manor, 09/12-08/13	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	2.5 years working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice		
✓ Social Work		
✓ Other		

Title of Position: Security Monitor		
Name of Person:	Arlívia Ross	
Educational Degree (s): include college or university, major, and dates	BS, Business Administration, Harris Stowe State University	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	3.5 years	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 3.5 years.	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Social Service Assistant, Delhaven Manor, 08/11-01/13 Cook, Delhaven Manor, 11/10-01/11 Home Health Aide, Merit Home Health, 10/08-03/11 Office Coordinator, Fields Financial, 07/06-10/08	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	3.5 years working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice		
✓ Social Work		
✓ Other	<u> </u>	

Title of Position: Security Monitor		
Name of Person:	Cherri Sargent	
Educational Degree (s): include college or university, major, and dates	High School Diploma	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Certified Habilitation Technician, Belleville Area College Data Entry Certification, United college	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	16 years	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 2 years.	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Program Manager/Coordinator, Call for Help Inc., 09/00-04/14 Residential Assistant, Lebanon Terrace, 01/98-06/00	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
 ✓ Correctional Residential Facility 	2 years working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice	14 years experience working as a Coordinator and Program	
✓ Social Work	Manager in a social services setting.	
✓ Other	<u> </u>	

EXHIBIT C, continued

Title of Position: Security Monitor		
Name of Person:	LaTasha Wilson	
Educational Degree (s): include college or university, major, and dates	GED	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	3 months	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 3 months.	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Support Worker, Georgia Works, 08/14-12/15 Server, Marriott, 06/12-08/14 Server, Red Lobster, 01-02-06/12	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	3 months working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice		
✓ Social Work	The state of the s	
✓ Other	<u> </u>	

Title of Position: Security Monitor		
Name of Person:	Brian Young	
Educational Degree (s): include college or university, major, and dates	High School Díploma	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:	Illinois P.E.R.C. Card – Licensed Security Officer	
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathoge Training, all training required by the Missouri Department Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:	2 years	
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.	Employee, 1.5 years.	
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates	Loss Prevention Security Officer, Safe Environment Business Solutions, 04/14-07/14 Floor Guard, Fun Spot Skating Center, 10/12-01/14 Program Advisor, J.D. Byrider, 06/12-10/12 Site Supervisor, Barton Allied Security Service, 08/10-11/11	
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility	1.5 years working as a Security Monitor in MERS Goodwill State RFS and Federal RRC.	
✓ Counseling		
✓ Criminal Justice		
✓ Social Work		
✓ Other	2+ years of work experience in security and monitoring.	

Title of Position: Security Monitor		
Name of Person:	To Be Hired - 2 – Full-Time, 3 – Part-Time	
Educational Degree (s): include college or university, major, and dates	High School Diploma	
License(s)/Certification(s) including the license/certification number(s), expiration date(s), if applicable:		
Specialized Training Completed.	Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP);	
Number of years experience in area of service proposed to provide:		
Describe person's relationship to vendor. If employee, number of years employed. If subcontractor, describe other/past working relationships.		
Describe this person's responsibilities over the past 12 months.	Monitor physical facilities to ensure safety and security. Supervise interaction of residents. Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts. Conduct random personal and room searches as required. Complete and file all required reports and documents. Conduct drug testing of residents as required. Remain current on all policies and procedures; participate in all staff training as scheduled. Maintain confidentiality according to agency, DOC, and BOP guidelines.	
Previous employer(s), positions, and dates		
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience	
✓ Correctional Residential Facility		
✓ Counseling		
✓ Criminal Justice ✓ Social Work		
✓ Social Work ✓ Other		

EXHIBIT D

PERSONNEL EXPERTISE SUMMARY
(Complete this Exhibit for any additional personnel not included on previous Exhibit. Resumes may also be provided)

Per	sonnel	Background and Expertise of Personnel and Planned Duties
1.	N/A (Name) N/A (Title) N/A (Proposed Role/Function) N/A (Number of Hours per Month Person is Proposed to Provide Services)	N/A
2.	N/A (Name) N/A (Title) N/A (Proposed Role/Function) N/A (Number of Hours per Month Person is Proposed to Provide Services)	N/A
3.	N/A (Name) N/A (Title) N/A (Proposed Role/Function) N/A (Number of Hours per Month Person is Proposed to Provide Services)	N/A
4.	N/A (Name) N/A (Title) N/A (Proposed Role/Function) N/A (Number of Hours per Month Person is Proposed to Provide Services)	N/A

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Director

General Description: Oversees State Halfway House facility/Residential Facility Services, programming, and all personnel while ensuring ongoing program contract compliance.

Reports to (job title): Executive Vice President of Employment and Training

Job Duties:

- 1. Remain current on and in compliance with program contract, updating program rule book and Standard Operating Procedure (SOP) accordingly.
- 2. Responsible for the safety and security of all residents, 24-hours a day.
- 3. Available to oversee the program in person, or by phone, 24-hours per day, 365 days a year (must appoint someone to handle questions, decisions, and crisis situations in case of illness or vacation).
- 4. Maintain confidentiality according to agency, DOC and BOP guidelines.
- 5. Monitor individual resident plans through file review and case staffing, recommending courses of action and counseling residents in crisis situations.
- 6. Enforce program rules through appropriate sanctions.
- 7. Maintain resident records and files, ensuring contract compliance.
- 8. Recruit, hire, train, supervise, and evaluate staff. Participate in staff termination procedures as required.
- 9. Develop and maintain active partnership with contract liaisons on both a programmatic and administrative level.
- 10. Facilitate case staffings, contract oversight meetings, and program audits.
- 11. Accurately complete and transmit all contractually required reports, including monthly billing, in a timely manner.
- 12. Complete statistical reports to reflect extent to which program is achieving its objective.
- 13. Manage expenses to ensure program operates within a reasonable budget.
- 14. Other duties as assigned.

Education Requirements:

Bachelor's Degree in social work, counseling, criminal justice administration, psychology, sociology, or closely related field (Master's Degree preferred).

Experience Requirements:

Minimum of 3 years related work experience. 2 years supervisory experience preferred. Ability to pass governmental background check.

<u>EXHIBIT E</u>

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Case Manager

General Description: Organize and implement all residential and reentry case management services, working in concert with Probation and Parole.

Reports to (job title): Director

Job Duties:

- Orientate new clients within one business day of arrival. Conduct weekly case meetings with clients, maintain weekly case management notes and develop weekly goals.
- Maintain a file on each resident containing all documentation required by the State Contract, including but not limited to intake paperwork, assessments, weekly case management notes, urinalysis results, medical and treatment information, and accountability forms.
- 3. Monitor treatment plans, attendance and progress in all referred activities, and progress towards weekly goals.
- Establish and maintain a good working relationship with State Probation
 Officers/Administrators, other community resources, and treatment centers.
- Supervise residents and enforce all rules and regulations of the Halfway House.
 Maintain a working knowledge of State Probation and Parole conditions to supervise residents.
- 6. Counsel residents in crisis situations, i.e. drug use, violations, arrest, suicide, family issues, medical issues, and issues with other residents.
- 7. Conduct facility searches for contraband and to insure the facility's physical integrity meets all contractual requirements/standards.
- 8. Available for 24-hour on call assistance.
- 9. Other duties as assigned.

Education Requirements:

Bachelor's Degree in social work, counseling, criminal justice administration, psychology, sociology, or a closely related field.

Experience Requirements:

Direct experience working in the field of Social Services or Criminal Justice preferred. Strong interpersonal skill, with excellent verbal and written communication skills is required.

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Lead Security Monitor/Coordinator

General Description: Supervises Security Monitor personnel, including: hiring, training, scheduling, and performance evaluation. Ensures the facility and security staff remain in compliance with contract requirements.

Reports to (job title): Director

Job Duties:

- 1. Ensure Security Monitors meet essential training requirements such as CPR and First Aid Certification, and monthly staff trainings.
- 2. Schedule Security such that shifts are covered per contract requirements.
- 3. Effectively supervise the performance of Security Monitors by consistently reviewing their documentation and areas of responsibility, implementing corrective actions when problems are identified.
- 4. Review client folders and case management system for accuracy.
- 5. Review medication logs.
- 6. Schedule and facilitate monthly safety drills, document them and analyze results to ensure contract compliance.
- 7. Hire and train all Security Monitors.
- 8. Responsible for oversight of monitor budget.
- 9. Oversee hourly rounds and searches of residents, their property, and the facility.
- 10. Other duties as assigned

Education Requirements:

High school diploma or GED.

Experience Requirements:

Minimum of 2 years work experience required. 3 years related work experience preferred. Ability to pass governmental background check required. Requires ability to observe and work well with people; and have strong written/verbal communication skills.

Essential Training Requirements:

Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP); and other training as needed.

EXHIBIT E

DESCRIPTIONS/QUALIFICATIONS OF POSITIONS

Title: Security Monitor

General Description: Monitor residential facility and residents to ensure safety and security and adherence to program rules.

Reports to (job title): Lead Security Monitor/Coordinator

Job Duties:

- 1. Monitor physical facilities to ensure safety and security.
- 2. Supervise interaction of residents.
- Monitor sign-in/out activities of residents to ensure accuracy of detail and whereabouts.
- 4. Conduct random personal and room searches as required.
- 5. Complete and file all required reports and documents.
- 6. Conduct drug and Breathalyzer testing of residents as required.
- 7. Remain current on all MERS Goodwill, DOC, and BOP policies and procedures; participate in all staff training as scheduled.
- 8. Maintain current First Aid and CPR training.
- 9. Maintain confidentiality according to agency, DOC, and BOP guidelines.
- 10. Other duties as assigned.

Education Requirements:

High school diploma or GED.

Experience Requirements:

Minimum of 2 years work experience required, including military or self-employment. Ability to observe and work well with people, and have strong written/ verbal communication skills.

Essential Training Requirements:

Manual, First Aid, CPR certification, Blood-Borne Pathogens Training, all training required by the Missouri Department of Corrections (DOC) and Federal Bureau of Prisons (BOP); and other training as needed.

EXHIBIT F

METHOD OF PERFORMANCE

The vendor should present a written plan for performing the requirements specified in this Request for Proposal. In presenting such information, the vendor should specifically address each of the following issues:

1. Length of Time for Program Implementation for Having an Operational Residential Facility: The vendor shall indicate length of time required for program implementation, expressed as number of calendar days after state agency authorization to proceed with services, not to exceed 180 calendar days. In the event the vendor does not specify a number of calendar days, the state shall assume 180 calendar days. The vendor should also complete Exhibit G, Implementation Plan or Readiness plan.

0	Calendar	Days
		_

Identify the address of the proposed residential facility(ies).

The address of the current and proposed residential facility is 1727 Locust Street, St. Louis, MO 63103.

3. For a residential facility(ies) that is proposed and/or not yet operational, submit maps, layouts, and handouts describing the site(s) and the adjoining neighborhood(s), and information on the bus service to the site, including schedules.

The MERS Goodwill residential facility is currently in operation and is prepared immediately to accept a contract for female offenders.

- 4. Provide floor plans for any operational or proposed residential facility(ies).
 - Describe all of the vendor's proposed buildings and equipment to be utilized for services.
 - Identify how the residential facility(ies) will provide sleeping arrangements.

MERS Goodwill currently provides and maintains a residential facility for the state agency for the purpose of providing short-term residential services to female offenders. The program is housed in the MERS Goodwill Aftergut facility located at 1727 Locust Street in downtown St. Louis City. The facility is a seven-story brick building constructed at the turn of the 20th century. It is in excellent condition. The MERS Goodwill residential facility is located on the 7th floor of the building. The area is secluded from activities located in other parts of the building, thus it is separate and distinct, particularly in program sleeping areas. The physical plant is in good repair, with proper ventilation and proper window coverings. Extermination for pests and rodents is done on a monthly basis. All painted surfaces are in good condition. There are no undesirable odors in the area.

Floor plans for the facility are attached.

Security cameras and monitors are installed and designated for the surveillance of the program. The cameras chosen for the project are equipped with wide-angle lenses, and the monitors are equipped with time-lapse recorders. The security system includes a DNP fire/burglar monitoring device with 130 zones. Cameras are in place to verify the activities of security staff throughout the facility.

MERS Goodwill operates a full-service cafeteria with hooded and vented stoves, ovens, freezers, steam tables, ice machines, dishwashers, deep sinks, and adequate small appliances and utensils. The dining area is equipped with tables and chairs for at least sixty people.

Office equipment includes six networked computers running Windows-based operating systems with monitors and keyboards. A fax machine and a copier are located in the program's security office on the seventh floor. Recreational equipment includes two LCD 48" televisions, with two DVD players, and satellite subscription television service.

Sleeping arrangements consist of multiple occupied rooms (three to six beds per room). Each offender has at least forty-eight square feet of contiguous floor space in the sleeping area. This space does not include hallways, closets, and bath facilities. One chair or footlocker is provided for each two offenders. Each offender has clothes hanging space equivalent to an eight-inch long rack, and a lockable locker or footlocker, with an internal area of 14 inches by 7 inches by 18 inches. MERS Goodwill provides locks free of charge to the offender.

MERS Goodwill agrees beds are to be provided based on the state agency direction as obtained from the Prison Rape Elimination Act audits. All sleeping spaces are well-ventilated through a mechanical system. MERS Goodwill's facility is air-conditioned. The windows are not operable, and are screwed shut. MERS Goodwill supplies ample furniture, furnishings, and equipment to accommodate all offenders. The dining area located on the first floor of the facility contains enough tables and chairs to accommodate forty offenders at one time, more than the maximum proposed slots. At the present time, sixty spaces are available. All furniture and furnishings, including chairs, are clean, comfortable, sturdy, and in excellent condition.

MERS Goodwill's facility maintains bath/toilet facilities for state agency resident offender use. Facilities contain one operable toilet, one operable washbasin, and one operable shower/shower bay for every ten female offenders for whom services are contracted. Currently the facility has four toilets, four washbasins, and four showers for use by offenders referred to the program. Separate staff restroom facilities are located immediately adjacent to the secured area on the seventh floor of the building.

MERS Goodwill's facility is in compliance with all applicable Americans with Disabilities Act Accessibility Guidelines (ADAAG) standards. MERS Goodwill is equipped to provide a minimum of two four-bed, fully accessible sleeping areas.

The areas of the MERS Goodwill facility available to the general public for visiting meet all applicable ADAAG standards. These standards cover, but are not limited to the following areas:

- MERS Goodwill has five accessible parking spaces within seventy-five feet of the entrance.
- MERS Goodwill has an accessible path of travel into the facility and all public space within the facility.
 Entrance doors are electrically operated. Elevator buttons are located at appropriate heights and are marked in Braille.
- All doorways are accessible.
- All public restrooms include accessible accommodations.
- MERS Goodwill has ADA appropriate signage indicating accessible entrance and the location of the accessible restrooms.
- All fire/smoke alarms are both audio and visual.
- Carbon monoxide alarms are digital 120V with battery backup. The alarms follow the manufacturer's recommendations and provide for seventy (70) decibels at pillow level for each offender.

MERS Goodwill agrees to continue to provide office space with furniture, an operational telephone, and lockable storage space for state agency use for daily activities and supervision of offenders. MERS Goodwill also will provide an area within the office exclusively for state agency storage.

MERS Goodwill has developed, maintained, and equipped the facility's environment to insure the health, safety, and comfort of the offenders. These same standards will be upheld through the new contract if awarded. MERS Goodwill provides offenders with reasonable protection against the danger of fire and smoke, injury attributable to the environment, electrical hazards, and the spread of disease and infection. MERS Goodwill maintains equipment

in good working order, and the agency maintains proof of compliance with local, state, and federal building, zoning, fire safety, and health codes. Such verification is on file and available for review by the state agency at any time.

MERS Goodwill understands that if there is a conflict between local standards and those required by this contract, the state agency will call upon the State Fire Marshall and/or the Department of Health and/or the Office of Administration, and the Division of Design and Construction at the option and expense of the state agency. MERS Goodwill understands that it is responsible for making any changes that may be recommended as a result of such inspections. MERS Goodwill shall comply with the State of Missouri Department of Health, the State of Missouri Fire Marshall, and/or the state agency safety inspector.

MERS Goodwill completed renovations in 2015 in consultation with the state agency. No lasting impact or issue with RFS operations occurred during the construction. The floor plans included in the submission reflect the changes that have been made.

- 5. Provide the following documentation or letter(s) of justification. If such documents are not provided, provide justification for not including with the proposal.
 - 5.1 Letter of approval of safe operation from appropriate jurisdictional fire marshal for the current fiscal year.

Included as attachment to the proposal.

5.2 Local health department inspection for the current fiscal year if required by the local jurisdiction. If not required by the local jurisdiction, provide official documentation from the local government stating it is not required and why it is not required.

Included as attachment to the proposal.

5.3 Copy of the most recent (less than three years old) local building code inspection or license demonstrating compliance, if the license requires an inspection.

Included as attachment to the proposal.

5.4 "Verification of Approved Zoning," (Attachment #1) or an official document from the local jurisdiction documenting the residential facility is not located in an unincorporated area of the county or within a city where the zoning has been designated for single-family residency use or occupancy.

We have attached a copy of our Certificate for Zoning and Occupancy indicating our residential facility has prior approval from the City of St. Louis, along with a letter from the City of St. Louis Zoning department indicating the zoning for the area of our facility includes residential facilities, and a definition of our zoning designation from the city's website.

5.5 Copy of the most recent financial audit.

Included as attachment to the proposal.

5.6. Submit proof of ADAAG compliance.

Included as attachment to the proposal.

6. Identify all daycare facilities or schools within 1000 feet, all public parks with playground equipment and public swimming pools within 500 feet of each proposed residential facility(ies).

• MERS Goodwill operates a daycare facility on the first floor of the Aftergut building at 1727 Locust Street.

- St. Nicholas Catholic Church operates a pre-school at 1805 Lucas Avenue, approximately 1/10 of a mile from MERS Goodwill.
- 7. Describe how the residential facility(ies) will provide a clean, safe, and healthy environment. In addition, describe the pest and rodent control inspection and fumigation plan. Provide a copy of the most recent inspection.

MERS Goodwill has developed, maintained, and equipped the facility's environment to insure the health, safety, and comfort of the offenders. These same standards will be upheld through the new contract if awarded. MERS Goodwill will continue to provide offenders with reasonable protection against the danger of fire and smoke, injury attributable to the environment, electrical hazards, and the spread of disease and infection. MERS Goodwill maintains equipment in good working order, and the agency maintains proof of compliance with local, state and federal building, zoning, fire safety, and health codes. Such verification is on file and available for review by the state agency at any time.

MERS Goodwill understands that if there is a conflict between local standards and those required by this contract, the state agency will call upon the State Fire Marshall and/or the Department of Health and/or the Office of Administration, and the Division of Design and Construction at the option and expense of the state agency. MERS Goodwill understands that it is responsible for making any changes that may be recommended as a result of such inspections. MERS Goodwill shall comply with the State of Missouri Department of Health, the State of Missouri Fire Marshall, and/or the state agency safety inspector.

The most recent pest and rodent control inspection is included as an attachment to the proposal.

- 8. Describe the following within the residential facility(ies):
 - 8.1 Sleeping arrangements

Sleeping arrangements consist of multiple occupied rooms (three to six beds per room). Each offender has at least forty-eight square feet of contiguous floor space in the sleeping area. This space does not include hallways, closets, and bath facilities. One chair or footlocker is provided for each two offenders. Each offender has clothes hanging space equivalent to an eight-inch long rack, and a lockable locker or footlocker, with an internal area of 14 inches by 7 inches by 18 inches. MERS Goodwill provides locks free of charge to the offender.

All sleeping spaces are well ventilated through a mechanical system. MERS Goodwill's facility is air-conditioned. The windows are inoperable, and are screwed shut.

MERS Goodwill understands that within 72 hours of arrival, and again within 30 days of first screening, the state agency will screen offenders to determine who may be abusive or vulnerable to abuse. Upon notification of screening results, MERS Goodwill will manage sleeping arrangements to ensure any offender vulnerable to abuse is not assigned to the same sleeping area as an offender who may be abusive. Care is also taken in room placement when made aware that offenders are known enemies. A specific room, within direct eye-site of the command station, is designated for offenders conveying suicidal ideations. Offenders are not permitted to close the door to their sleeping area for security purposes. Despite open doors, sleeping areas provide space so that clothes changing can occur out of direct eyesight.

8.2 Furniture, furnishings and equipment

MERS Goodwill supplies ample furniture, furnishings, and equipment to accommodate all offenders. The dining area located on the first floor of the facility contains enough tables and chairs to accommodate forty offenders at

one time, more than the maximum proposed slots. At the present time, sixty spaces are available. All furniture and furnishings, including chairs, are clean, comfortable, sturdy, and in excellent condition.

8.3 Toilets, washbasins, and showers/shower bays/baths

MERS Goodwill's facility maintains bath/toilet facilities for state agency resident offender use. Facilities contain one operable toilet, one operable washbasin, and on operable shower/shower bay for every ten female offenders for whom services are contracted. Currently the facility has four toilets with stalls and stall doors, four washbasins, and four showers with shower curtains for use by offenders referred to the program, which will accommodate up to forty residents. Toilets and showers are arranged so that male staff cannot view offenders while using those facilities. Clean, filled, and operational soap dispensers are located at every sink. Clean, filled, and operational hand towel dispensers are located in each restroom. Each offender is also issued two towels and two washcloths. Separate staff restroom facilities are located immediately adjacent to the secured area on the seventh floor of Aftergut.

8.4 Laundry equipment

MERS Goodwill provides two (2) operating washers and two (2) operating dryers for the exclusive use of state agency offenders. The laundry equipment is free of charge to the offenders. The equipment is installed on the seventh floor within the designated residential area. MERS Goodwill provides free of charge reasonable supplies (soap and detergents) for all offenders.

8.5 Recreation

MERS Goodwill provides the following four (4) different on-site recreational activities, free of charge and in a sufficient quantity:

- (1) Foosball table complete with all necessary equipment.
- (2) Continuous access to color television and DVD player.
- (3) Television and satellite television subscription with at least one premium movie channel.
- (4) Two computers with games, tutorials, CD ROM, and an internet connection.

MERS Goodwill utilizes one TV with satellite service and DVD players for recreational activity. In addition to the two internet-accessible computers available for job search activities, offenders have access to a daily newspaper. The facility is within walking distance of the YMCA and library, and offenders are encouraged to use these services, and participate in similar community activities.

MERS Goodwill also provides three supervised smoke breaks per day for offenders who are present during the time of the smoke break and are not on restriction.

8.6 Visiting area

Currently, MERS Goodwill provides visiting hours from 5:30 p.m. to 8:30 p.m. each Saturday and Sunday, which constitute a minimum of six (6) hours per week. MERS Goodwill posts the visiting hours schedule in the offender handbook and an area accessible to offenders and visitors, and documents the schedule in the house rules. MERS Goodwill provides for visitation in the dining area after eating and food preparation periods. No other activities are scheduled for the dining area during visitation periods.

8.7 State agency office space

MERS Goodwill agrees to continue to provide office space with furniture, an operational telephone and lockable storage space for state agency use for daily activities and supervision of offenders. MERS Goodwill also provides an area within the office exclusively for state agency storage.

9. Provide a copy of, or describe the plan for developing a PREA standard operating procedure, to include:

- 9.1 Medical and mental health advocacy services and emergency treatment services at no cost to the victim.:
- 9.2 Procedure to prevent cross-gender strip searches, visual body searches and pat down searches,;
- 9.3 Training curriculum; and
- 9.4 Description of PREA protocols.

The MERS Goodwill PREA standard operating procedure is included as an attachment to the proposal.

10. Describe the security policy, protocol, and process.

MERS Goodwill only hires individuals at least 21 years of age to perform residential facility services. A background investigation, including MULES, is completed on all new employees prior to being allowed entry into the facility. MERS Goodwill understands the state agency has the right to deny access into the facility for any employee for any reason. MERS Goodwill does not currently have any employees under active federal or state felony or misdemeanor supervision performing residential facility services, nor does it plan to hire any individual under active supervision. MERS Goodwill understands that advance written division director approval must be received prior to any individual under active supervision or with prior felony convictions performing services. Any employee or potential employee who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution shall be denied access into the institution

MERS Goodwill, its agents or employees, shall not obstruct the state agency nor any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe residential environment.

On July 29-30, 2015 MERS Goodwill had our initial Prison Rape Elimination Act (PREA) audit conducted by a state approved PREA auditor. Our next audit will be in 2018, and we will continue on a 3-year basis thereafter. Verification of required staffing patterns as identified in the Employee Expense Charged to Contract Exhibit, as outlined in the awarded contract, through staff schedules, will be provided to the stage agency. MERS Goodwill will maintain verification of completion of state agency audit of staffing patterns.

The MERS Goodwill facility provides adequate security to assure that the offender and community feel comfortable with precautions taken to reduce risk and liability, and to increase public acceptance and support. Both the features and systems of the MERS Goodwill residential physical plant are designed to prevent unauthorized entries and detect unauthorized exits. MERS Goodwill understands and agrees that it must receive prior approval of the state agency for any changes to the security features and systems of the residential facility.

The facility is located on the top floor of a seven-story building. The seventh floor is not accessible to the general public. General public access into the building and elevator access to other floors in the building is locked out during the hours of 4:00 p.m. to 7:30 a.m. and all day on Saturdays, Sundays, and holidays. Entrance into the facility area, and building entrance outside of regular office hours, is electronically controlled and monitored at all times by security staff. All visitors must present identification credentials prior to entering the facility on each occasion. Closed-circuit cameras are installed to monitor residential movement within the facility on the seventh floor, as well as the building's entrance, exits and parking areas. Both stairwells and all exit doors are security armed for monitoring unauthorized entry and exit. Quad screen monitors are in place in the seventh floor security office as well as in the office of the MERS Goodwill President in order to provide continuous surveillance.

Besides security staff assigned to this contract, MERS Goodwill employs a security guard who patrols the building and grounds during business hours (6:00 a.m. to 6:00 p.m. Monday through Friday). All electronic security is monitored internally by staff on duty, as well as by an outside security contractor. Alarm panels are located in the seventh floor security office. In the event that an alarm is activated, the MERS Goodwill Facilities Director is

notified immediately via cellular phone by contract security and/or security staff. External emergency services (fire, police, and ambulance) can also be contacted in this manner or through staff usage of 911.

Security staff do not engage in duties other than security while assigned to that task. This is clearly designated on the job description. General clerical, maintenance and food preparation duties are not the routine responsibility of security staff, but may be needed in the event of an unexpected emergency, such as shutting off water during a leak, heating up reserved meals for a late returning resident, etc.

The MERS Goodwill facility is contained within one building and one floor space. At least two security personnel are on duty at all times. MERS Goodwill agrees to continue to operate in accordance with the security policy, protocol and process submitted with the awarded proposal.

MERS Goodwill maintains an electronic monitoring system via Closed-circuit cameras, calibrated to the manufacturer's specifications, to ensure the whereabouts and movements of security staff throughout the residential facility and building grounds. A DVR system with time/date stamp capability is also in place, and it records and stores all surveillance camera video for six months. Any surveillance data/record relating to an incident shall be kept until release is authorized by the state agency. In the event that an alleged or suspected security breach occurs, MERS Goodwill will notify the state agency as soon as possible, but no later than the next working day.

MERS Goodwill utilizes a handheld metal detection wand, checks handbags and packages, and has offenders empty pockets when entering the facility to control the introduction of contraband. Upon suspicion of possible contraband, female security staff are authorized to perform pat-down searches and strip searches, after gaining appropriate approval from supervisory staff. Security staff follows strict protocol when conducting strip searches, which are detailed in the program standard operating procedures (SOP). Cross-gender strip searches, visual body cavity searches and pat down searches are prohibited as is a search or physical examination of a transgender or intersex offender for the sole purpose of determining the offender's genital status. As scheduled by the Security Monitor Supervisor, security staff conduct periodic wanding and searching of property as offenders exit the facility.

At least once per hour, security staff conduct checks of the facility including bedrooms, restrooms, laundry facilities, hallways, and corners to ensure the safety and security of offenders. Male employees are not permitted to conduct facility checks alone and all employees must be accompanied by another employee when conducting room searches. Once notified of PREA assessment results by the state agency, the Program Director ensures offenders assessed as potential victims are not roomed with offenders assessed as potential abusers. Care is taken in room placement when made aware that offenders are known enemies. A specific room, within direct eye-site of the command station, is designated for offenders conveying suicidal ideations. Offenders are not permitted to close the door to their living area.

11. Describe procedures for meeting potential emergencies and disasters such as fires, natural disasters, and emergencies relating to the offenders and personnel.

MERS Goodwill already has in place written plans and procedures for potential emergencies and disasters, such as fire, natural disaster, and emergencies relating to the offender and staff. MERS Goodwill's policies and procedures include what title or position is assigned to various tasks and instructions regarding carrying them out. The MERS Goodwill agency-wide Safety committee meets regularly, and is responsible for monitoring and updating all procedures.

The facility is equipped with an automatic alarm system, which clearly indicates the type of drill, or emergency (fire, earthquake, severe weather) that is underway. Other emergencies such as power failure, water shut-off, and threat of violence are communicated either through telephone or on a person-to-person basis.

All MERS Goodwill staff assigned to the residential facility are trained in the use of the alarm system, fire extinguishers, and first aid/CPR. All fire extinguishers are serviced on an annual basis and checked for charge by safety staff on a monthly basis. All other emergency equipment is inspected at least quarterly to ensure adequacy

of supplies and proper working condition. Verification of the inspections is maintained on a separate log for review, upon request, by the state agency representative.

Escape route plans are prominently posted at all exits, sleeping areas, and common traffic areas. Both primary and secondary escape routes are identified. The plans are color coded in order to clearly indicate actions needed in the event of an evacuation or the need for internal shelter. The plans also identify the staff position responsible for ensuring complete and safe evacuation and the accounting for all staff and offenders when an evacuation has occurred.

All escape route and emergency plans are reviewed on an annual basis and updated as necessary. It is further understood and is MERS Goodwill practice to ensure that all plans are updated to reflect any temporary facility changes or permanent renovations as they may pertain to fire, tornado, or earthquake disaster planning.

MERS Goodwill conducts one fire drill and one tornado drill each month during periods of high occupancy. At least one earthquake drill is conducted annually. Additional drills are conducted to test the procedures for other emergencies including bomb threat, medical situations, threatening behavior and power failure. A record of the effectiveness of the drills is recorded on a form provided by the state agency (Attachment #3). The drills may be conducted between the hours of midnight to 4:00 a.m. due to a conflicting requirement in our Federal Bureau of Prisons contract. For tornado drills, offenders are not removed from the facility, but follow normal drill procedures. Within seven calendar days of employment, MERS Goodwill personnel shall be trained in the proper emergency procedures and shall receive appropriate training for those procedures for which responsible. MERS Goodwill staff shall sign a form, which shall be witnessed and signed by the person's immediate supervisor, signifying understanding and training in these procedures.

12. Provide a detailed description how room checks will be conducted within the residential facility(ies) to ensure the safety of offenders and the integrity of programming.

MERS Goodwill has had in place since the inception of the contract closed-circuit television cameras that provide coverage throughout the common areas of the facility, allowing surveillance of the doorway of each sleeping area. Security staff perform hourly checks of the entire facility, including all sleeping areas, to ensure the safety and security of all offenders. These checks are conducted during every shift, including overnight at which time staff utilize a flashlight. Male staff are prohibited from conducting these rounds or entering a sleeping area alone. During these checks, security staff ensure that no offender is in a sleeping area they are not assigned to, or is in/on a bed that is not assigned to them. Staff further ensure that no offender is engaged in illegal activity, is inflicting harm on themselves or others, or is engaged in any intimate or sexual activity, including hugging and/or kissing. These checks are also used to ensure offenders are maintaining a clean living area, that the physical facility is in good repair, and that offenders are not displaying objectionable material. Checks are conducted by female security staff or male staff who are accompanied by another security staff member.

In addition to hourly checks, security staff perform one full room search each evening of a room that is randomly selected in advance. Security staff conduct additional room searches or search of a specific individual's property upon reasonable suspicion of contraband possession. Full house searches, which include full search of all rooms, are conducted periodically and are scheduled by the Director.

Identify the plan for accountability of offenders.

MERS Goodwill provides maximum accountability within a structure facility. Maximum accountability is defined as knowledge of the offenders' whereabouts and activities on a twenty-four (24) hour per day, seven (7) days per week basis.

MERS Goodwill utilizes Safe Keep, a software system designed for residential facilities, to document offender schedules, destinations, medication, call logs, and sign-ins/ sign-outs from the facility. After the Case Manager has verified and documented all appointments in Safe Keep, offenders sign-out to the approved destination in the system at the Monitor Station and sign-in in the same manner upon return. The Monitor Station is centrally located

and each offender must pass the Monitor Station (glass enclosed) when entering or leaving the facility. Security staff also update the Accountability Board, which lists the name, case manager, in/out status, assigned room number, destination, and return time. Safe Keep alerts security staff if an offender has surpassed their scheduled return time and allows staff to update return times as necessary.

Offenders are required to verify their whereabouts upon return to the facility. When offenders will be late returning, they are required to contact security staff from the landline telephone of their approved destination. This allows staff to review caller-id and verify the offender's whereabouts. If an offender is in the Emergency Room, where it is difficult to estimate appropriate return time, the offender must call security staff every hour from the hospital landline and again when discharged. Security staff record all calls from or pertaining to the offender in Safe Keep.

Hourly facility checks are conducted to minimize the possibility of escapes. MERS Goodwill security staff perform a physical count of all residents during each shift and check the count against offender status on the Accountability Board and in Safe Keep. In addition, MERS Goodwill staff escort offenders to and from, and observe offenders during, meals in the cafeteria and scheduled smoke breaks.

MERS Goodwill utilizes a 3-hour Warrant Checklist for Dangerous Felons or High Risk offenders and a 12-hour Warrant for all other offenders. Upon late return to the facility, security staff complete the appropriate warrant checklist, notifying the Liaison Officer/Supervisor within three (3) elapsed hours of the late return. Upon any leave without authorization, security staff contact the Liaison Officer/Supervisor immediately and complete the appropriate warrant checklist. If the warrant checklist and the allotted time conclude during state agency office hours, staff contact the Liaison Officer/Supervisor to advise of such. If each conclude outside of state agency office hours, staff contact the state agency command center. MERS Goodwill notifies the Liaison Officer/Supervisor of any warrants issued, along with any major violations or major incidents, on a daily basis, as scheduled by the state agency. MERS Goodwill shall continue to meet with Liaison Officer/Supervision of any program/personnel changes or any major incidents.

MERS Goodwill will continue to maintain a case management file on each offender, including but not limited to: Breathalyzer results, Incident Report, case manager notes, complaint forms, Consent for Release of Confidential Information, Disposition & Release of Personal Property, Drug Testing Log, drug test results, Intake Confirmation, job search and employment verification data, notes from the Probation and Parole officer, Offender Complaint, Offender Medication Log, Pass Request, Reduction/Waiver of Savings, Receipt form acknowledging resident handbook rules, Residential Facility Property Inventory, Request to Operate Motor Vehicle, Request for Savings Withdrawal, Sign in/Sign Out log, savings payments, waivers and withdrawals, signed intake forms, signed releases of information, signed personal property and monies, signed inventory logs, violation reports, and Warrants.

MERS Goodwill's computer network conducts daily system-wide file backup. Additionally, there is both onsite backup, and off-site backup. The onsite backup is at our headquarters, in the same building as the residential facility. The off-site backup is at a location in Belleville, Illinois. MERS Goodwill has a Disaster Recovery Plan policy, which is available at the request of the State agency.

14. Provide a copy of the house rules/resident handbook.

A copy of the House Rules/Resident Handbook is provided as an attachment to the proposal.

15. Identify the process for resolving complaints and grievances relating to the residential facility(ies).

To encourage self-advocacy and clarify misunderstanding, offenders are encouraged to present their concerns directly to the person involved as a first course of action. Staff are expected to clarify any misunderstanding; however, if the issue cannot be resolved at that level, offenders are encouraged to address the concern with the Security Monitor Supervisor or Director. Grievance forms are made available to offenders in the state common area. Clients are encouraged to use these forms, especially if they feel they have been discriminated against, their

rights have been violated, or if they have been sexually harassed or victimized. MERS Goodwill intends to continue using the format included as Attachment #5 for its standardized complaint form. A locked box labeled "Grievances" is accessible to all offenders in the 7th floor lobby. This box is checked daily Monday through Friday, except for agency holidays. A key has also been provided to the state agency liaison supervisor.

MERS Goodwill has established a five (5) day timeframe for addressing all complaints. Any complaint involving discrimination, sexual misconduct, or threat of physical abuse is addressed within a timeframe of 24 hours. The state agency is contacted upon receiving the complaint, and MERS Goodwill shall work in concert with the state agency to resolve the issue. A copy of the addressed complaint is submitted to the state agency and a copy is maintained in the file of the offender making the complaint. MERS Goodwill maintains a complaint log that identifies the offender's name, DOC number, the complaint, and the resolution.

Any complaints or grievances directed towards the state agency liaison officer are referred to the liaison officer's supervisor. Any complaints relative to parole board decisions are referred to the state agency.

16. Describe the following offender services:

MERS Goodwill shall continue to provide the services of room, board, and supervision seven days per week, twenty-four hours per day, as described herein. The services are accessible to all offenders and those with special needs, including but not limited to: sight impairment, hearing and speech impairment, language barriers, physical barriers and other limitations.

16.1 Interpretive Services/Special Requirements

MERS Goodwill defers to the state agency to determine whether an offender requires interpretive/translation services due to physical impairment or language barrier, and understands that the state agency will obtain and bear the financial responsibility for such services. In addition, upon determination of an offender's proficiency level in basic skills, individuals without proficient English language skills are advised about and enrolled in ESL-focused programs. MERS Goodwill refers offenders to ESL community resources available through our local partners, such as the International Institute and others.

Similarly, offenders who present as deaf or hard of hearing are referred to MERS Goodwill's Project Grow. Project Grow provides comprehensive vocational services for deaf or hard of hearing individuals. Our staff is fluent in American Sign Language (ASL) and knowledgeable about Deaf Culture. Sign Language interpretation services are also available.

16.2 Orientation

MERS Goodwill ensures that each new offender receives an orientation to the physical plant, the rules and regulations/ resident handbook, program expectations, medical procedures, financial procedures, and is advised of the name of the assigned case manager and probation/ parole officer on the day of their admission. This process is referred to as "intake" and is conducted by security staff. Each offender receives a copy of the resident handbook at this time. The orientation to the physical plant includes showing new arrivals areas such as the laundry service, food service, fire and emergency exit routes, assembly areas, recreation area, and equipment location, and regulations and procedures governing such. On the business day following the offender's arrival, the Case Manager provides an in-depth review of the rulebook, including censored materials rules, and disciplinary procedures and consequences, which are both listed in the resident handbook.

Orientation includes providing offenders with PREA information, informing offenders of their right to be protected from sexual abuse, and providing contact information of services for victims of sexual abuse. MERS Goodwill understands that within 72 hours of arrival the state agency will screen offenders to determine who may be abusive or vulnerable to abuse. Upon notification of screening results, MERS Goodwill will manage sleeping arrangements

to ensure any offender vulnerable to abuse is not assigned to the same sleeping area as an offender who may be abusive.

Upon entry into the residential facility, MERS Goodwill provides a reasonable (minimum 15 day) supply of basic toiletry items, including soap, shampoo, deodorant, toothbrush, toothpaste, and razor, free of charge for all offenders until the offender has received income. Offenders are advised upon orientation that all medical care provided is at the offender's expense. A list of medical, dental, mental health and emergency care facilities is provided in the resident handbook. A listing of Sexual Assault Forensic Examiners (SAFEs), Sexual Assault Nurse Examiners (SANEs), victim advocate services and rape crisis centers is also provided in the handbook and is posted in the common area.

An initial inventory of the offender's personal possessions occurs at the time of intake. The offender is advised that she is responsible for notifying staff of changes to her personal property and that MERS Goodwill staff will note the changes on the inventory log (Attachment #9). Staff update the log immediately upon notification by the offender. The inventory log is kept in the Security Monitor station

Verification of completed orientation and acknowledgment of house rules (Attachment #6) are signed by the offender and the MERS Goodwill staff who provided the intake. All offenders sign a Disposition and Release of Personal Property and Release of Money form (Attachment #7) and a Consent for Release of Confidential Information form (Attachment #8) during intake with the offender and MERS Goodwill staff provide documentation on the orientation checklist that such was completed. If the offender refuses to sign a Release of Information, MERS Goodwill notifies the state agency immediately.

16.3 Personal property

Personal property is kept for a period of thirty calendar days from discharge and disposed of thereafter if not retrieved by the offender or designee on the Disposition and Release of Personal Property and Monies form. MERS Goodwill makes every attempt to locate parties listed on the form, via telephone and/or written correspondence, within that thirty calendar day period. These attempts are documented on the Disposition and Release of Personal Property and Monies form. When a designee collects an offender's personal property, MERS Goodwill requires proof of the designee's identity, in the form of identification, and documents the property-pickup. Documentation is kept in the offender's file.

MERS Goodwill allows offenders to retain cell phones; however, offenders are required to keep their cell phone in their assigned individual locker, located in the 7th floor lobby. Offenders are allowed to access their cell phones when signing-out of the facility. MERS Goodwill confiscates any cell phone brought into the facility. Confiscated cell phones are returned to the offender upon discharge, or to the designee listed on the Disposition and Release of Personal Property and Monies form if the offender does not collect the cell phone upon program termination.

16.4 Linen and laundry services

MERS Goodwill provides clean linens to each offender upon arrival at our facility. Linens consist of one (1) pillowcase, two (2) sheets, one (1) blanket, two (2) bath towels, and two (2) washcloths. All items are cleaned before being reissued to an offender.

MERS Goodwill provides two (2) operating washers and two (2) operating dryers for the exclusive use of state agency offenders. The laundry equipment is free of charge to the offenders. The equipment is installed on the seventh floor within the designated residential area. MERS Goodwill provides detergent free of charge to all offenders. MERS Goodwill provides a written laundry schedule in the resident handbook and has assigned laundry days posted in each sleeping area. Offenders are required to wash their linens on a weekly basis.

16.5 Food service and menu. The vendor should specifically address the plan for meeting special dietary needs especially those related to medical needs, such as diabetes and taking psychotropic medicines during times other than meal time.

MERS Goodwill's food service plan is available to the state agency for review and approval prior to the receipt of offenders and/or at such times as may be requested. MERS Goodwill's food plan includes an eight (8) week menu cycle of hot, freshly prepared meals three times per day. Menu plans include the minimum adult level of calorie intake and nutritional levels of the basic food groups recommended by the United States Department of Agriculture. An example of the menu cycle has been reviewed by an independent nutritional consultant who confirmed the menus meet nutritional guidelines and standards for the facility. This review was last done in February of 2016. MERS Goodwill will provide proposed menus, including serving size/portions, and discuss how said menus meet nutritional requirements, as requested by the state agency and its auditors. The content of meals varies and MERS Goodwill does not serve TV dinners. All food preparation is delegated to food service personnel, never to offenders.

MERS Goodwill's Written Food Plan:

- Position Responsible for Food Service Operations: MERS Goodwill Food Service Director. Position currently held by Joe Baer.
- Duties to be delegated: food preparation, food handling/serving, dishwashing/cleaning, and warehouse/storage. Duties to be fulfilled by line cooks and food handlers. No duties are or will be delegated to offenders.
 - o Hours for meal preparation: Monday-Friday: 5:00am 6:30am, 8am- 11:15am, 2pm 5:00pm Weekend/Holidays: 7:00am-9:00am, 10:00am- 12:00pm, 1:00pm- 4:00pm
- Meal service hours:

	Breakfast	Lunch	Dinner
Monday- Friday:	6:30 a.m. to 7:00 a.m.	11:15 a.m. to 12:00 p.m.	5:00 p.m. to 5:45 p.m.
Weekend/Holidays:	9:00 a.m. to 9:45 a.m.	12:00 p.m. to 12:45 p.m.	4:00 p.m. to 4:45 p.m.

MERS Goodwill serves food in an appetizing manner in a relaxed atmosphere at realistically planned meal times. MERS Goodwill shall continue to provide three (3) hot meals per day, with at least one (1) hot meal provided to each offender daily. All hot meals are made available to the entire offender population, including those who cannot return to the facility during regular serving hours due to work assignments or off-site treatment/ referrals, but will return within two (2) hours after the scheduled mealtime. Those clients returning within two (2) hours of the scheduled meal time receive a saved meal. For those offenders who are unable to return to the facility during, or within 2 hours after, scheduled meal times, sack lunches are available upon the offender's request. Saved meals are kept in a locked refrigerator and a microwave is available for reheating meals at no charge to the offender. All onsite meals, saved meals, and sack lunches are provided free of charge to each offender. Offenders are also allowed to order food to be delivered to the facility at their own expense.

Upon orientation, offenders are instructed to notify their Case Manager if they have any dietary restrictions due to religious, medical, or other reasons and are asked to provide a doctor's note detailing any medical dietary restrictions so proper alternatives may be provided. MERS Goodwill makes reasonable efforts to deal with all specialized dietary needs, particularly as they relate to medical and religious needs. MERS Goodwill will continue to rotate all canned, perishable, non-perishable, and frozen foods. Such foods are labeled for expiration date. No food that exceeds the expiration date will be served to an offender. If the food has no manufacturer supplied expiration date, it will be labeled with reception date, and will not be served six months past expiration date.

MERS Goodwill has no plans to provide an educational/vocational program to instruct offenders in food service.

16.6 Food Preparation and Storage

MERS Goodwill food preparation services are part of a larger operation that also provides meals for a U.S. Bureau of Prisons Residential Reentry Center, a Missouri state-licensed childcare facility, and revenue-generating sales to staff and walk-ins from the general public. MERS Goodwill only uses ingredients in food preparation which are fresh, wholesome, and processed under sanitary conditions. All raw food products undergo (Federal, State, or Local) inspection for wholesomeness. Where applicable, all food products are federally graded, and meet or exceed grade specifications below:

- 1) Canned fruits
- 2) Canned vegetables
- 3) Dairy Products Grade A: whole, skim or low fat
- 4) Eggs USDA Grade A (medium)
- 5) Fresh produce and fruits #1 quality
- 6) Meats, poultry, and fish:
 - Beef USDA select
 - Ground Beef Bulk or Patties USDA select 80% lean
 - Poultry USDA Grade 1
 - Fish US Grade A, Packed in USDC federally inspected seafood plant

MERS Goodwill stores all food at safe temperatures and handles all food in a safe and acceptable manner as established by the St. Louis City Health Department. MERS Goodwill chills, maintains, and stores cold food at a temperature between 34°F and 40°F. Food items requiring cooking are cooked to a temperature of 165°F, and hot foods are maintained at or above 135°F.

MERS Goodwill conducts food operations in a sanitary manner to prevent attraction of insects, vermin, and rodents. In the preparation and handling of food, MERS Goodwill personnel abide by all pure food and drug laws and ordinances, rules, and regulations regarding sanitation and adhere to all health standards and provisions for personnel health, including accident and acute illness, according to applicable federal, state, and local laws. All areas, equipment, personnel, and procedures used in fulfilling the contract requirements are in compliance with the Department of Health 1999 Food Code (19 CSR 20-1-1-010).

MERS Goodwill shall submit a copy of each Health Department Inspection Report and any deficiencies or problems identified on the report, along with the actions taken to rectify the deficiencies, to the state agency within twenty (20) calendar days after receipt of the report.

MERS Goodwill shall furnish all the material, labor/personnel, facilities, equipment, utensils and supplies necessary to prepare the meals and snacks as required.

16.7 Visitation

MERS Goodwill has procedures for visitation to aid in the development of positive relationships. Currently, MERS Goodwill is providing visiting hours from 5:30 p.m. to 8:30 p.m. each Saturday and Sunday, which constitute a minimum of six (6) hours per week. MERS Goodwill posts the visiting hours schedule in an area accessible to offenders and visitors, and documents the schedule in the house rules. MERS Goodwill provides for visitation in the dining area after eating and food preparation periods. No other activities are scheduled for the dining area during visitation periods. MERS Goodwill understands that visitation relating to sex offenders shall be in accordance with state agency policies and procedures made available upon the effective date of the contract.

16.8 Drug testing and breath analysis

MERS Goodwill conducts drug testing in accordance with the following:

MERS Goodwill utilizes an external laboratory (presently Redwood Toxicology Lab) to test for the following:

- (1) Benzodiazepines
- (2) Opiates
- (3) Barbiturates
- (4) Amphetamines
- (5) Cocaine
- (6) Marijuana
- (7) PCP

For the duration of this contract, MERS Goodwill shall continue to utilize a laboratory or non-instrument based drug test for these purposes. Each time a drug test is performed, an alternate test for masking and dilution is conducted. The drug test(s) shall be performed at no cost to the individual offender. If an offender requests confirmation of a positive drug test, MERS Goodwill shall provide confirmation at the expense of the offender.

Each calendar month, MERS Goodwill shall conduct full screen random drug testing equal in number to thirty percent (30%) of the contracted residential slots. MERS Goodwill shall conduct drug testing on any offender based on suspicion of use, late return, and at the request of the state agency. MERS Goodwill supplies the drug testing kits.

MERS Goodwill shall maintain Drug Testing Logs, which shall affirm that drug testing was completed as required. (Attachment #10) MERS Goodwill staff shall record the date the drug test was taken, the date the results were received, and specify positive or negative results on the program summary form. Based upon suspicion of use, MERS Goodwill staff may conduct additional drug tests for the offenders at the expense of MERS Goodwill. If an offender requests confirmation of a positive drug test that has not already been confirmed, MERS Goodwill shall provide confirmation at the expense of the offender.

MERS Goodwill has a procedure that addresses the collection, control, and testing of offender urine specimens. The procedure ensures the confidentiality of all test results, meets or exceeds state agency standards and procedures, and is approved by the state agency's Chief of Drug Testing Services and the state agency.

MERS Goodwill has the capabilities for administering testing using "Alco-Sensor Breathalyzers" and documenting results of use for offenders suspected of alcohol intake on the program summary report. The "breathalyzers" are calibrated in accordance with manufacturer specifications. Calibration is documented and available for state agency review. MERS Goodwill will continue to utilize appropriately trained staff to administer breathalyzers on offenders that are returning to the facility at least once daily. Such shall be documented by entering the reading of the breathalyzer in the program software (Safe Keep). MERS Goodwill shall conduct drug testing on an assigned offender based on suspicion of use, late return, and at the request of the state agency. A second test shall be conducted for confirmation on positive breathalyzers after waiting fifteen (15) minutes but no later than thirty (30) minutes. During this time the offender will not be allowed to smoke or ingest anything by mouth.

16.9 Sign-In and Sign-Out

MERS Goodwill has established daily sign-in and sign-out procedures for all times the offender will be absent from the facility.

Offenders under the jurisdiction of the state agency may, under exceptional circumstances, request permission for out-of-state travel and be granted such with prior state agency written approval.

When an offender is at approved services outside of MERS Goodwill's facility, this activity shall be documented in the program software (Safe Keep), which produces a sign-in/sign-out log/ record similar to the agency's format and including the information required by the state agency (Attachment #11). MERS Goodwill shall allow sign outs for legitimate related purposes necessary for the offender's success in the program and reintegration into the community (i.e., picking up clothes, identification, registration, court, medical social security cards, or other

appointments). This sign out shall not be for the purpose of recreation/visitation, and shall be granted for a specified period of time. An offender may elect to attend religious services, however she must follow the pass procedures.

16.10 Free time/pass procedures

MERS Goodwill has established pass procedures utilizing guidelines listed for offenders within the program. Offenders are required to fill out pass request forms (Attachment #12) if they will be away from the facility for more than three hours, with the exception of work and treatment. The pass form must be complete and have the written approval of both the Case Manager and Probation/Parole Officer, before a client can leave.

Weekend pass time is granted based on successful participation in the objectives outlined in the offender's case management plan and may be taken Fridays through Sundays. Offenders are allowed to split their pass time between different days (Friday through Sunday), but can only sign-out for one pass per day. Guidelines for earning pass time are provided to offenders in the program handbook. Offenders may sign-out of the facility later than the exit time indicated on the approved pass form; however, additional time is not added to the approved return time due to late departure. Offenders are not allowed to sign out on overnight passes after 9:00 pm and must sign in from pass time by 9:00pm on the day of their return due to the facility curfew. If an offender returns to the facility prior to the return time indicated on the pass, the remainder of the pass is forfeit. Clients receiving up to twelve (12) hours of pass time are not allowed to take the pass overnight. MERS Goodwill provides constructive activities for those offenders remaining in the facility on Thanksgiving and Christmas. If determined by Probation and Parole, offenders eligible for pass time during those holidays may be granted up to an additional 24 hour pass, which may include an additional night of absence from the facility.

When offenders are subpoenaed for court appearance, MERS Goodwill may issue passes for a specified period of time mutually agreed with the state agency. The offender shall assume the responsibility for room/board and travel. MERS Goodwill shall maintain contact with the issuing court to determine the date and time of return.

As determined by Probation and Parole, for the funeral of an immediate family member (spouse, parent, child, brother, sister, grandparent, grandchild – including foster, step, and spousal relationships as well as blood) offenders may be allowed up to 48 hours of pass time. If the offender can show the deceased was active in their upbringing, exceptions may be made to the immediate family rule.

16.11 Health care

MERS Goodwill provides and maintains a listing of nearby hospitals and clinics that can provide emergency services and medical care on a 24 hour a day basis for offenders. St. Louis University Hospital, BJC Hospital, and St. Louis Connect Care are licensed hospitals that are within fifteen (15) minutes of the MERS Goodwill facility. Affinia HealthCare and Myrtle Hillard Comprehensive HealthCare provide services on a sliding scale fee basis. If it is an emergency situation, 911 will be called immediately. For those offenders needing mental health service, referrals are made to BJC Behavior Health Clinic or Assisted Recovery Centers of America. The list of medical facilities is provided in the resident handbook and is posted in the common area of the facility. MERS Goodwill informs each offender that she is responsible for her health care expenses. This information is also available in the MERS Goodwill House Rules, which all offenders are given upon their arrival.

MERS Goodwill ensures medical and mental health services are available to victims of PREA- related sexual abuse and enter into a Memorandum of Understanding with a victim advocacy center to provide advocacy services to the victim. These provision of these services, including access to emergency medical services and treatment, will be available at no cost to the victim, as approved by the state agency.

MERS Goodwill has possession of a secure container, provided by the state agency, which stores all offender medication. The container is housed in the facility's command center, which is a secure environment to which only MERS Goodwill has access. All prescription medication is entered into the facility's software system (Safe Keep)

which records offender's medication administration and produces a medication log/record similar to the agency's format, including the information required by the state agency (Attachment #13). In the presence of MERS Goodwill staff, offenders shall be responsible for all inventory and log entries. MERS Goodwill staff shall verify the offender's log entries by initialing said entries. MERS Goodwill shall review the log entries on a daily basis and notify the offender's liaison officer if medications are not taken as prescribed by telephone, e-mail or fax on a daily basis. MERS Goodwill will report all instances in which an offender refuses to take prescribed medication. The report shall include the name and number of the offender, date of occurrence and name of medication refused.

MERS Goodwill shall report an offender's critical illness or death to the state agency immediately - within one (1) hour.

16.12 Case management. Identify the case manager to offender ratio.

MERS Goodwill shall continue to provide a case management component for each offender, and will maintain a case manager to offender ratio of one (1) case manager for a maximum of thirty (30) offenders. The MERS Goodwill case manager shall act as a part of the case management team and work in concert with the state agency's Probation and Parole office to support the state agency staff, community, offenders, and volunteers with the reentry process. MERS Goodwill understands the state agency's Probation and Parole officer shall be the team leader. The case manager(s) meet with the offenders within two (2) working days of their arrival and MERS Goodwill provides a minimum of one (1) case management session per offender per week. Case management staff is available a minimum of one evening per month until 8:00 p.m. to accommodate the employment and reintegration schedules of the offenders. No offender will be detained from employment or reintegration activities in order to meet with her case manager, unless the state agency requests or approves that schedule.

Case management sessions shall minimally include 1) assessment of current reentry needs, 2) monitoring the offender's participation in programs as outlined by the state agency, 3) referral to community resources and establishment of appointments, and 4) job development and monitoring. The case manager(s) shall assist with offenders applying for Medicaid/ SSI and other benefits when applicable, and obtaining identification documents as needed. MERS Goodwill shall continue to take into consideration the needs of the offender, including but not limited to medical and mental health needs, transportation needs, and financial abilities. The MERS Goodwill case manager(s) maintain legible management notes in the offender's case management file that must reflect, but not be limited to Supervision Plans, Goals developed following the Specific, Measurable, Attainable, Realistic, and Time-oriented (SMART) guidelines set to accomplish supervision plan, Criminogenic needs (Attitude, Family, Substance Abuse, Recreation, Education, Employment), Home plan development, and Follow-up activities. This information will be obtained in collaboration with the Probation Officer.

MERS Goodwill has developed and implemented a network of service providers to provide needed services to assist offenders and family members/significant others in reentry. A list of current resources (included in our attachments) is posted in the resident handbook and in the common area of the facility. MERS Goodwill shall continue to utilize existing community partners as part of the network, utilizing those service providers/partners/programs without cost to the extent possible. Where there are services needs that aren't addressed through the existing network, MERS Goodwill shall expand our network to include additional service providers.

Changes to the programming plan will be performed only by the state agency's Probation and Parole officer or after a case management team meeting. In either instance, the case manager and the offender shall be included in the decision process. The case manager shall complete a home plan worksheet with the offender and submit such to the state agency's Probation and Parole officer. MERS Goodwill will submit home plans at the earliest possible moment in the offender's program to ensure acceptance by program completion.

16.13 Job development and maintenance

MERS Goodwill shall identify and develop potential employment opportunities for the offenders, taking into consideration each offender's background, experience, training and feasibility of securing employment. Arrangements for interviews, transportation and personal introductions may be included. When an offender is employed, MERS Goodwill shall provide employment case management and monitoring, which may include visits to the employment site. MERS Goodwill shall develop partnerships with organizations and employers in the community that would assist the offender with employment.

If employable, the offender shall be required to secure employment and continue with assigned treatment as required. The case manager(s) is responsible for coordinating the services involved in each offender's job search. Job development and monitoring shall be recorded in the offender's file. The methods of obtaining employment may include, but are not limited to:

- (1) Accessing leads developed by the MERS Goodwill Residential Employment Specialist and an extensive cadre of employment specialists employed by MERS Goodwill and shared through a wide area computer network.
- (2) Utilizing employment resources such as the Missouri Division of Employment Security.
- (3) Contacting local temporary employment agencies.

The case manager(s) verify employment once reported and conduct periodic checks with employers to confirm job location, offender's presence at work, job title, performance, and earnings. Offenders will normally not be paid in cash. However, with advance state agency approval, employment may be secured where the offender will be paid in cash, provided verification of the employment and payment of taxes can be obtained.

Based upon individual assessment, job development is conducted according to the needs of the offender. The case manager(s) facilitates job development. MERS Goodwill is committed to encouraging offenders to seek, choose and retain employment that will enhance their successful reintegration into society. With this in mind, offenders are encouraged to consider a career plan that will not only satisfy their immediate needs, but will establish a basis for future success. Program completion and community transition is the ultimate goal and successful employment is one means towards that goal. MERS Goodwill shall provide access to suitable job search attire and resume development to assist the offender with securing employment. All job development activities are recorded in the offender's case management file.

For an offender to be determined permanently or temporarily disabled, the Notice of Disability/Waiver of Employment must be completed by the state agency liaison officer. Employment may be waived if the offender is determined to be permanently disabled due to a physical or mental disability or if the offender is determined temporarily unable to work due to injury, disability, or treatment requirements, which would prohibit employment.

16.14 Savings

Upon securing employment, the offender is responsible for reporting earnings to the MERS Goodwill case manager. This information is documented and maintained throughout the course of the offender's employment while enrolled in the residential facility. MERS Goodwill shall obtain verification for receipt of all employment or Social Security Income and/or Social Security Disability Insurance from the offender and include such in the offender's file. Documentation in a state agency approved format detailing income, savings deposits and dates of transactions shall be maintained.

MERS Goodwill shall establish an account at an FDIC insured financial institution. The state agency shall be joint custodian on the account with signatory authority. At a minimum, agency procedures will include actual practice evidence of the bank reconciliation to the individual ledger accounts of each offender with documentation of all adjustments. MERS Goodwill understands that this requirement will become a part of the state agency's financial audit.

Offenders are required to save a minimum of 50% of their gross income, whether from employment, selfemployment income, or social security benefits, in their residential facility savings account. MERS Goodwill will collect the savings from the offender no later than the next business day the offender is paid and prepare a receipt signed by both the facility and the offender. The offender will receive a copy of the receipt and the full savings balance will be released to them upon successful completion of programming, unless the offender transfers to another residential facility, in which case the savings account shall be released to the receiving facility and the offender.

Savings collections may be reduced or waived, in individual instances, with the prior approval of the state agency. Given said approval, the reduction or waiver, with justification using the Reduction/Waiver of Savings form (Attachment #14) must be signed by the Probation/Parole Officer and is maintained in the offender's file. Regardless of savings account balance, waivers or reductions of savings may occur to ensure the offender has at least fifteen dollars (\$15) per week for employment-related transportation, clothing, and shoes, etc.

Withdrawal from savings may occur with prior approval from the state agency, as shown by a signature on a Request for Savings Withdrawal (Attachment #15). When continued legal obligations such as child support are required, one (1) waiver may be completed which shall remain in effect for the offender's entire residency. The obligation shall be clearly details on the waiver and shall be signed by the state agency.

17. Identify the plan for transportation to meet the needs of the offenders. If the proposed residential facility(ies) is not within 1/4 mile of a bus stop or other form of public transportation, the vendor should identify the proposed type of transportation and the transportation schedule. The vendor should provide the hours of operation of the public transportation.

Viable transportation exists to meet the offender needs in job search, employment, community resource appointments, and other areas that would allow for successful community integration. Several METRO bus lines have bus stops within 1/4 mile of the facility, offering hourly drop-off and pick-up between 7:00 a.m. and 6:00 p.m., with two lines stopping next to the facility. In addition, a METRO light rail station is 6 blocks from the facility. The schedules for these routes allow offenders to operate within the House Rules, and are posted in a centrally located area. A route map is available in the resident handbook and offenders have access to computers and a printer for routes and directions specific to their trip. The Case Manager and/or monitors assist offenders with trip/ route/ schedule directions as well. MERS Goodwill provides bus tickets to offenders for free, which the residents reimburse once they obtain employment.

With advanced written approval from the state agency, MERS Goodwill may permit offenders to drive while residing at the facility to employment and approved appointments. Interested offenders will first submit a request to operate a motor vehicle (Attachment #16). The following criteria must be met: proof of current license and insurance, which must be renewed prior to expiration; responsible behavior as demonstrated by the offender and file documentation; review of traffic record by the state agency; copies of a valid driver's license/chauffer's license, insurance face sheet, and vehicle registration attached to the request; the offender must agree her license and any keys must be surrendered to MERS Goodwill upon return to the residential facility at the end of each day; the offender has been informed any infraction could result in the loss of driving privileges. If offenders have received prior approval from the state agency to have a motor vehicle at the facility, free on-site parking will be provided for the offender's vehicle. Offenders may take the driver examination test while a resident.

18. Describe plans for recruiting and retaining a diverse staff.

MERS Goodwill is an equal opportunity employer and conducts recruitment in accordance with its written Affirmative Action Program. The program is available for review in the office of the MERS Goodwill President. MERS Goodwill policy is to continually recruit qualified candidates for the position of Security Monitor. This is done through internal postings throughout all MERS Goodwill locations, through local university and community college placement offices, and through classified advertisements in the St. Louis Post-Dispatch and the St. Louis

American. When vacancies occur in the position of Case Manager and Director, a similar process occurs. However, MERS Goodwill makes a concerted effort to promote from within, if possible, for these positions.

19. Submit a personnel plan for each residential facility(ies). The personnel plan should list the various positions proposed, the number of personnel proposed for each of the positions, and, if known, the name of each person. The vendor should also provide job descriptions, Exhibit E, for each of the proposed positions. The job descriptions shall be tailored for uniform usage throughout all residential facilities and shall reflect lines of authority and reporting levels consistent with the provisions stated in Exhibit H, Individual Personnel Percentage of Work Time. (For purposes of this document, a Full Time Equivalent Employee (FTE) is equal to 2080 annual on-site work hours.) Additionally, the vendor should provide a sample one-month work schedule for each shift that includes titles of personnel positions and, if known, the names of the personnel.

Our personnel plan is attached as Exhibits C, D, E, and H.

20. Describe personnel policies and procedures for the residential facility(ies).

MERS Goodwill maintains standard personnel policies for all employees in both the agency employee handbook and program Standard Operating Procedures. At time of hire, all employees receive a copy of these policies; the relevant Standard Operating Procedures are attached to this proposal. As indicated, the policies address such things as recruitment, retention, benefits, promotions, disciplinary procedures, performance appraisals, terminations, etc. The policies are reviewed and approved on an annual basis by the MERS Goodwill Board of Directors to ensure compliance with current employment laws and organizational mission and goals. MERS Goodwill has written job descriptions for all staff positions. The job descriptions list the job title, minimum qualifications, primary job duties, and reporting/supervisory chain. Copies of the descriptions pursuant to this contract are included as an attachment.

MERS Goodwill currently maintains a personnel file for each employee. Files of staff assigned to this contract shall be accessible to the state agency or its representatives for the purpose of verifying compliance with the contractual requirements. The file shall include complete criminal record checks, background investigations, resumes, degrees or diplomas, dates of employment, training records, performance appraisals, commendations, disciplinary actions, and other related actions. A check list of all required documents is provided at the front of each employee file.

MERS Goodwill shall verify and provide documentation to the state agency that the original degree, diploma, or certified transcript was reviewed by MERS Goodwill prior to hire.

MERS Goodwill's personnel policies clearly define ethical and professional relationships, which shall be maintained between staff and offenders while under the supervision of the state agency. MERS Goodwill shall adhere to the Department of Corrections' guidelines on sexual misconduct and harassment, and has incorporated them into its own policy and procedures relating to this matter. It is understood that the state agency has a right to investigate such matters, as deemed necessary. At a minimum, the personnel policies will include the following:

- MERS Goodwill staff shall not display favoritism or preferential treatment for individual offenders or groups of offenders.
- MERS Goodwill staff shall not engage in any personal or business relationship with any offender or the offender's family or associates.
- MERS Goodwill staff shall not use their official positions to secure or receive advantages, gifts, money, or favors from offenders, their families or associates.
- MERS Goodwill staff shall value the human worth and dignity of all offenders through fair treatment, respect to the individual, recognizing diversity, and the offender's individual rights.
- MERS Goodwill staff shall not abuse the offender verbally or physically.
- MERS Goodwill staff shall recognize the offender's right to privacy and adhere to confidentiality rules.

 MERS Goodwill staff shall repot any attempt to violate these guidelines immediately to the MERS Goodwill director of this contract program.

Employees and agents shall not interact with the offenders except as is necessary to perform the requirements of the contract. Employees and agents shall not give anything to nor accept anything from the offenders except in the normal performance of the contract.

MERS Goodwill 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 abusive contact and consensual sex. Any employee or agent who witnesses sexual abuse or sexual harassment must immediately report it to the Program Director. An employee or agent who engages in, fails to report, or knowingly condones sexual harassment or sexual contact with or between offenders shall be grounds termination and may subject the employee or agent to criminal prosecution.

No later than five calendar days after notification of award, MERS Goodwill will provide the state agency with a completed authorization for Release of Information Form (Attachment #17), signed by each current or anticipated employee who will be assigned to the contract, and a Confidentiality Oath Form (Attachment #18) individually signed by the director, Human Resources (HR) personnel, and each current or anticipated employee who will be assigned to the contract. For each new or anticipated employee, MERS Goodwill will provide the state agency with a signed Authorization for Release of Information form and a Confidentiality Oath form prior to allowing the employee to provide service.

MERS Goodwill only hires individuals at least 21 years of age to perform residential facility services. A background investigation, including MULES, is completed on all new employees prior to being allowed entry into the facility. MERS Goodwill understands the state agency has the right to deny access into the facility for any employee for any reason. MERS Goodwill does not currently have any employees under active federal or state felony or misdemeanor supervision performing residential facility services, nor does it plan to hire any individual under active supervision. It is understood that advance written division director approval must be received prior to any individual under active supervision or with prior felony convictions performing services. Any contractor, contractor's employee or agent who has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility or other institution shall be denied access into the institution.

MERS Goodwill understands that the state agency will complete a criminal record and background check on all potential Residential Facility personnel. MERS Goodwill shall request the state agency to conduct an annual criminal record and background check for personnel providing services during the birth month of the specified personnel.

The results of the checks will be kept in the personnel file and are available for review at any time by the state agency. MERS Goodwill understands and agrees offenders under active federal or state felony or misdemeanor supervision must receive written state agency approval prior to becoming an employee for the services provided herein. Personnel with prior felony convictions and not under active supervision must receive written state agency approval before providing services.

MERS Goodwill will contact the state agency Regional coordinator or designee for approval prior to hiring staff at the level of case manager or above. MERS Goodwill will notify the state agency liaison supervisor in writing of any violations, investigations, or accusations relating to staff providing services. This will be done immediately, or no later than the next working day after becoming aware of the incident. MERS Goodwill will notify the state agency Intensive Supervision Coordinator in writing of all changes in staff and changes in Board of Directors. In addition, the contract will provide the state agency Regional Coordinator/Liaison Coordinator with a copy of the written notification.

MERS Goodwill shall provide qualified personnel for the professional positions, and responsibilities listed in the award proposal, and at the level warranted and presented in the Employee Expense Charged to Contract Exhibit

(Exhibit I). The wages and benefits we offer our employees are higher than the prevailing wage allowing us to attract and build a stronger staff. For any vacated position, MERS Goodwill shall provide the state agency with documentation that validates a good faith effort on the part of MERS Goodwill to fill the vacant position. If the position is vacated for a period longer than 45 calendar days, such position(s) shall be considered vacant, and the state agency shall reduce the MERS Goodwill's total monthly payment by an amount not to exceed the total salary included in Exhibit I of the contract.

Unless a specific exception is granted by the state agency for a specific case manager, staff hired to provide case management services shall meet the following criteria: be a graduate of a four-year accredited college or university with a bachelor's degree in social work, counseling, criminal justice administration, psychology, sociology, or a closely related field.

MERS Goodwill security personnel, at a minimum, will have two years of work experience, including military or self-employment, and a high school diploma or GED. In addition, MERS Goodwill Residential Facility employees are certified in CPR and first aid within 60 days after hire. MERS Goodwill makes every attempt to renew CPR and first aid training for all employees prior to the expiration date.

MERS Goodwill shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws. This includes but is not limited to the Illegal Immigration Reform and Immigrant Responsibility Act (IIRIRA) and INA Section 274A. MERS Goodwill understands if found to be in violation of this requirement, and if the state has reason to believe MERS Goodwill knowingly employed individuals not eligible to work in the United States, the state shall have the right to cancel the contract immediately without penalty or recourse and suspend or debar MERS Goodwill from doing business with the state. The state may also withhold up to twenty-five percent of the total amount due to the contractor.

MERS Goodwill agrees to fully cooperate with any audit or investigation from federal, state, or local law enforcement agencies, and agrees to maintain enrollment and participation 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 contracted services herein.

MERS Goodwill agrees and understands that State of Missouri's contract with MERS Goodwill is predicated in part on the utilization of the specific individuals identified in the proposal. Therefore, MERS Goodwill agrees that no substitution of such specific individuals and/or personnel qualifications will be made without prior approval from the state agency, and understands that any substitutions approved by the state agency must be equal or better than originally proposed. It is understood that the state agency's approval of a substitution should not be construed as an acceptance of the substitution's performance potential. When proposing new personnel, MERS Goodwill will clearly articulate and present to the state agency the qualifications and experience of the individual being replaced and those of the replacement individual for comparison purposes.

The minimum staffing levels proposed by MERS Goodwill shall be defined as the individual positions listed in the Employee Expense Charged to Contract Exhibit. For the purposes of this contract, an FTE is defined as an employee who works 2080 hours annually, and is eligible for salary, benefits, and compensation provided by MERS Goodwill. MERS Goodwill will ascribe to and maintain staffing ratios required by the state agency and proposed by MERS Goodwill. Particular attention is paid to the ratio of offenders to case management service personnel and security personnel.

Upon the request of the state agency, MERS Goodwill will replace employees whom the state agency finds unacceptable. If the state agency is dissatisfied with MERS Goodwill's employees, we will resolve the personnel problem to the sole satisfaction of the state agency. If circumstances should exist which would prevent said resolution, MERS Goodwill will supplement the position with appropriate part-time or overtime personnel until an approved full-time replacement can be employed. It is understood that the state agency will give a written explanation as to why the state agency is dissatisfied with the MERS Goodwill employee. In addition, MERS Goodwill will anticipate a written time frame from the state agency to find said replacement.

MERS Goodwill does not bind any member of its staff or in any way restrain them from accepting employment from other providers similarly situated. In fact, it is very common for MERS Goodwill employees to hold jobs with other entities providing similar services.

MERS Goodwill and its employees will comply with the Fair Labor Standard Act, Equal Opportunity Employment Act, and all other applicable federal and state laws, rules, regulations and executive orders in order to fulfill contract responsibilities relating to state property and the offender population. We further agree to insert this provision in all subcontracts. MERS Goodwill does not and will not interfere in any way with state officials' performing their duties in response to court orders or in the maintenance of a safe and secure environment.

MERS Goodwill accepts full responsibility for supervising its employees. However, due to the unique nature of the work to be done, it is essential that a close working relationship with the state agency be developed and maintained. It is understood that the state agency will exercise its right and responsibility to closely monitor the actions and performance of MERS Goodwill employees. Any concern a state agency employee has regarding MERS Goodwill staff must be addressed through the appropriate chain of command up to and including its President/CEO, currently David Kutchback. MERS Goodwill is responsible for monitoring the performance of its employees and providing them with the resources, materials and appropriate training to fulfill their responsibilities.

MERS Goodwill and its employees shall at all times observe and comply with all applicable state statutes, state agency rules, regulations, guidelines, internal management policy and procedures, and general orders of the state agency that are applicable, regarding operations and activities in and about all state agency property. Furthermore, the contractor, its agents or employees, shall not obstruct the state agency nor any of its designated officials from performing their duties in response to court orders or in the maintenance of a secure and safe residential environment. The contractor shall comply with the state agency's policy and procedures relating to employee conduct.

MERS Goodwill shall not assign or designate any person on the contract to multiple contracts or positions without the advance approval of the state agency, and agrees that no state agency employee will be compensated by MERS Goodwill for services provided related to the contract while concurrently employed by the state agency.

The state agency representative is always welcome to staff meetings held by the residential program. A specific notice and invitation will be given to the state agency representative whenever the contract is under discussion. MERS Goodwill considers this relationship to be one of mutual support and appreciates the clarification given by the state agency when questions arise. MERS Goodwill and its staff will participate in oversight meetings to discuss contract compliance, at least quarterly, or as requested by the state agency. It is understood that minutes of such meetings will be forwarded to the Community Corrections Coordinator, Contract Manager, and the Contract Management and Coordination Unit.

- 21. Organizational Chart The vendor should provide an organizational chart showing the staffing and lines of authority for the key personnel to be used. The organizational chart should include (1) The relationship of service personnel to management and support personnel, (2) The names of the personnel and the working titles of each, and (3) Any proposed subcontractors including management, supervisory, and other key personnel. The names/titles on the organizational chart should be consistent with the names/titles identified on Exhibits C, H, and I and the personnel plan.
 - The organizational chart should outline the team proposed for this project and the relationship of those team members to each other and to the management structure of the vendor's organization.

The Organizational Chart is included in the attachments. The state agency shall be provided an updated chart including and annotating vacancies within 2 weeks of any changes.

Along with a detailed organizational chart, the vendor should describe the following:

• How services of the contract will be managed, controlled, and supervised in order to ensure satisfactory contract performance.

MERS Goodwill is committed to staff integrity and will provide adequate management and support staff to ensure a productive and supportive environment for working with offenders in a professional manner. The MERS Goodwill State Residential Facility Director or a designee authorized to act on his/her behalf for this state contract shall be on site daily during the hours of 8:00 a.m. to 5:00 p.m., excluding weekends and state holidays, plus/minus one hour before or following the core hours. The Director reports to the Executive Vice President of Rehabilitation Services of MERS Goodwill to ensure that program performance is monitored.

Total Personnel Resources - The vendor should provide information that documents the depth of
resources to ensure completion of all requirements on time and on target. If the vendor has other ongoing
contracts that also require personnel resources, the vendor should document how sufficient resources will
be provided to the State of Missouri.

No employee or subcontractor of MERS Goodwill who is providing services pursuant to this contract shall be currently or concurrently under the supervision of any federal, state, county, and/or city corrections, or within the last two years, shall provide any service pursuant to this contract. All staff providing services pursuant to this contract will be 21 years of age or older. MERS Goodwill is committed to meeting and exceeding the requirements of this contract and maintains personnel necessary to providing quality services to offenders in the facility. Our HR department is able to respond immediately to the need for additional staff, and the current staffing pattern provides for coverage in the event of absences due to sick leave, vacation, or attrition.

22. Describe the training curriculum for security personnel and case managers.

Within 30 days from the date of hire and prior to providing services, MERS Goodwill shall provide in-service training to security staff and case managers that shall include, but not necessarily be limited to: Safety and security of the facility, offenders, and MERS Goodwill staff, offender management techniques; crisis intervention; deescalation of volatile offender behavior; appropriate procedures and responses to offender incidents and violations, including escapees and walkaways; training on cross-gender pat down and searches of transgender and intersex residents, assessment and development of treatment plans; and interpersonal relationships. As directed by the state agency, additional training in verbal judo, cognitive restructuring, reentry process, transitional team concepts, communicable diseases and interpersonal relationships will be provided. MERS Goodwill understands that all training is to be at its own expense. MERS Goodwill does not allow any staff that are newly assigned to a position to perform job duties until thoroughly trained unless under direct and immediate supervision.

MERS Goodwill provides a training checklist to verify all required training has been completed within a maximum of 30 calendar days from the date of hire. A copy of the checklist is maintained in the individual's personnel file. MERS Goodwill staff provide and/or participate in cross training as requested and mutually agreed upon with the state agency. Documentation of participation in such training is included in employee personnel files.

Within seven calendar days of employment, personnel shall be trained in the proper emergency procedures indicated in the Written Plans and Written Procedures herein and shall receive appropriate training for those procedures for which they are responsible. Personnel shall sign a form, which shall be witnessed and signed by the immediate supervisor, signifying understanding and training in these procedures.

MERS Goodwill shall provide and/or participate in 16 hours of cross training annually, on a calendar-year basis (January to December). New employees shall not be required to attend cross training until the employee has completed 90 days of employment. Continuing education and training for personnel addressing areas related to the contract and offender management, behavior, or security shall be provided annually. MERS Goodwill and

personnel shall participate in any training provided by the state agency as deemed necessary for successful compliance with the contract.

All new facility employees will be trained on the zero-tolerance PREA policy and PREA procedures before being allowed to enter the facility. The facility will provide each employee with refresher training a minimum of every two years to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the facility will provide refresher information on current sexual abuse and sexual harassment policies.

Training will address education on sexual assault and harassment, prevention and identification of signs of sexual assault victimization, impact and implications of offender victimization, working with both victims and perpetrators of sexual abuse, and facility procedure following a PREA event. Any agency staff, service workers, volunteers, or any other individual entering the facility or working with offenders will be given information on PREA, sexual victimization in a correctional facility, and the facility policy for such and will be required to sign an acknowledgement of understanding said policy prior to being admitted into the facility.

All training shall be at the expense of MERS Goodwill. Documentation of participation in training for all personnel shall be maintained in personnel files.

23. Describe the method, protocol, and/or procedure for report delivery, and the provision of adequate time and attendance documentation.

MERS Goodwill shall report any unlawful behavior of any offender(s) or against an offender to the state agency and to local law enforcement officials immediately upon knowledge of such behavior. Suspicious behavior and any violation of the conditions of the Residential Facility Agreement will be reported to the appropriate state agency staff immediately. While police contact may not result in a violation report, MERS Goodwill shall immediately report any police contact with an offender to the state agency. MERS Goodwill shall immediately report any arrest of an offender to the state agency. The notification shall be completed by telephone to the appropriate state agency staff, followed by a written Violation Report (Attachment #19), which must be completed within one (1) working day. MERS Goodwill shall notify the state agency of any incident involving the offender's physical or emotional well-being. MERS Goodwill shall complete and submit an incident report (Attachment #20) to the state agency within one (1) working day. Reports will be faxed or e-mailed to meet required time lines.

On a quarterly basis, MERS Goodwill shall submit the Individual Personnel Percentage of Work Time Exhibit and Employee Expense Charged to Contract Exhibit to the state agency with oversight meeting minutes.

MERS Goodwill shall submit any special reports as requested by the state agency. MERS Goodwill agrees to abide by all guidelines for distribution and timeliness of reports as specified by the state agency's Reporting Schedule. MERS Goodwill agrees to participate and cooperate to the fullest extent in any research project or outcome study required by the state agency.

24. Identify any specific reports to be utilized.

<u>Violation Report</u> (Attachment #19):MERS Goodwill shall complete a Violation Report on any offender who has engaged in a major violation as outlined in the program rulebook, including any violation that could lead to termination from the residential facility or that could result in the revocation or change in the level of supervision for the offender. This report includes the minimum information required by the state agency.

<u>Infraction report</u>: MERS Goodwill shall complete an Infraction form on any offender who has engaged in an infraction as outlined in the program rulebook.

<u>Incident Report</u> (Attachment #20): MERS Goodwill shall notify the state agency of any incident involving the offender's physical or emotional well-being.

<u>Daily Activity Report</u>: MERS Goodwill shall complete and submit a Daily Activity Report to the state agency each morning of each state workday, noting all new arrivals, offenders who failed to arrive to the facility as scheduled (no-shows), discharges, absconders, arrests, warrants issued, and hospital admissions that occurred since the pervious Daily Activity Report was sent.

<u>Program Summary</u>: MERS Goodwill shall complete a Program Summary for each offender, noting discharge type, dates of arrival and exit, educational/ treatment/ work status, present employer if any, drug and breathalyzer test dates and results, and current medications.

Notice of Disability/Waiver of Employment: MERS Goodwill shall complete and have approved a Notice of Disability/Waiver of employment on those offenders that have been determined permanently disabled or temporarily unable to work.

<u>Reduction/Waiver of Savings</u>: The MERS Goodwill shall complete and have approved a Reduction/Waiver of Savings each pay period that the offender is allowed a reduced or waived savings submission.

25. Plans for coordination between the vendor and the state agency on all program issues, from staffing and personnel issues to quality of care issues.

MERS Goodwill shall fully coordinate all contract activities with those activities of the state agency. As the work of the contract progresses, MERS Goodwill shall make advice and information on matters covered by the contract available to the state agency of the Division of Purchasing and Materials Management throughout the effective period of the contract. MERS Goodwill case manager(s) regularly contact the Probation and Parole Officer(s) via e-mail, telephone, and fax and will continue to meet with the state agency for regular weekly staffing at the facility, or as the Probation and Parole Officer(s) are available, on a mutually agreed upon day of the week. MERS Goodwill makes itself available for case staffing and case conferences with treatment providers, in concert with the state agency. Some meetings may take place via telephone, if acceptable to the state agency.

MERS Goodwill will continue to notify the state agency by telephone immediately regarding any personnel or other issues that affect quality of care, violation of offender rights, or sexual abuse/ harassment and will work in concert with the state agency to remedy such issues. Within twenty-four hours of knowledge of a PREA event, MERS Goodwill will complete the PREA Allegation Notification Penetration/Non-Penetration Event Checklist (Attachment #2) on all PREA events and submit such to the Probation and Parole Liaison Supervisor or designee via e-mail.

If requested by the state agency, MERS Goodwill's Director and associated administrative personnel shall attend periodic state agency staff meetings. MERS Goodwill understands these meetings may be held regionally or in Jefferson City, depending on the nature of the agenda. We also understand that expenses incurred to attend such meetings are the responsibility of MERS Goodwill. The state agency shall be invited to all management meetings specific to the contract.

26. Describe all record keeping and billing methods including bookkeeping and auditing procedures and billing and fee collection systems.

MERS Goodwill understands that at any and all times we must provide the state agency and any state agency designees, including other state and federal representatives, access to the agency and our facility, any personnel providing services pursuant to the contract, or any other activities of MERS Goodwill pursuant to the contract for purposes of audit and evaluation of the services performed. MERS Goodwill shall produce at a location designated by the state agency, all books and records relating to the contract for purposes of a state agency audit.

MERS Goodwill will provide access for audits of the operating systems, procedures, programs, documentation, software packages, facilities, and equipment used in support of the office functions for the contract. MERS

Goodwill shall provide read-and-copy access to all files that are used. Such files shall include, but are not limited to, inventory control files, case management files, procedure files, and any other files related to office operations. MERS Goodwill shall provide the personnel and resources necessary for the automated and/or manual sampling of office operation and case management information, or other data maintained, including historical data and any necessary follow-up that may be required to meet any performance or audit review requirements.

MERS Goodwill understands and agrees that the evaluations and audits conducted by the state agency and/or designees may include, but are not limited to, the following:

- Reviewing MERS Goodwill's office functions, organization, policies, procedures and practices, operating
 efficiency, facility and equipment access security, and back-up procedures;
- · Reviewing activity transactions;
- Analyzing activities to determine the cause of errors;
- Reviewing MERS Goodwill's compliance with contract terms, systems specifications, pertinent state and federal laws and regulations, state agency policies and procedures, administrative directives, and program documentation.

Corrective Action Plan. After receipt of the state agency letter delineating the deficiencies, MERS Goodwill shall provide the state agency with a complete written corrective action plan within ten working days of the date the audit and/or evaluation is finalized. MERS Goodwill's corrective action plan will: list steps MERS Goodwill will take to correct the deficiencies; state the improvement that is expected; and describe how progress will be measured. In the event MERS Goodwill fails to submit the corrective action plan within the ten working days, MERS Goodwill understands the state agency may, at its sole discretion, withhold 50% of the next monthly payment to MERS Goodwill and each subsequent month until the corrective action plan is submitted.

Within 10 working days of receipt of the corrective action plan, the state agency will notify MERS Goodwill in writing if the correction action plan is approved. If the plan is not approved, MERS Goodwill shall submit a revised plan to the state agency within 10 working days. MERS Goodwill understands that within 10 calendar days of receipt of the revised corrective action plan, the state agency will notify MERS Goodwill in writing if the revised plan is approved.

MERS Goodwill understands that if the revised plan is not approved, the state agency may, at its sole discretion, withhold 50% of the next monthly payment to MERS Goodwill and each subsequent monthly payment until MERS Goodwill submits a corrective action plan that meets the approval of the state agency. It is also understood that the failure of MERS Goodwill to submit the revised corrective action plan within 10 working days shall be considered a breach of contract and subject to the available remedies including contract cancellation.

MERS Goodwill understands and agrees to the stipulations in sections 2.16.3 <u>Corrective Action Plan</u> and 2.16.4 <u>Contract Monitoring</u> of the RFP.

Invoicing. MERS Goodwill shall submit invoices on a monthly basis. Each invoice shall contain, at a minimum, the information contained on Attachments #21 and #22. All invoices must be forwarded to the state agency's probation and parole office for review by the 5th working day of the month following the services in accordance with the prices quoted on the Pricing Page. Each invoice shall include the number of slots contracted multiplied by the number of days in the billing month, less the number actually served and the total number over/under the number of authorized slots.

MERS Goodwill shall submit all quarterly reports required along with the oversight minutes. MERS Goodwill understands that the state agency reserves the right to audit any invoice and reject an invoice for good cause. The state agency may also make changes to correct errors, omissions or practices that are not consistent with Generally Accepted Accounting Practices.

It is understood and agreed that the State of Missouri reserves the right to make contract payments through Electronic Funds Transfer (EFT). It is further understood that MERS Goodwill must submit invoices on the original descriptive business invoice form with a unique invoice number for each invoice submitted.

It is understood the state agency reserves the right to audit invoices and reject any invoice for good cause, and reserves the right to make invoice corrections and/or invoice changes with appropriate notice to MERS Goodwill when recognition of error, omission, or a practice uncommon to GAAP is evidenced.

It is understood that MERS Goodwill shall be paid a firm fixed price for each residential slot authorized in accordance with the information submitted and accepted on the Pricing Page. If MERS Goodwill exceeds the number of contracted slots in a particular month, it shall receive payment for the additional slots, not to exceed 10% of the total slots authorized. If utilization falls below contracted slots on a consistent basis throughout a quarter, the state agency may review the utilization rate and reduce the number of slots. If the number of slots available is reduced due to renovations or construction that occurs at the facility the state agency shall reduce payment accordingly. All payments for residential slots shall be made at the end of the month. The state agency designee shall review the billings and submit and distribute documentation by the 10th working day of the month following service. MERS Goodwill understands that it will be paid only after services are delivered and proper invoices and reports are received.

If interpreter services are required, MERS Goodwill shall be reimbursed only for the actual cost of the interpreter services procured. If interpreter services are procured, MERS Goodwill shall submit a copy of the actual invoice for those services, indicating the service units provided and offender identification information. This invoice must be submitted by the 10th working day of the month following service.

MERS Goodwill understands that in any instance where additional sources of public or private funding are received to offset a portion of the cost of contracted services, the state agency shall reduce payment accordingly. This will be done through a written agreement in the form of an amendment to the original contract awarded. Monies received from the state agency under the contract shall not be used to supplant local funds or subsidize services provided to other agencies, organizations, or individuals.

Other than the payments referenced above, MERS Goodwill understands that no other payments shall be made. MERS Goodwill does not expect reimbursement for other expenses, including but not limited to costs for insurance, phone charges, reporting time, taxes, shipping charges, internet access, termination payments, attorney fees, liquidation damages, training costs, security clearance, etc. Notwithstanding any other payment provision of the contract, if MERS Goodwill fails to perform required work or services, fails to submit reports when due, or indebted to the United States, the state agency may withhold payment or reject invoices under the contract.

MERS Goodwill understands that final invoices are due by no later than 30 calendar days of the expiration of the contract and that the state agency shall have no obligation to pay any invoice submitted after the due date. It is also understood that if a request by MERS Goodwill for payment or reimbursement is denied, the state agency shall provide MERS Goodwill with written notice of the reason(s) for denial. Additionally, it is understood that if MERS Goodwill's overpaid by the state agency, upon official notification by the state agency, MERS Goodwill shall provide the state agency with a check payable as instructed by the state agency in the amount of such overpayment at the address specified by the state agency.

<u>Audit Requirements</u>: MERS Goodwill shall continue to have an audit conducted by an independent certified public accountant (CPA) of all financial records and related documentation incurred under the contract and related to the residential services provided by MERS Goodwill. Currently MERS Goodwill utilizes the services of Scholwalter & Jabouri, P.C. Future contracts with this firm will be subject to the following:

The state agency shall have the right to approve MERS Goodwill's selection of the CPA and the CPA's proposed plan of action for auditing. No CPA firm which has had or currently has a personal interest in the outcome of the audit or has any relationship which may demonstrate a conflict of interest will be utilized for this purpose. MERS

Goodwill shall submit the following information to the state agency prior to implementing the audit: a list identifying any current and previous contract(s) of the CPA which pertains to residential facilities; a written description of the plan of action which the CPA shall employ during the audit, including but not limited to the following areas: review and reporting of all maintenance collected from offenders; and review of billings to the state agency, other state agencies and contractors.

MERS Goodwill understands that they and the subcontracted CPA firm must agree and insure that access to all audit work papers must be granted to personnel of the state agency and/or the Missouri State Auditor's Office.

MERS Goodwill understands and insures that the state agency administrative unit shall be given an opportunity to be present for all entry and exit audit conferences. Therefore, MERS Goodwill shall provide sufficient notice to the State agency prior to such audit conference to permit scheduling. The audit shall become a part of MERS Goodwill's final evaluation report. All audit papers issued by the CPA shall be included as part of MERS Goodwill's final evaluation report. In addition, the CPA will be required to submit a copy of all audit findings and conclusions directly to the state agency within 90 days of the close of the state's fiscal year.

If the State of Missouri determines, after reviewing the audit papers of the CPA, that services were not performed as contractually required, that there were gross misrepresentations of the cost and pricing date, or that unallowable costs were used by MERS Goodwill in the performance of the contract, MERS Goodwill shall understand and agree that the contract price(s) shall be reduced by an amount equal to any excess cost caused by such non-compliant acts of MERS Goodwill.

The state agency, the Office of the State Auditor, and/or appropriate federal agencies may examine (audit) all pertinent books, documents, papers, and records of MERS Goodwill's residential facility to determine the propriety of the expenditures as defined by federal regulations, the contract, and the Residential Facility Policy and Procedure.

Within 45 calendar days after state agency authorization to proceed with services, and every three (3) years thereafter, MERS Goodwill shall complete a Prison Rape Elimination Act (PREA) audit by a state agency approved PREA auditor.

MERS Goodwill shall retain all records relating to the contract for five (5) years or such time as prescribed by law after the close of the fiscal year in which the contract terminates. Such records may be destroyed at the end of such five-year period if the state agency has been notified of the completion of the state audit by such time. If the state agency has not been notified by the end of such five-year period, such records shall be retained until the state agency is notified of the completion of the state audit. In all cases where the audit questions have arisen before the expiration of such five-year period, records shall be retained until resolution of all such questions.

MERS Goodwill shall provide financial reports as required on forms provided by the state agency. MERS Goodwill shall retain records which relate to (1) appeals, (2) litigation of the settlement of claims arising out of performance of the contract, (3) costs and expenses of the contract to which exception has been taken by the state agency or its duly authorized representative until such appeals, litigation, claims or exceptions have been resolved.

Miscellaneous Requirements. MERS Goodwill, where feasible and appropriate, shall use state of the art equipment to enable the most effective and efficient operation of the office operation tasks while maintaining strict adherence to the contract requirements. MERS Goodwill understands and agrees that all standardized forms used by MERS Goodwill that are not official state agency forms must be approved as to content and format in writing by the state agency prior to use. MERS Goodwill shall not use stationery bearing the state agency letterhead for any official correspondence related to the contract. MERS Goodwill shall not issue press releases, participate in interviews with media, or engage in any form of public release of information regarding the state agency or MERS Goodwill's duties pursuant to the contract without the prior, written approval of the state agency's Public Information Officer.

<u>Financial Procedures</u>: MERS Goodwill has already submitted a properly completed State Vendor ACH/EFT Application and is prepared to continue accepting payments from the state agency through Electronic Transfer. A unique invoice number shall be submitted on each invoice to ensure payments are properly recorded and administered.

The MERS Goodwill Chief Financial officer and the MERS Goodwill State Residential Facility Director are responsible for reviewing and maintaining bookkeeping, billing, and fee collection procedures in accordance with contract requirements, agency policy, and generally accepted accounting principles. Fees will be collected by the Case Manager(s), transferred to the Account Clerk-Cash Receipts, and deposited in the bank by the CFO on a daily basis. Billings will be prepared by the Program Director, verified by the Accounting Clerk-Accounts Receivable, and mailed by the Accounting Clerk-Miscellaneous Billings. The agency undergoes a thorough independent audit on an annual basis. The results are presented to and reviewed by the Board of Directors and shared with contract sources as requested.

MERS Goodwill understands that the State of Missouri is not obligated for any payments under the terms of the agreement unless funds have been officially encumbered, and that the contract shall automatically terminate without penalty or termination costs if such funds are not appropriated or available. MERS Goodwill understands and agrees to paragraph 2.19.2 of the RFP.

MERS Goodwill shall implement procedures to identify offenders with the ability to pay part or all of the cost of services, such as bus tickets, provided to such offenders, and to collect appropriate fees and mandatory savings from said offenders. At a minimum, MERS Goodwill's procedures will include actual evidence of bank reconciliation to the individuals' ledger accounts of each offender with documentation of all adjustments. MERS Goodwill understands that this requirement will become a part of the state agency's financial audit.

MERS Goodwill utilizes a cost accounting system that is capable of accumulating, maintaining, and translating program expenditures into unit of service cost data for the service offered.

Other Contractual Requirements: MERS Goodwill understands and accepts the definitions and conditions of the contract as presented below:

Contract - A binding contract shall consist of (1) the RFP, amendments thereto, and any Best and Final Offer (BAFO) request(s) with RFP changes/additions; (2) MERS Goodwill's proposal including and BAFOs; and (3) the Division of Purchasing and Material Management's acceptance of the proposal by "notice of award" or by "purchase order." All Exhibits and Attachments included in the RFP shall be incorporated into the contract by reference.

The notice of award does not constitute a directive to proceed. Before providing equipment, supplies and/or services, MERS Goodwill must receive a properly authorized purchase order other form of authorization given to MERS Goodwill at the discretion of the state agency. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirement contained therein. Any change to the contract, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of MERS Goodwill and the Division of Purchasing and Materials Management or by a modified purchase order prior to the effective date of such modification. MERS Goodwill expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence from the state agency, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification to the contract.

Contract Period - The original contract period shall be as stated in the Notice of Award. The contract shall not bind, nor purport to bind, the state for any contractual commitment in excess of the original contract period. The Division of Purchasing and Materials Management shall have the right, at its sole option, to renew the contract for three additional one-year periods, or any portion thereof. In the event the Division of Purchasing and Materials Management exercises such right, all terms and conditions, requirements and specifications of the contract,

including prices, shall remain the same and apply during renewal periods, pursuant to the applicable renewal option clauses of the contract.

Renewal Periods - If the Division of Purchasing and Materials Management exercise the option for renewal, MERS Goodwill agrees to the following:

- If additional funds are appropriated, the Division of Purchasing and Materials Management shall stipulate the renewal prices(s). The renewal price(s) shall be greater than the original contract period price(s) but shall not exceed the maximum percent of increase state for the renewal period on the Price Page of the contract.
- In no event shall MERS Goodwill be allowed price increases in excess of the maximum percent of increase for the applicable renewal period stated on the Pricing Page of the contract.
- If additional funds are not appropriated or the renewal percentages are not provided, then the renewal percentages shall remain the same as during the original contract period.
- If funds are reduced, MERS Goodwill understands they shall be advised of the applicable decrease for the renewal period or portion thereof. If MERS Goodwill rejects the reductions, the contract may be terminated and a new procurement process may be conducted.
- The Division of Purchasing and Materials Management does not automatically exercise its option for renewal based upon the maximum percent of increase and reserves the right to offer or to request renewal of the contract at a price less than the maximum percent of increase stated.
- If renewal percentages are not provided then prices during renewal periods shall be the same as during the
 original contract period.

Termination - The Division of Purchasing and Material Management reserves the right to terminate the contract at any time, for the convenience of the State of Missouri, without penalty or recourse, by giving written notice to MERS Goodwill at least thirty (30) calendar days prior to the effective date of such termination. In the event of termination pursuant to the paragraph, all documents, data, reports, supplies, equipment, and accomplishments prepared, furnished or completed by MERS Goodwill pursuant to the terms of the contract shall, at the option of the Division of Purchasing and Materials Management, become the property of the State of Missouri. MERS Goodwill shall be entitled to receive just and equitable compensation for services and/or supplies delivered to and accepted by the State of Missouri pursuant to the contract prior to the effective date of termination. If state and/or federal funds are not appropriated, continued, or available at a sufficient level to fund the contract, or in the event of a change in federal or state law relevant to the contract, the obligations of each party may, at the sole discretion of the State of Missouri, be terminated in whole or in part, effective immediately or as determined by the State of Missouri upon written notice to MERS Goodwill from the State of Missouri.

Transition - Upon award of the contract, MERS Goodwill shall work with the state agency and any other organizations designated by the state agency to insure an orderly transition of services and responsibilities under the contract and to insure the continuity of those services required by the state agency.

Upon termination or cancellation of the contract for any reason, MERS Goodwill shall, only upon the request of the state agency, continue providing services to existing offenders in accordance with the provisions, requirements, and prices set forth in the contract for a period not-to-exceed ninety (90) calendar days subject to the following conditions: The decision to allow an offender to receive continuing services shall be made by the state agency on a case by case basis at its sole discretion. MERS Goodwill must obtain the written approval of the state agency prior to providing continuing services to any offender after the termination or cancellation of the contract. The written approval must identify the specific client and contain a date for the termination of service for the offender. In the event that an offender is referred or transferred to another contractor, MERS Goodwill shall furnish all records, treatment plans, and recommendations, which are necessary to insure continuity and consistency of care for the offender.

MERS Goodwill shall deliver, FOB destination, all records, documentation, reports, data, recommendations, or printing elements, etc., which were required to be produced under the terms of the contract to the state agency and/or to the state agency's designee within seven (7) calendar days after receipt of the written request.

Contractor Liability - MERS Goodwill shall be responsible for any and all personal injury (including death) or property damage as a result of its negligence involving any equipment or service provided under the terms and conditions, requirement and specifications of the contract. In addition, MERS Goodwill assumes the obligation to save the State of Missouri, including its agencies, employees, and assignees, from every expense, liability, or payment arising out of such negligent act. MERS Goodwill also agrees to hold the State of Missouri, including its agencies, employees, and assignees, harmless for any negligent act or omission committed by any subcontractor or other person employed by or under the supervision of the contractor under the terms of the contract.

MERS Goodwill shall not be responsible for any injury or damage occurring as a result of any negligent act or omission committed by the State of Missouri, including its agencies, employees, and assignees. Under no circumstances shall MERS Goodwill be liable for any of the following: (1) third party claims against the state for losses or damages (other than those listed above); (2) loss of, or damage to, the state's records or data; or (3) economic consequential damages (including lost profits or savings) or incidental damages, even if information is provided regarding their possibility.

Title to any equipment required by the contract shall be held by and vested in MERS Goodwill. The State of Missouri shall not be liable in the event of loss, incident, destruction, theft, damage, etc., for the equipment including, but not limited to, devices, wires, software, technical literature, etc. It shall be MERS Goodwill's sole responsibility to obtain insurance coverage for such loss in an amount MERS Goodwill deems appropriate. MERS Goodwill further agrees that the State of Missouri shall not be responsible for any liability incurred by MERS Goodwill or MERS Goodwill's employees arising out of the ownership, selection, possession, leasing, rental, operation, control, use, maintenance, delivery, return, and/or installation of equipment provided by MERS Goodwill, except as otherwise provided in the contract.

Contractor Status - MERS Goodwill represents itself to be an independent contractor offering such services to the general public and shall not represent himself/herself of his/her employees to be an employee of the State of Missouri. Therefore, MERS Goodwill shall assume all legal and financial responsibility for taxes, FICA, employee fringe benefits, workers compensation, employee insurance, minimum wage requirements, overtime, etc., and agrees to indemnify, save, and hold the State of Missouri, its officer, agents, and employees, harmless from and against, any and all loss, cost (including attorney fees), and damage of any kind related to such matters.

Property of the State – Upon expiration, termination, or cancellation of the contract, all documents, data, reports, supplies, equipment, and accomplishments prepared, furnished, or completed by MERS Goodwill as a direct requirement specified in the contract shall become the property of the State of Missouri, which shall include all rights and interests for present and future use or sale as deemed appropriate by the state agency.

Any ancillary software tools or pre-printed materials developed or acquired by MERS Goodwill that is necessary to perform a particular service required herein but not required as a specific deliverable of the contract shall remain the property of MERS Goodwill, however, MERS Goodwill shall be responsible for ensuring such tools and materials are used in accordance with applicable intellectual property rights and copyrights.

MERS Goodwill further agrees that no reports, documentation, or material prepared, including the program(s) developed as required by the contract, shall be used or marketed by MERS Goodwill or released to the public without the prior written consent of the state agency.

Confidentiality - MERS Goodwill agrees and understands that all discussion with MERS Goodwill and all information gained by the organization as a result of our performance under the contract shall be confidential and that no reports, documentation, or material prepared as required by the contract shall be released to the public without the prior written consent of the state agency. If required by the state agency, MERS Goodwill and any

required contractor personnel will sign specific documents regarding confidentiality, security, or other similar documents upon request, with failure to sign such documents considered a breach of contract and subject to cancellation provisions of the RFP. MERS Goodwill shall maintain strict confidentiality of all client information or records supplied to it by the state agency or that MERS Goodwill establishes as a result of contract activities. The contents of such records shall not be disclosed to anyone other than the state agency and the client unless such disclosure is required by law. MERS Goodwill assumes liability for all disclosures of confidential information by the organization and/or our subcontractors and employees. MERS Goodwill will continue to comply with all applicable confidentiality and information security laws, including sections 192.067 and 192.667, RSMo, The Health Insurance Portability and Accountability Act of 1996 (HIPAA), and regulations promulgated under HIPAA, including but not limited to the Federal Standards of Privacy of Individually Identifiable Health Information, the Security Standards for the Protection of Electronic Protected Health Insurance, and Breach Notification for Unsecured Protected Health Information.

Commercial Driver's License & For Hire License (Class E) - MERS Goodwill does not propose to offer any transportation services under this contract. However, were that the case, it understands and agrees that any drivers who, in the provision of services under the contract: (1) receive pay for driving a motor vehicle transporting 14 or fewer passengers or (2) transport property for pay or as part of their job must have a For Hire License (Class E). The vehicle driven must have a 26,000 pounds or less Gross Vehicle Weight Rating (GVWR) or registered weight and not be required to be placarded for hazardous materials.

Conflict of Interest – MERS Goodwill understands and agrees that in accordance with the Revised Statutes of the State of Missouri, no official or employee of the state agency or public official of the State of Missouri who exercises any functions or responsibilities in the review or approval of the services covered by the contract shall acquire any personal interest, directly or indirectly, in the contract or proposed contract. MERS Goodwill understands and agrees that it presently has no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services. MERS Goodwill agrees that no person having such interest shall be employed or conveyed an interest, directly or indirectly, in the contract.

MERS Goodwill agrees that no Missouri state employee shall help MERS Goodwill obtain the contract or participate in the performance of the contract if such involvement will constitute a conflict of interest. Before any state employee may be involved in the performance of the contract, written approval shall be obtained from the director of the state agency. A state employee shall not be compensated under the contract for duties performed in the course of his/her state employment. A state employee shall not use state facilities or materials for personal gain relating to the performance of the contract.

27. Submit documentation or evidence of possessing multiple contracts which includes the contract number and whom the contract is with. If the personnel proposed are providing services for the existing contracts, identify by each individual the contract for which providing services and the percentage of personnel time, Exhibit H, for each contract for which assigned. Identify if and/or how the duplication of personnel will affect the performance of proposed services for the contract.

MERS Goodwill operates a federal Residential Reentry Center for women on the 7th floor of the Aftergut Center adjacent to the state Residential Facility. The federal contract (#DJB200091) is with the U.S. Department of Justice, Federal Bureau of Prisons. A copy of the contract is included as an attachment. The only duplication of staff is the Security Supervisor who oversees the security monitors. Individual security monitors are assigned to separate contracts.

28. Discuss the methods to assist the offender in reintegration into the community. Identify and provide evidence of partnerships with organizations that will aid the offender in an array of assessed problem areas, actively participating in the reentry process, and working with the state agency on performance measures. Provide evidence of any established partnerships.

28.1 Discuss the methods to utilize external resources for offenders referred to the residential facility(ies); including how linkage with those resources will meet offenders' needs in a timely manner, provide appropriate intervention, treatment and programming to correct problem areas, and provide continuity of care resources as it relates to the reentry process.

MERS Goodwill shall utilize available external community and internal agency resources to meet the assessed need of the offender. Referral decisions will be made in concert with the state agency liaison in order to identify the most appropriate resources for each offender. MERS Goodwill shall maintain a current listing of resources and refer offenders to the most appropriate service based on assessment conclusions, taking into consideration financial abilities. MERS Goodwill maintains a current United Way resource directory, utilizes the 211 Social Services Hotline operated by the United Way, and is in frequent contact with local, state and federal resources.

MERS Goodwill maintains referral arrangements with a wide range of community service providers, which include, but are not limited to: substance abuse counseling/treatment, Personal, counseling/aggression management/conflict resolution, Family counseling, Parenting, Financial management, and Career development and employment

The following listing shall be utilized for external/community resources. The following resources represent a sample of the extensive resources available:

- Adult basic Education /GED Programs
- Affinia Healthcare
- Alcoholics Anonymous
- Alternatives to Living in Violent Environments
- Assisted Recovery Centers of America (ARCA)
- Behavioral Health Response
- · BJC Behavioral Health
- Black Alcohol/Drug Service Info Center (BASIC)
- Center for Women in Transition (CWIT)
- · Center for Life Solutions
- Community Treatment, Inc. (COMTREA)
- · Connections to Success
- Criminal Justice Ministries
- Employment Connections
- Family Resource Center
- Housing Resource Center
- Humanitri
- Joyce Meyer Ministries/ St. Louis Dream Center
- Let's Start

- Missouri State Division of Employment Security
- Missouri State Division of Family Services
- Missouri Division of Vocational Rehabilitation
- Myrtle Hillard Comprehensive Health Center
- Narcotics Anonymous
- New Life Evangelistic Center
- New Beginnings Treatment Center
- Our Lady's Inn
- Places for People
- Planned Parenthood
- Preferred Family Health Center
- Oueen of Peace Treatment Center
- Redevelopment Opportunities for Women
- St. Francis Xavier Catholic Church
- St. Louis Agency on Training and Employment
- St. Louis Effort for AIDS
- St. Patrick Center
- · Women's Safe House
- YWCA

These resources will be utilized for specific treatment of offenders. They cover areas such as re-establishing family ties, unemployment/training, housing/homeless, adult and higher education, counseling for drug/alcohol abuse, mental health, AIDS resources, basic reentry needs, and domestic abuse, to name a few. Given the number and extent of these services, it is expected that service delivery and financial abilities of the client will be taken into consideration.

MERS Goodwill will refer an offender to an external resource only if that resource shall be available for service delivery within thirty (30) calendar days of the offender's arrival date. The case manager shall arrange for all referrals to outside community resources, as well as in-house groups. MERS Goodwill shall provide support case management and monitoring, which shall include contact with the resource and/or visits to the site sufficient to monitor program progress.

MERS Goodwill agrees and understands that if providing or referring an offender to a treatment program, the program shall be accessible to persons of all faiths and to persons of no faith who are atheist, agnostic, or undecided. MERS Goodwill agrees the program shall include presentation of reasonable alternatives wherever the program incorporated ideation of "God" or a "higher power." The community transition plan is reviewed regularly and will be revised in concert with the liaison officer if programming, treatment, or external referrals have changed from the time of assessment.

29. Identify provision of services by subcontract agencies, including the names and addresses of the agencies providing the services, as well as the specific types of services proposed.

MERS Goodwill does not intend to subcontract any portion of the services and products it proposes in this response. However, it understands that any subcontract for the products/services described herein must include appropriate provisions and contractual obligations to ensure the successful fulfillment of all contractual obligations agreed to by the contractor and the State of Missouri and to ensure that the State of Missouri is indemnified, saved, and held harmless from and against any and all claims of damage, loss, and cost (including attorney fees) of any kind related to a subcontract in those matters described in the contract between the State of Missouri and MERS Goodwill. MERS Goodwill expressly understands and agrees that he/she shall assume and be solely responsible for all legal and financial responsibilities related to the execution of a subcontract. MERS Goodwill agrees and understands that utilization of a subcontractor to provide any of the products/services in the contract shall in no way relieve MERS Goodwill of the responsibility for providing the products/services as described and set forth herein. MERS Goodwill must provide notice and obtain approval from the State of Missouri prior to changing subcontractors. MERS Goodwill understands no contractor or subcontractor shall knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. A general contractor or subcontractor of any tier shall not be liable when such contractor or subcontractor contracts with its direct subcontractor who violates subsection 1 of section 285.530 RSMo, if the contract binding contractor and subcontractor states the direct subcontractor is not knowingly in violation and shall not henceforth be in such violation, and the contractor or subcontractor receives a sworn affidavit under penalty of perjury attesting to the fact that the direct subcontractor's employees are lawfully present in the United States.

- 30. Economic Impact to Missouri The vendor should describe the economic advantages that will be realized as a result of the vendor performing the required services. The vendor should respond to the following:
 - Provide a description of the proposed services that will be performed and/or the proposed products that will be provided by Missourians and/or Missouri products.

All services proposed in this document will be performed by MERS Goodwill staff employed in Missouri.

 Provide a description of the economic impact returned to the State of Missouri through tax revenue obligations.

Clearly the provision of residential services with an emphasis upon the safe return of offenders to the community and to a productive lifestyle has significant positive implications for the State of Missouri in relation to increased tax revenue collections. MERS Goodwill will assist with employment options through collaboration with its numerous employment programs offered by the organization. MERS Goodwill has area offices well positioned in the area, which will enhance the likelihood that jobs will be obtained at locations and in career paths that are consistent with the offenders' experience, interests, and needs.

 Provide a description of the company's economic presence within the State of Missouri (e.g., type of facilities: sales offices; sales outlets; divisions; manufacturing; warehouse; other), including Missouri employee statistics.

MERS Goodwill is one of the largest multi-purpose human service agencies in the State of Missouri. It is also recognized as one of the fastest growing Goodwill members in the international Goodwill network. Although MERS Goodwill shall offer its residential services within a fairly well defined area of the state, it has other program locations and retail operations throughout the eastern, central, and southern portions of the state. With its 44 stores, 64 area centers, sheltered workshop, and multiple contract locations, MERS Goodwill expects its operating budget to exceed \$162,000,000 in 2016.

EXHIBIT G

IMPLEMENTATION OR READINESS PLAN

Implementation or Readiness Plan - The vendor should sequentially list and briefly describe the tasks or events proposed for the implementation of the required services. If no tasks or events are required, the vendor should provide a statement of readiness. For each task/event identified, the vendor should identify the number of days required to complete the task/event, the personnel proposed to perform the task/event, and the number of work hours for each person.

- Completion Day should be specified as a certain number of days from state agency authorization
 to proceed with services until completion of the specific task and should be expressed as calendar
 days, not specific dates.
- Assigned Personnel should be identified by name rather than project title unless such personnel are yet to be hired.
- Work hours should indicate that time each assigned person will spend on the specific task.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

Western Region

Statewide Region

X Eastern Region

Task or Event	Completion Day	Assigned Personnel	Work- hours
Effective Date of Contract	1	N/A	N/A
Begin Provision of Services	1	All personnel	N/A
Personnel Trained Regarding New Contract Requirements	7	Director	10
		+	

EXHIBIT H

INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME

Complete the following table showing the percentage of work time each key person will spend performing various duties under the contract. Calculate the percent of work utilizing the estimated number of manhours per week for which the person is employed. Attach additional sheets as necessary.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

X Eastern Region		Western Region	Statewide Region		
NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WORK TIME PER WEEK UNDER THE CONTRACT	TOTAL HOURS PER WEEK UNDER THE CONTRACT	
1. Shanna Parmeley	Director	a. Implement policies and procedures b. Conduct annual performance appraisals c. Generate monthly billing and reports d. Recruitment, hiring, training e.	a. 40% b. 20% c. 30% d. 10% e.	40 hours	
2. Terrie Woods	Lead Security Monitor/Coordinator	a. Ensure physical area is secure b. Maintains health and safety logs c. Hire and train new staff d. Evaluate employee progress e. Sign clients in/out of facility	a. 10% b. 20% c. 30% d. 20% e. 20%	20 hours	
3. To Be Determined	Case Manager	a. Develop and execute treatment plan b. Maintain financial accounts c. Refer clients to community contacts d. Counsel residents e. Maintain resident files and records	a. 40% b. 10% c. 20% d. 20% e. 10%	40 hours	
4. Hossam Abdelmoneim	Security Monitor	a. Develop and execute treatment plan b. Maintain financial accounts c. Refer clients to community contacts d. Counsel residents e. Maintain resident files and records	a. 40% b. 10% c. 20% d. 20% e. 10%	10 hours	
5. Vanessa Ball	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours	
6. Octavia Brankley	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d.	a. 10% b. 85% c. 5% d. e.	10 hours	

EXHIBIT H

INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME

Complete the following table showing the percentage of work time each key person will spend performing various duties under the contract. Calculate the percent of work utilizing the estimated number of manhours per week for which the person is employed. Attach additional sheets as necessary.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

Statewide Region

Western Region

Eastern Region

11. LaChelle Fullilove

Security Monitor

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WORK TIME PER WEEK UNDER THE CONTRACT	TOTAL HOURS PER WEEK UNDER THE CONTRACT
7. Antwana Briggs	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours
8. Ericia Clark	Security Monitor	 a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e. 	a. 10% b. 85% c. 5% d. e.	20 hours
9. Briah Dotson	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours
10. India Dulaney	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d.	a. 10% b. 85% c. 5% d. e.	10 hours

a. Ensure physical area is secure

b. Sign clients in/out, resident

c. Collect urine samples

accountability

d.

a. 10%

b. 85%

c. 5%

d.

e.

20 hours

Statewide Region

d.

e.

Eastern Region

EXHIBIT H

INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME

Complete the following table showing the percentage of work time each key person will spend performing various duties under the contract. Calculate the percent of work utilizing the estimated number of manhours per week for which the person is employed. Attach additional sheets as necessary.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

Western Region

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WORK TIME PER WEEK UNDER THE CONTRACT	TOTAL HOURS PER WEEK UNDER THE CONTRACT
12. Yvette Gay	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d.	10 hours
13. Anthony Hill	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours
14. Julie Hunt	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	20 hours
15. Kimmy Moore	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	20 hours
16. Antoinette Roberts	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability	a. 10% b. 85% c. 5%	10 hours

c. Collect urine samples

d.

Statewide Region

e.

Eastern Region

EXHIBIT H

INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME

Complete the following table showing the percentage of work time each key person will spend performing various duties under the contract. Calculate the percent of work utilizing the estimated number of manhours per week for which the person is employed. Attach additional sheets as necessary.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

Western Region

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WORK TIME PER WEEK UNDER THE CONTRACT	TOTAL HOURS PER WEEK UNDER THE CONTRACT
17. Arlivia Ross	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	20 hours
18. Cherri Sargent	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours
19. Brian Young	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.	20 hours
20. LaTasha Wilson	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples	a. 10% b. 85% c. 5% d.	10 hours

d.

Page H5

EXHIBIT H

INDIVIDUAL PERSONNEL PERCENTAGE OF WORK TIME

Complete the following table showing the percentage of work time each key person will spend performing various duties under the contract. Calculate the percent of work utilizing the estimated number of manhours per week for which the person is employed. Attach additional sheets as necessary.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

X	Eastern Region	Western Region	_	Statewide Region

NAME OF EMPLOYEE	JOB CLASSIFICATION	BASIC ASSIGNMENT	PERCENT OF WORK TIME PER WEEK UNDER THE CONTRACT	TOTAL HOURS PER WEEK UNDER THE CONTRACT
21. To Be Hired	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d.	40 hours
22. To Be Hired	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	40 hours
23. To Be Hired	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. d. e.	a. 10% b. 90% c. d. e.	10 hours
24. To Be Hired	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours
25. To Be Hired	Security Monitor	a. Ensure physical area is secure b. Sign clients in/out, resident accountability c. Collect urine samples d. e.	a. 10% b. 85% c. 5% d. e.	10 hours

EXHIBIT I EMPLOYEE EXPENSE CHARGES TO CONTRACT

Complete the following table for each person whose time will be chargeable to the contract, if awarded.

Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.

X Eastern Region	Western Re	egion	Statewide Region	
A. NAME OF PERSON OR JOB DESCRIPTION IF VACANT	B. TOTAL ANNUAL SALARY OF THAT POSITION	C. % OF TIME CHARGED TO THE CONTRACT ON AN ANNUAL BASIS	D. TOTAL DOLLAR CHARGED TO THE CONTRACT ON AN ANNUAL BASIS	
1. Shanna Parmeley	\$41,600.00	100%	\$41,600.00	
2. Terrie Woods	\$35,779.20	50%	\$17,889.60	
3. To Be Determined, Case Manager	\$34,041.37	100%	\$34,041.37	
4. Hossam Abdelmoneim	\$16,455.11	50%	\$8,227.56	
5. Vanessa Ball	\$16,455.11	50%	\$8,227.56	
6. Octavia Brankley	\$16,455.11	50%	\$8,227.56	
7. Antwana Briggs	\$16,455.11	50%	\$8,227.56	
8. Ericia Clark	\$23,295.40	50%	\$11,647.70	
9. Briah Dotson	\$16,455.11	50%	\$8,227.56	
10. India Dulaney	\$16,455.11	50%	\$8,227.56	
11. LaChelle Fullilove	\$23,295.40	50%	\$11,647.70	
12. Yvette Gay	\$16,455.11	50%	\$8,227.56	
13. Anthony Hill	\$16,455.11	50%	\$8,227.56	
14. Julie Hunt	\$23,295.40	50%	\$11,647.70	
15. Kimmy Moore	\$23,295.40	50%	\$11,647.70	
16. Antoinette Roberts	\$16,455.11	50%	\$8,227.56	
17. Arlivia Ross	\$23,295.40	50%		
18. Cherri Sargent	\$16,455.11	50%	\$8,227.56	
19. Brian Young	\$23,295.40	50%		
20. LaTasha Wilson	\$16,455.11	50%	\$8,227.56	
21. To Be Hired, Security Monitor	\$22,995.40	100%	\$22,995.40	
22. To Be Hired, Security Monitor	\$22,995.40	100%	\$22,995.40	
23. To Be Hired, Security Monitor	\$11,947.70	50%	\$5,973.85	
24. To Be Hired, Security Monitor	\$11,947.70	50%		
25. To Be Hired, Security Monitor	\$11,947.70	50%	\$5,973.85	

EXHIBIT J BUDGET/PRICE ANALYSIS

	BUBGET/FRICE	1211111111111			
The vendor should complete the following table in sufficient detail for information regarding the services proposed					
Proposed Geographic Region - Identify in the table below the proposed geographic region. If more than one geographic region is proposed, copy and complete this page for each proposed geographic region.					
X Eastern Region	Western Re		Statewide		
A Lastern Region	western Ke	gion	Statewide	Region	
Budget Categories		Quantity	Unit Price	Total	
Professional Personnel (lis	Lavalossification and say		200 00000 20000 2000		
Shanna Parmeley	Director	1.00	\$41,600.00	\$41,600.00	
1. Shaima Fainleley	Lead Security				
2. Terrie Woods	Monitor/Coordinator	1.00	\$17,889.60	\$17,889.60	
3. To Be Determined	Case Manager	1.00	\$34,041.37	\$34,041.37	
Total Professional Personi	iel			\$93,530.97	
Support Personnel (list by	classification and name, i	f known)	no de la companya de La companya de la co	nogrami mjenom se ne produktivanje	
4. Hossam Abdelmoneim	Security Monitor	1.00	\$8,227.56	\$8,227.56	
5. Vanessa Ball	Security Monitor	1.00	\$8,227.56	\$8,227.56	
6. Octavia Brankley	Security Monitor	1.00	\$8,227.56	\$8,227.56	
7. Antwana Briggs	Security Monitor	1.00	\$8,227.56	\$8,227.56	
8. Ericia Clark	Security Monitor	1.00	\$11,647.70	\$11,647.70	
9. Briah Dotson	Security Monitor	1.00	\$8,227.56	\$8,227.56	
10. India Dulaney	Security Monitor	1.00	\$8,227.56	\$8,227.56	
11. LaChelle Fullilove	Security Monitor	1.00	\$11,647.70	\$11,647.70	
12. Yvette Gay	Security Monitor	1.00	\$8,227.56	\$8,227.56	
13. Anthony Hill	Security Monitor	1.00	\$8,227.56	\$8,227.56	
14. Julie Hunt	Security Monitor	1.00	\$11,647.70	\$11,647.70	
15. Kimmy Moore	Security Monitor	1.00	\$11,647.70	\$11,647.70	
16. Antoinette Roberts	Security Monitor	1.00	\$8,227.56	\$8,227.56	
17. Arlivia Ross	Security Monitor	1.00	\$11,647.70	\$11,647.70	
18. Cherri Sargent	Security Monitor	1.00	\$8,227.56	\$8,227.56	
19. Brian Young	Security Monitor	1.00	\$11,647.70	\$11,647.70	
20. LaTasha Wilson	Security Monitor	1.00	\$8,227.56	\$8,227.56	
21. To Be Hired	Security Monitor	1.00	\$22,995.40	\$22,995.40	
22. To Be Hired	Security Monitor	1.00	\$22,995.40	\$22,995.40	
23. To Be Hired	Security Monitor	1.00	\$5,973.85	\$5,973.85	
24. To Be Hired	Security Monitor	1.00	\$5,973.85	\$5,973.85	
25. To Be Hired	Security Monitor	1.00	\$5,973.85	\$5,973.85	
	<u> </u>				
Total Support Personnel				\$224,301.67	
Travel Expenses (list)	a na ang ang ang ang ang ang ang ang ang	i in cities (1997)			
1. Client Assistance - Trans		12.00	\$1,407.67	\$16,892.00	
2. Staff Travel, Lodging, an	12.00	\$91.00	\$1,092.00		
	<u></u>				
Total Travel Expenses	 _			\$17,984.00	

Materials and Supplies (list) many management of the		o Maria pang Pranjagani ang	Bajana ^{Pen} dikanakan kasa dina
1. Telecommunications	12.00	\$335.00	\$4,020.00
2. Equipment	1.00	\$1,900.00	\$1,900.00
3. Supplies	12.00	\$1,215.50	\$14,586.00
Total Materials and Supplies			\$20,506.00
Other Components/Overhead (List)			
Fringe Benefits and Payroll Taxes	1.00	\$102,520.60	\$102,520.60
2. Purchased Services	1.00	\$12,570.00	\$12,570.00
3. Investigative Fees and Background Checks	1.00	\$375.00	\$375.00
4 Dues and Organization Memberships	6.00	\$110.00	\$660.00
5. Bank Fees	12.00	\$31.00	\$372.00
6. Cafeteria Expenses	12.00	\$15,687.61	\$188,251.37
7. Depreciation - Building Improvements	12.00	\$1,252.00	\$15,024.00
8. Depreciation - Furniture	12.00	\$56.42	\$677.00
9. Depreciation - Telephone	12.00	\$6.00	\$72,00
10. Administrative Cost Rate (6.77%)	1.00	\$45,822.38	\$45,822.38
Total Other Components/Overhead	\$366,344.35		
Firm, Fixed Price Per Residential Slot (equals pric	\$79.20		

EXHIBIT K

PARTICIPATION COMMITMENT

Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or Organization for the Blind/Sheltered Workshop and/or Service-Disabled Veteran Business Enterprise (SDVE) Participation Commitment – If the vendor is committing to participation by or if the vendor is a qualified MBE/WBE and/or organization for the blind/sheltered workshop and/or a qualified SDVE, the vendor must provide the required information in the appropriate table(s) below for the organization proposed and must submit the completed exhibit with the vendor's proposal.

For Minority Business Enterprise (MBE) and/or Woman Business Enterprise (WBE) Participation, if proposing an entity certified as both MBE and WBE, the vendor must either (1) enter the participation percentage under MBE or WBE, or must (2) divide the participation between both MBE and WBE. If dividing the participation, do not state the total participation on both the MBE and WBE Participation Commitment tables below. Instead, divide the total participation as proportionately appropriate between the tables below.

Place a check in the appropriate box below for gender of slots proposed in the geographic region proposed. There should only be <u>ONE</u> gender box and ONE reographic region box checked. If proposing multiple genders/geographic regions, copy and complete this Participation Commitment Exhibit for each proposed gender/geographic region.

	Gen	ider		
☐ Male		☑ Female		
	Geograph	ic Region		
☑ Eastern Region	☐ Western Region	!	☐ Statewide Region	
	MBE Particip	ation Commitm	ient Table	
(The services performed or the	products provided by the	e listed MBE mus	t provide a commercially usefu	al function related to
the delivery of the contractually				e to the contract and
shall h	e nerformed/provided et	velusive to the ner	formance of the contract.)	

shall be performed/provided exclusive to the performance of the contract.)				
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.		
1. Not Applicable	%	Product/Service(s) proposed: RFP Paragraph References:		
2.	%	Product/Service(s) proposed: RFP Paragraph References:		
3.	%	Product/Service(s) proposed:		

MBF Participation Commitment Table (The services performed or the products provided by the listed MBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)				
Name of Each Qualified Minority Business Enterprise (MBE) Proposed	Committed Percentage of Participation for Each MBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed MBE The vendor should also include the paragraph number(s) from the RFP which requires the product/service the MBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.		
Total MBE Percentage:	%	RFP Paragraph References:		

EXHIBIT K, continued

WBE Participation Commitment Table				
(The services performed or the products provided by the listed WBE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)				
Name of Each Qualified Women Business Enterprise (WBE) proposed	Committed Percentage of Participation for Each WBE (% of the Actual Total Contract Value)	Description of Products/Services to be Provided by Listed WBE The vendor should also include the paragraph number(s) from the RFP which requires the product/service the WBE is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.		
1. Not Applicable	%	Product/Service(s) proposed: RFP Paragraph References:		
2.	%	Product/Service(s) proposed: RFP Paragraph References:		
3.	%	Product/Service(s) proposed: RFP Paragraph References:		
Total WBE Percentage:	%			

Organization for the Blind/Sheltered Workshop Commitment Table	
By completing this table, the vendor commits to the use of the organization at the greater of \$5,000 or 2% of the actual total dollar value of contract.	
(The services performed or the products provided by the listed Organization for the Blind/Sheltered Workshop must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)	
Name of Organization for the Blind or Sheltered Workshop Proposed	Description of Products/Services to be Provided by Listed Organization for the Blind/Sheltered Workshop The vendor should also include the paragraph number(s) from the RFP which requires the product/service the organization for the blind/sheltered workshop is proposed to perform and describe how the proposed product/service constitutes added value and will be exclusive to the contract.
1. Not Applicable	Product/Service(s) proposed:
	RFP Paragraph References:
2.	Product/Service(s) proposed:
	RFP Paragraph References:

EXHIBIT K, continued

SDVE Participation Commitment Table			
the delivery of the contractually-required	The services performed or the products provided by the listed SDVE must provide a commercially useful function related to the delivery of the contractually-required service/product in a manner that will constitute an added value to the contract and shall be performed/provided exclusive to the performance of the contract.)		
Name of Each Qualified Service- Disabled Veteran Business Enterprise (SDVE) Proposed	Committed Percentage of d Service- usiness Committed Percentage of Participation for Each SDVE Description of Products/Services to be Provided by Listed SDVE The vendor should also include the paragraph number(s) from the RFP which requires the		
1. Not Applicable	%	Product/Service(s) proposed: RFP Paragraph References:	
2.	%	Product/Service(s) proposed: RFP Paragraph References:	
Total SDVE Percentage:	%		

date)

EXHIBIT L

DOCUMENTATION OF INTENT TO PARTICIPATE

If the vendor is proposing to include the participation of a Minority Business Enterprise/Women Business Enterprise (MBE/WBE) and/or 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 RFP, the vendor must either provide a recently dated letter of intent, signed and dated no earlier than the RFP issuance date, from each organization documenting the following information, or complete and provide this Exhibit with the vendor's proposal.

	~ Copy This Form For Each Organiz	ation Proposed~	
Vendor Name:	Not Applicable		
This	Section To Be Completed by Parti	cipating Organiz	ation:
By completing and signing this f products/services identified herein f	form, the undersigned hereby confirms the inte for the vendor identified above.	nt of the named partic	ipating organization to provide the
	Indicate appropriate business of	classification(s):	37. 1.1. ODS/E
MBE WBI	Organization for the Blind	Sheltered	Workshop SDVE
Name of Organization:	inting South a Divisi Challenned Worldhouse	- CDVE)	
Contact Name:	ization for the Blind, Sheltered Workshop, o	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		SDV's	
Veteran's (SDV) Name:		Signature:	
(Please Print)			
PRODUCTS/SERV	ICES PARTICIPATING ORGAN	NIZATION AGE	REED TO PROVIDE
Describe the products/ser	vices you (as the participating organ	nization) have agr	eed to provide:
Debottoe die productioner	, 1005 y 64 (46 me par nepamy 5.36m		
	Authorized Signatur	re:	
	uture of Participating Organization ion for the Blind, Sheltered Workshop, o SDVE)	or	Date (Dated no earlier than the RFP issuance

information.

EXHIBIT L, continued

DOCUMENTATION OF INTENT TO PARTICIPATE

SERVICE-DISABLED VETERAN BUSINESS ENTERPRISE (SDVE)

If a participating organization is an SDVE, unless the Service-Disabled Veteran (SDV) documents were previously submitted within the past five (5) years to the Division of Purchasing (Purchasing), the vendor <u>must</u> 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 vendor should check the appropriate statement below and, if applicable, provide the requested

No, I have not previously submitted the SDV documents specified above to the Purchasing and therefore have enclosed the SDV documents.
 Yes, I previously submitted the SDV documents specified above within the past five (5) years to the Purchasing.
 Date SDV Documents were Submitted:

 Previous Proposal/Contract Number for Which the SDV Documents were Submitted:
 (if applicable and known)

(NOTE: If the proposed SDVE and SDV are listed on the Purchasing SDVE database located at http://content.oa.mo.gov/sites/default/files/sdvelisting.pdf, then the SDV documents have been submitted to the Purchasing 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 Purchasing will remove the SDVE and associated SDV from the database.)

FOR STATE USE ONLY	
SDV Documents - Verification Completed By:	
Buyer	Date
<u> </u>	

EXHIBIT M

BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION, AND AFFIDAVIT OF WORK AUTHORIZATION

BUSINESS ENTITY CERTIFICATION:

The vendor 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.uscis.gov/e-verify.
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.

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.

I certify that		BOX A - CURRENTLY NOT	
285.530, RSMo as stated above, because: (check the applicable business status that applies below) - I am a self-employed individual with no employees; OR - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo. I certify that I am not an alien unlawfully present in the United States and if (Company/Individual Name) is awarded a contract for the services requested herein under (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	I certify that	(Company)	Individual Name) DOES NOT CURRENTLY
☐ - I am a self-employed individual with no employees; OR ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo. I certify that I am not an alien unlawfully present in the United States and if(Company/Individual Name) is awarded a contract for the services requested herein under(RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity,(Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	MEET the d	lefinition of a business entity, as define	d in section 285.525, RSMo pertaining to section
The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo. I certify that I am not an alien unlawfully present in the United States and if (Company/Individual Name) is awarded a contract for the services requested herein under (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	285.530, RS	Mo as stated above, because: (check the	ne applicable business status that applies below)
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		- I am a self-employed individual with	no employees; OR
requested herein under (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	sub	odivision (17) of subsection 12 of section that I am not an alien unlawfu	on 288.034, RSMo. Illy present in the United States and if
life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	requested he	erein under (RFP Numb	er) and if the business status changes during the
requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	life of the co	ontract to become a business entity as .530. RSMo then, prior to the perfo	defined in section 285.525, RSMo pertaining to rmance of any services as a business entity,
in Box B of this exhibit. Authorized Representative's Name (Please Print) Authorized Representative's Signature	requirement	s stated in Box B and provide the Divisi	on of Purchasing with all documentation required
	e.		
Company Name (if applicable) Date	Authorized	Representative's Name (Please Print)	Authorized Representative's Signature
Company Name (if applicable) Date			
	Company	Name (if applicable)	Date

EXHIBIT M, continued

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

	BOX B – CURRENT BUSINESS ENTITY STATUS	
I certify t defined i	that (Business Entity Name) MEE's in section 285.525, RSMo pertaining to section	TS the definition of a business entity as on 285.530.
	horized Business Entity resentative's Name (Please Print)	Authorized Business Entity Representative's Signature
Busi	iness Entity Name	Date
E-M	Iail Address	
	in connection with the services required here	the following: al work authorization program (Website: 464-4218; Email: e-verify@dhs.goy) with ent in the program who are proposed to work ein;
Ω-	in the E-Verify federal work authorization p EITHER the E-Verify Employment Eligibili and company ID OR a page from the E-Veri listing the vendor's name and the MOU sign by the vendor and the Department of Homel	rany's/individual's enrollment and participation or ogram. Documentation shall include ity Verification page listing the vendor's name ify Memorandum of Understanding (MOU) nature page completed and signed, at minimum,
	AND)
D -		Work Authorization provided on the next page

EXHIBIT M, continued

AFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSM the following Affidavit of Work Authorization.	o, definition of a business entity must complete and return
MERS Missouri Goodwill Industries (Business in the E-Verify federal work authorization program program who are proposed to work in connection Missouri for the duration of the contract(s), if awards. I also affirm that MERS Missouri Good	(Name of Business Entity Authorized Representative) as osition/Title) first being duly sworn on my oath, affirm a Entity Name) is enrolled and will continue to participate am with respect to employees hired after enrollment in the moving with the services related to contract(s) with the State of arded in accordance with subsection 2 of section 285.530, will Industries (Business Entity Name) does not and will thorized alien in connection with the contracted services of the contract(s), if awarded.
In Affirmation thereof, the facts stated above at false statements made in this filing are subject t	re true and correct. (The undersigned understands that to the penalties provided under section 575.040, RSMo.)
Mass	Jeff Cartnal
Authorized Representative's Signature	Printed Name
Vice President for Program Development	May 26, 2016
Title	Date
jcartnal@mersgoodwill.org E-Mail Address	200734 E-Verify Company ID Number
E-Ivian Address	L-verify Company in Indiano.
Subscribed and sworn to before me this	nty of St. Louis (1ty, State of (NAME OF COUNTY)
Chuy L. Liles Signature of Notary	5- 26-14 Date

CHERY L. SIDES
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis City
My Commission Expires: Feb. 9, 2019
Commission # 15448938

EXHIBIT M, continued

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

BOX C – AFFIDAVIT ON FILE - CUR	
I certify that MERS Missouri Goodwill Industries a business entity as defined in section 285.525, RSM enrolled and currently participates in the E-Verify fedeemployees hired after enrollment in the program who a related to contract(s) with the State of Missouri. We has state agency or public university that affirms enrollm authorization program. The documentation that was p	(Business Entity Name) <u>MEETS</u> the definition of Mo pertaining to section 285.530, RSMo and have eral work authorization program with respect to the are proposed to work in connection with the services we previously provided documentation to a Missouri tent and participation in the E-Verify federal work
Memorandum of Understanding (MOU) listin completed and signed by the vendor and the Division	rification page OR a page from the E-Verify ag the vendor's name and the MOU signature page Department of Homeland Security – Verification orization (must be completed, signed, and notarized
within the past twelve months).	1 0
Name of Missouri State Agency or Public University	situs to Which Provious E-Verify Documentation
Name of Missouri State Agency of Fubile Outvers	sity to which revious 17 verify Documentation
Submitted: Missouri Department of Corrections - Pro (*Public University includes the following five schools under Missouri Southern State University - Joplin; Missouri Wes University - Maryville; Southeast Missouri State University	chapter 34, RSMo: Harris-Stowe State University - St. Louis; stern State University - St. Joseph; Northwest Missouri State
D. J. Charles D. Marife Decomposition Culturiories	March 25, 2009
Date of Previous E-Verify Documentation Submission	n
Previous Bid/Contract Number for Which Previous I	E-Verify Documentation Submitted: C311118002
(if known)	
	11120
	Marin
(if known) . Jeff Cartnal	Authorized Business Entity
Jeff Cartnal Authorized Business Entity Representative's	Marin
(if known) . Jeff Cartnal	Aylorized Business Entity
Jeff Cartnal Authorized Business Entity Representative's	Aylorized Business Entity
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print)	Aufforized Business Entity Representative's Signature
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name	Authorized Business Entity Representative's Signature May 26, 2016 Date
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name	Authorized Business Entity Representative's Signature May 26, 2016 Date
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org E-Mail Address	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org E-Mail Address	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org E-Mail Address FOR STATE OF MISSOURI USE ONLY	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org E-Mail Address FOR STATE OF MISSOURI USE ONLY Documentation Verification Completed By:	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734 E-Verify MOU Company ID Number
Jeff Cartnal Authorized Business Entity Representative's Name (Please Print) MERS Missouri Goodwill Industries Business Entity Name jcartnal@mersgoodwill.org E-Mail Address FOR STATE OF MISSOURI USE ONLY	Authorized Business Entity Representative's Signature May 26, 2016 Date 200734 E-Verify MOU Company ID Number

EXHIBIT N

MISCELLANEOUS INFORMATION

Prompt Payment Discount:

The offeror should specify below (1) the percentage of discount applied the state agency is prompt and (2) the maximum number of calendar considered prompt.	to the total days invoice	invoice in ce must b	f payment be paid to	t by be
0 % discount if invoice is paid within maximum of	0	calend	dar days.	
Outside United States:				
If any products and/or services offered under this RFP are being manufacthe United States, the vendor MUST disclose such fact and provide de attached page.				
Are any of the vendor's proposed products and/or services being manufactured or performed at sites outside the United States?	Yes		No	_X
If YES, do the proposed products/services satisfy the conditions described in section 4, subparagraphs 1, 2, 3, and 4 of Executive Order 04-09? (see the following web link: http://s1.sos.mo.gov/CMSImages/Library/Reference/Orders/2004/eo 04 009.pdf)	Yes		No	<u>X</u>
If YES, mark the appropriate exemption below, and provide the reque 1 Unique good or service. • EXPLAIN: 2 Foreign firm hired to market Missouri services/products to a • Identify foreign country: 3 Economic cost factor exists • EXPLAIN:	foreign cou	intry.		
 Vendor/subcontractor maintains significant business presence trivial portion of contract work outside US. Identify maximum percentage of the overall value of the attributed to the value of the products and/or services being outside the United States:% Specify what contract work would be performed outside to 	contract, for	r any cont tured or p	tract perio	od,

EXHIBIT N, continued

Employee/Conflict of Interest:

Vendors who are elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the vendor or any owner of the vendor's organization is currently an elected or appointed official or an employee of the State of Missouri or any political subdivision thereof, please provide the following information:		
Name and title of elected or appointed official or employee of the State of Missouri or any political subdivision thereof:		
If employee of the State of Missouri or political subdivision thereof, provide name of state agency or political subdivision where employed:		
Percentage of ownership interest in vendor's organization held by elected or appointed official or employee of the State of Missouri or political subdivision thereof:		

Registration of Business Name (if applicable) with the Missouri Secretary of State:

The vendor should indicate the vendor's charter number and company name with the Missouri Secretary of State. Additionally, the vendor should provide proof of the vendor's good standing status with the Missouri Secretary of State. If the vendor is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

N00028561	MERS/Missouri Goodwill Industries
Charter Number (if applicable)	Company Name
If exempt from registering with the Misson section of 351.572 to support the exemption	uri Secretary of State pursuant to section 351.572 RSMo., identify the
, -	

STATE OF MISSOURI DEPARTMENT OF CORRECTIONS PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION EVENT CHECKLIST -			residental factory .				date and tale reported		
			FIRST RESPONITER (Name and Tries				Hovervio the Alecution reported prem, audi, other atomics, [Revolutionals, eds.]		
"RESIDENTIAL FACILITIES				ALLEGARON REI	bokim ski				
ALLEGED WOTHA			DOC MANAG	ER:		OATE / TØ	ME OF MCK	ENT:	
DATE OF BURISH				RACE:					PREASons;
LOCATION OF INCIDENT:									
States designed					的智慧		944		
ALLEGED PERPETRATOR:						DOC NULL	06R:		
DATE OF BIRTER		•		RACE:					PREA Sons!
EVENT				orana (
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PERSON TO BE NOT CAO OF RESIDENTIAL FACILITY (when applicable) EMERGENCY MEDICAL (only with penetration) MENTAL HEALTH PROCAO/DESIGNEE OF LIA	TIFIED Y L. NIDER		Π		31451		PENETRA (82 No lm inn inn lm	TION EVENTS ure of less) mediate mediate mediate mediate	(or over 9% hours & NON PENETRATION EVENTS immediate when appropriate Only with penetration events hext business
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PERSON TO BE NOT CAO OF RESIDENTIAL FACILITY (when applicable) EMERGENCY MEDICAL (only with penetration) MENTAL HEALTH PROCESSIONEE OF LIDISTRICT OFFICE REGIONAL ADMINISTRA	TIFIED Y L N/IDER NATOR		Π		THAS		PENETRA (92 No lon lon lon lon	TION EVENTS ure or less) mediate mediate mediate mediate mediate mediate	(or over 9% hours & NON PENETRATION EVENTS immediate when appropriate Only with penetralion events hext business Next business Next business
PERSON TO BE NOT CAO OF RESIDENTIAL FACILITY (When supplicable) EMERGENCY MEDICAL (only with penetration) MENTAL HEALTH PROCESSIONEE OF LIABLE OF LIABLE OF THE REGIONAL ADMINISTRE OFFICE REGIONAL ADMINISTRE OFFICE REGIONAL ADMINISTRE COORDINATOR FORENSIGNEY AMINA LOCATION OF EXAMINA LOCATION OF EXAMINATION DATE AND TRIC CUENT LEFT.	TIFIED Y L MIDER MISON RATOR PACILITY	PERSON NOTIFIED	Π	DATE		g.	PENETRA (92 ho len inn inn len	TION EVENTS ure or less) mediate mediate mediate mediate mediate mediate	(or over 93 hours & NON PENETRATION EVENTS immediate when appropriate Crity with penetration events Next business Next business Email
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STATE OF MISSOURI DEPARTMENT OF CORRECTIONS PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

VICTIMO.
1. Where did the incident or slieged incident occur?
In the victim's room (if the victim and perpetrator share a room, count as the victim's room)
In a dormitory or other multiple housing unit
In a program service sree (commissary, kilohen, storage, laundry, caleteria, workshop)
Outside the facility but on facility grounds
Other - specify:
2. What time did the incident or alleged incident occur? (select all that apply)
Monding (6 a.m. to noon)
Afternoon (noon to 6 p.m.)
Evening (6 p.m. to midnight)
Overnight (midnight to 6 s.m.)
3, Number of victims or alleged victims involved in the incident? (If there were more than one victim please note additional victims' ego, gender and race in the comment section)
 Demographic information of victims or alleged victims: (If more than one victim please not additional demographic information in the comment section)
Age at the time of incident: Gender
Race / ethnic origin:
6. Did the victim or alleged victim sustain any physical injury during the incident? Yes No NA
☐ Broken bonas ☐ Internal Injuries
☐ Anal or vaginal tearing ☐ Knocked unconscious
Chipped or knocked out teelth Bruises, black eye, spreins, cuts, scratches, ewelling, welts
Other - specify:
6. If the victim or alleged victim received injuries, did the victim receive medical treatment for the injuries?
☐ Yes ☐ No ☐ N/A
7. Who reported the incident or alleged incident? (select all that apply)
☐ Victim ☐ Medical or Mental Health staff member
Another offender (non-victim) Instructor or Teacher
☐ Family of victim ☐ Courselor
Residential staff member Uther - specify:
·



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

MOTIVE(SORTIV(NED))					
8. After the incident was reported, was the victim or alleged victim: (select all that apply)					
Given a medical examination	Tested for other sexually transmitted diseases				
Administered a rape kit	Provided with counseling or mental health treatment				
☐ Tested for HIV / AIDS	None of the above				
a Aramadian banamb northburg to this heident	included with the file material attached in the master report folder?				
Yes No NA	Indiana (Illiana illa illa illa illa illa illa ill				
TYPE OF CERENDER SEXUAL VIOLENCE					
Offender on Offender	Staff Member on Offender				
Non-consensual Saxual Acts	Li Sexual Misconduct				
☐ Abuse Sexuel Contact	Sexual Harasament				
OFFENDER ON: OFFENDER SEXUAL VIOLENCE					
5. How many perpetrators or alleged perpetrators	were involved in the incident? (if there were more than one perpetrator, please				
note additional perpetrators' age, gender and race	In the comment section)				
- 2. What was the alleged perpetrator's gender?	☐ Female ☐ Male				
3. Demographic information of perpetrator:					
Age at the time of incident:	Gender				
Race or ethnic origin:					
4. What was the nature of the incident or alleged	Insident? (select all that apply)				
☐ Voluntary sexual contact between adults	•				
Unwanted touching for sexual gratification					
Pressure or coercion (without force) resulting	ig in a non-consensual sexual act				
Physical force (or the threat of force) result	ng in a non-consensual sexual act				
5. What type of pressure or physical force was u	end by the perpetrator or alleged perpetrator on the victim? (select all that apply)				
Persuasion or talked into sexual activity	Physically held violim down or restrained in some way				
Bribery or blackmall	Physically hamsed or injured vicilm				
Gave victim drugs or sicohol	☐ Threatened with a <u>weapon</u>				
Offered protection from other offenders	Other-specifics				
Threatened with physical harm	☐ None				
	·				
	CHIEC ANNIMATEDATES CHIEFE COPY SHIPPRES COMMINION PAGE 20F6				
140 231-0607 (09-13) DISTRIBUTION: CROSIRAL	-CHEF ADMINISTRATIVE OFFICER COPY - SITE PREX COORDINATOR PAGE 3 OF 6				



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

STAFF MEMBER ON OFFENDER SEXUAL MISCONDUCT AND HARASSMENT
What was the nature of the incident or alleged incident? (select all that apply)
Physical force resulting in a non-consensual sexual act
Pressure or abuse of power resulting in a non-consensual sexual act
indecent exposure, invesion of privary, or voyeurism for sexual gralification
☐ Unwanted touching for anoual gratification
Sexuel herassment or repeated verbal statements of a sexuel nature by stall member
Sexual selationship between offender and staff member that appeared to be willing
Level of coercion unknown
Other-specify:
How many staff members were involved or alleged to have been involved in the incident? (If more than one staff member was haveled in the incident note staff member demographics in the comment section)
3. Demographic information of staff members involved or alleged to have been involved in the incident:
Age at the time of incident: Gender:
Race / ethnic origin:
4. Which of the following describes the staff member that was involved or alleged to have been involved in the incident: (select all that apply)
Tital or part-time paid employee
Contracted employee or vendor
☐ Volunteer or Intern
Other - specify:
6. What was the primary position description of the staff member involved or alleged to have been involved in the incident? (select all that apply)
☐ Administrator
Suparvision staff member
Clerical including secretaries, clerks, receptionists, and other administrative support
Maintenance and other facility support staff members, including grounds keepers, janitors, cooks, and drivers
Education staff members, including instructors, teachers, librarians, and education assistants
Other program staff members
Other - specify:
The billion main derenging on the property of



13	VEVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)
COMM	

INFOR	ACTIONS:
Offen	der Sexual Abuse includes the following
1.	Sexual aliuse of an offender, detainee, or resident by another offender, detainee, or resident; and
2.	Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer.
or res	der on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by another offender, detainee, Ident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied is of violence, or is unable to consent or refuse
1.	Contact between the penis and the vuiva or the penis and the anus, including penetration, however slight;
2.	Contact between the mouth and the penis, vulva, or anus;
3.	Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
4.	Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.
Staff contra	Viember on Offender Sexual Abuse: Sexual abuse of an offender, detaince, or resident by a staff member, actor, or volunteer includes any of the following acts, with or without consent of the offender, detaince, or resident.
1.	Contact between the penis and vulva or the penis and the anus, including penetration, however slight;
2.	Contact between the mouth and the penis, vulva, or anus;
3.	Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
4.	Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the stalf member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;



STATE OF MISSOURI
DEPARTMENT OF CORRECTIONS
PREA ALLEGATION NOTIFICATION PENETRATION/ NON-PENETRATION
EVENT CHECKLIST - RESIDENTIAL FACILITIES - (CONTINUED)

NFORMATION (CONTINUED);

Staff Member on Offender Sexual Abuse (continued):

- 5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1 through 5 of this definition;
- Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the
 presence of an offender, detainee, or resident, and
- 8. Voyeurism by a staff member, contractor, or volunteer which is an invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

Offender Sexual Harassment:

- Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one offender, detainee, or resident directed toward another; and
- Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

*it is required to notify emergency medical personnel by phone for all allegations of sexual penetration defined as a sexual activity that involves the entry into the vagina, anus, and/or mouth, however slight, with a body part or an object. All other allegations of sexual abuse will be investigated and forwarded to the Chief Administrative Officer of the liaison district.

ATTACHMENT 3 MONTHLY FIRE / TORNADO DRILL REPORT

Date of Test	
All in-house residents participatedyesno If no, explain	
If no, explain	
Type of warning device utilized to call drill	
Manual Automatic Bell Verbal Intercom/Speaker Other	
Emergency Lightening Operationalyesno	
Were all exit lights illuminatedyesno	
FIRE/TORNADO DRILL	
Were fire extinguishers / smoke alarms served to confirm operational statusyes	no
2. Were fire routes postedyes	no
3. Was roll taken at assembly pointyes	no
4. Total time for complete evacuation minutes	
Note any problems encountered or identified	
ANNUAL EMERGENCY DRILL	
Date of Test/	
Staff present and participating	
Type of Annual Drill Conducted	
Attempted suicide Bomb threats	
Carbon monoxide poisoning Collection, control and testing of suspect	ected illegal
contraband Death Earthquakes	
Flooding Hazardous material/chemical spill	
Medical emergency Hostage situation and Riot disorder	
Stoff Signature Reviewed By Date /	

Warrant Checklist

Before declaring a resident an "absconder" and contacting the Department Command Center in Jefferson City, the following places/institutions must be first searched or contacted. Please initial and indicated the time the following contacts were made.

Offender Name		Date	Time	am/pm
Employee Initials	Time	Place/Institution		
		Visually witness offender depart Sign In/Sign Out log checked	t facility without author	rization.
		Time of scheduled return:		
		Facility checked including outsi	de grounds	
		Call to report to front desk		
		Call to reported destination	·	
		Call to employer (during employer	yer business hours)	
		Call to identified support system etc.)	n (family, significant of	hers,
		Check with county detention ce	enter	
		Check with Local/municipal def	ention centers	
·		Check with offender's emerger	cy contact number (lo	cal only)
		Emergency Room check (must	check all in area)	
		Time determined an absconde	r	
		Warrant approval by		
		Call to Command Center (800-	816-8199) Time	

ATTACHMENT 5 OFFENDER COMPLAINT If additional information is needed - attach to this form. Offender Name______ Number_____ Supervising officer_____ Date ___/____ **OFFENDER COMPLAINT:** Offender Signature Date

FACILITY PROGRAM DIRECTOR RESPONSE Date / Date Received ___/__/ Date Reviewed ____/___/___ Director's Signature_____ I accept the decision made on ___/_ / Offender Signature______(date) I wish to appeal the decision made on ____/___ Offender Signature______(date) STATE AGENCY REPRESENTATIVE RESPONSE Date Reviewed ___/__/__ Date Received ___/__/ Signature_____

I have received and reviewed the response of the Department on ____/____(date)

Offender Signature

INTAKE CONFIRMATION

Date	of Arrival/ Date Orientation Co	mpleted _	/_	/_		
reside ask a	e read or have had read to me the rules under which ent of	ch I am expe I have beer the possible	ecte giv	d to al en the nseque	bide by whe opportunences if I f	nile a ity to ail to
My ini	itials and signature below verify that I understand the	following:				
1.	The Emergency Procedures (tornado, fire, etc.)					
2.	Program Expectations		-			
3.	Complaint Procedures					
4.	Medical Procedures					
	Responsibility for expenses					
	Standards on medications					
	Medical Resources/Addresses					
5.	Savings					
6.	Pass/Free Time Procedures					
7.	Meals/Sack Lunch Procedures					
8.	Absconder Warrant Process					
9.	Censored Materials Rules					
10.	Participated in Facility Tour by staff person					
11.	Rule book					
I hav	ve been assigned	as	а	case	manager	and
	as a Probation	on and Parol	le o	fficer.		
Resid	lent's Signature	Da	ate_			
Staff	Member's Signature	Da	ate_			

Disposition and Release of Personal Property

Offender Name	DOC Number
(Relea	ase of Property)
In the event of my discharge from the reside attempt will be made to release my persona	ential housing facility, I understand that every all property to the person listed below.
Further, I understand that if my contacts list days it will be disposed of by the residential	ed do not pick up my property within 30 calendar facility.
Release to:	
Name	Relationship
Address	
Telephone number	Alternate Telephone Number
Alternate Contact for release	
Name	Relationship
Address	
Telephone Number	Alternate Telephone Number
(Rel	ease of Money)
	ned residential housing facility, I understand that all ent to MO Department of Corrections, attn: Offender
In the event I am in custody for reasons of shall be forwarded to me.	other than absconding, I understand that all monies
Offender Signature	Date
Witness	Date

Disposition and Release of Personal Property

Offender Name	DOC Number
(Release of Pro	operty)
In the event of my discharge from the residential hot attempt will be made to release my personal propert	using facility, I understand that every y to the person listed below.
Further, I understand that if my contacts listed do no days it will be disposed of by the residential facility.	t pick up my property within 30 calendar
Release to:	
Name	Relationship
Address	
Telephone number	Alternate Telephone Number
Alternate Contact for release	
Name	Relationship
Address	
Telephone Number	Alternate Telephone Number
(Release of M	oney)
In the event that I abscond from my assigned resimonies in excess of fees and court costs owed shall	
All money in excess of fees and court costs of Department of Corrections.	owed shall be forwarded to the Missouri
Offender Signature	Date
Witness	

Consent for Release of Confidential Information

Offender Name:	Number:
I,	, a participant in
	, hereby give
consent for the release of all information relative to my program par	
limited to: progress; work place and performance; violations; a	ttitude; behavior; dates of
treatment; nature of discharge; social history; community involven	ient; drug, alcohol or other
treatment; problems; breathalyzer testing; drug test result; medical	care and treatment; mental
health care and treatment; and any information that would affect	my successful reintegration
into the community), to the Missouri Department of Corrections,	Division of Probation and
Parole.	
I understand this consent will expire one year from the signing date,	unless I revoke my consent
for release of information earlier.	
Offender Signature	_ Date
Witness Signature	Date

RESIDENTIAL FACILITY PROPERTY INVENTORY

Offender Nam	eNumbe	er	Entry Date		
	anges Date(s)	Offender Initials	3	Staff Initials	
/	/		-		-
/	/		_		-
	/		_		_
	I= Initial Item	A=Added Item	R= Re	moved Item	
Amount	ltem	Amoun	t	Item	
					
					
			. -		
			·		
					
					
			- 		
	·				
			. <u></u>		
I verify that I add or rem	this is all of my personal prope love any items from the residen	rty. I understand tial facility.	d that I must u	pdate my inv	ento r y list i
Offender Sig	nature		Date	/	_/
Witness			Date	1	1

				Attachment 10
Random	DRUG TESTING	LOG	en en en en	
Targeted	Month	20		

OFFENDER NAME	OFFENDER NUMBER	DATE SUBMITTED	DATE RETURNED	RESULTS
		 		
				<u> </u>
				}
			 	
				<u> </u>
				
			<u> </u>	

SIGN-IN/SIGN-OUT LOG

RESIDENT'S N	AME			I.D	.#		_				_ to			
WORK/JOE	SEARCH		DEPAI	RTURE	EXPECT	ED RE	ΓURN	EXTENS	ION	ACTUAL RETURN				
DESTINATION		PHONE	TIME OUT	DATE	EXPECTED RETURN TIME	DATE	STAFF INT.	REVISED EXPECTED RETURN TIME	STAFF INT.	ACTUAL RETURN TIME	DATE	ВА	STAFF INIT.	RESIDENT'S SIGNATURE
	}													
					URE EXPECTED RETURN		EXTENSION ACTUAL RETUR							
PASS/FREE			DEPAI										T-2-7	}
PASS/FREE DESTINATION		PHONE	DEPAI TIME OUT	DATE	EXPECT EXPECTED RETURN TIME	DATE	STAFF INT.	EXTENS: REVISED EXPECTED RETURN TIME	STAFF INT.	ACTUAL ACTURN TIME	L RET	URN BA	STAFF INIT.	RESIDENT'S SIGNATURE
		PHONE	TIME		EXPECTED RETURN		STAFF	REVISED EXPECTED RETURN	STAFF	ACTUAL RETURN				
		PHONE	TIME		EXPECTED RETURN		STAFF	REVISED EXPECTED RETURN	STAFF	ACTUAL RETURN				
		PHONE	TIME		EXPECTED RETURN		STAFF	REVISED EXPECTED RETURN	STAFF	ACTUAL RETURN				
		PHONE	TIME		EXPECTED RETURN		STAFF	REVISED EXPECTED RETURN	STAFF	ACTUAL RETURN				
		PHONE	TIME		EXPECTED RETURN		STAFF	REVISED EXPECTED RETURN	STAFF	ACTUAL RETURN				
		PHONE	TIME		EXPECTED RETURN		STAFF	REVISED EXPECTED RETURN	STAFF	ACTUAL RETURN				

RFPS30034901600754

PASS REQUEST

Offender Name	Number	Date/
I request approval for a pass during the following am staying will know my whereabouts at all tithe hours of 10 p.m. and 6 a.m. each and understand that violation of these conditions understand that I may be contacted at anytime to return to the facility.	ng period. I will stay at the mes. I will remain at my ov everyday unless special may result in cancellation while on pass to verify my	e address listed and the person(s) with whom vernight pass destination specifically between permission is granted to do otherwise. I of the pass and disciplinary action. I also y presence at the location or to be requested
PASS BEGINS AT a.m. / p.m.	On (day)	(date)/
PASS ENDS AT;a.m. / p.m.	On (day)	(date)/_/_
TOTAL PASS HOURS	DESTINATION	
	DESIMATION	
Name	Relationship	
AddressCity	Tele	phone ()
Currently Employed Yes No Hours v	veekly Date of Last P	aycheck//
Resident's Signature		

Pass Recommended by		(Case Manager)
		(Probation and parole officer)
Approved by(Liaison Signature	Required if over 3 hours)	
SIGN OUT: Resident's Signature		
Date! Time: a.i	m./p.m. Staff Signature_	
SIGN IN: Resident's Signature		
Date	m./ p.m. Staff Signature	
Contacts (Include date and time)		
Staff Signature		

Offender Medication Log

Offender Name	e		Case Manager						
Name of Medication	Dose	Date/Time	Amount Remaining	Offender Initials	Staff Initials	Comments			
,									
									
	<u> </u>		1						

Offender DOC file

Contract Manager Offender File

ATTACHMENT 14

	REDUCTION/WAIVER OF SAVING			
OFFE	ENDER NAME: DOC Nu	mber		
The a as del	bove individual is allowed to reduce / waive savings for the p termined by department representatives:	ay period end	ding/	<u>/</u>
	Savings waived entirely			
	Offender is to pay savings but must retain \$15.00 for emplo	yment purpo	ses	
	Other			
The ju	ustification for this determination is:			
Proba	ation and parole officer signature//		Date	
CC:	File			
	Monthly Billing and Invoice			

REQUEST FOR SAVINGS WITHDRAWAL

	Date:	
Offender Name:		
Employment:		
Employed:yes	_no	
Company Name		
Amount in Savings:	Amount Requested:	-
Balance	after withdrawal:	
Reason for the request:		
Offender Signature:		
Approved:	Denied:	
Reason for Denial:		-
Case Manager Signature:	Date:	_
Probation/Parole Officer Signal	ture:	

REQUEST TO OPERATE A MOTOR VEHICLE

Offenders May be granted authority to possess and housing facility if advance written approval is provide	drive a motor vehicle while at the residential ded by the state agency pursuant to criteria.
I hereby request permission to operate a motor veh	
I understand that if permission is granted, it will be result in the immediate termination of my driving permission of my driving permission.	e a privilege; and abuse of the privilege will privileges and could result in my return to the
Offender Signature	Date//
Witness	
VEHICLE/ OPERATOR	'S INFORMATION
Operator's License Number	Expiration Date//
Insurance Company	Expiration Date//
Owner of Vehicle License Plate Number	
*Offender must provide proof of liability insurance with applicatio license (both sides) must accompany this report.	n. A copy of the insurance face sheet, driver's or chauffeur
DEPARTMENT APPR	OVAL / DENIAL
Approved	Denied
Department of Corrections Representative Signatu	re
Date / /	

AUTHORIZATON FOR RELEASE OF INFORMATION (Employee)

TO WHOM IT MAY CONCERN:

I hereby authorize and request release to the State of Missouri, Department of Corrections, any and all records and information, including, but not limited to, originals or copies of any records, documents, reports, criminal history record.

I understand that the State of Missouri, Department of Corrections, may conduct and/or review a background investigation before rendering a decision regarding my eligibility to perform services for the State of Missouri, Department of Corrections, and that this authorization is a part of that investigation.

I voluntarily agree to cooperate in such investigation, and release from all liability or responsibility the State of Missouri, Department of Corrections, and all other persons, firms, corporations and institutions supplying the above requested information.

Applicant's Name (Please Print)	Date	
Applicant's Signature	Birth date	
Applicant's Social Security Number		

STATE OF MISSOURI/DEPARTMENT OF CORRECTIONS CONFIDENTIALITY OATH

I will not reveal th pertaining to same t by law to do so.	e condition or affairs that may come to my k	of any person, firm mowledge by virtue	n or institution in of my work, unles	this State, or a	iny facts ithorized

Signature of Employee/Agent

Witness

Date

__Supplemental

VIOLATION REPORT

FACILITY:		REPORTING	PARTY
RESIDENT:P.O	CASE	MANAGER:	
NUMBER: STAT	TUS: PAROLEE	CR PROB	INTERSTATE
NATURE OF VIOLATION ARREST: Arresting Authority:		Date:	/_/_ Charge:
DRUG USE: Results: (+ / -) Substance	e:	Date Sample Taken:	/_/_ Date
Returned:/_/ ALCOHOL USE: Breathalyzer Reading a.m. / p.m. AWOL:	% Date	Tested:/_/_ Time	:i
Date Resident left facility:/_	_/ Time	::a.m./p.i	m.
Status when resident left facility	AWOL PASS	EMPLOYME	NTOTHER
Scheduled Return:	Date://	Time::_	_a.m./ p.m.
Actual Return Time:	Date://	Time::_	_a.m. / p.m.
TOTAL TIME AWOL:	Hours	Minutes	
COMMENTS:			
	(USE REVERSE SIDE	IF ADDITIONAL SPACE	E IS NEEDED)
OTHER VIOLATIONS:			
Nature	of		Violation
Date / Time of Occurrence EXPLANATION	/;	:a.m./ ¡	p.m.
			C to Mediano
	(USE REVERSE SIDE	IF ADDITIONAL SPACE	E IS NEEDED)

a.m./p.m.

VIOLATION IN	NTERVIEW (If necessary, subm	nit supplemental t	eport after interv	view is co	onduc	eted)		
Date of Interview	v:/	Time	of Interview:	:_		a.m. / p.m.		
**RESIDENT COURT/PARO	MUST BE INFORM LE BOARD	IED HIS/HER	RESPONSES	MAY	BE	PROVIDED	TO	THE
RESIDENT'S R	ESPONSE	·		· 				
	/CONSEQUENCES/REG							
Resident	Signature						V	/itness
			Time Submitted	d to P.O.	·	<u> </u>		.: <u></u> .

INCIDENT REPORT

FACILITYREPORTING PARTY
NATURE OF INCIDENT:
Resident (s) Involved/Affected
Time of Occurrence a.m. / p.m. Date/
Staff were first aware of Incident Date/_/ Time:a.m./p.m.
INJURED PARTIES:
Ambulance Summoned yes no
Fire Department Summoned yes no
Police Summoned yes no Police Report #
Nature/Status of Injury/Illiness
Location of Injured parties at the time of report
CIRCUMSTANCES
(USE REVERSE SIDE IF ADDITIONAL SPACE IS NEEDED)
NAME OF WITNESS(ES)
SUMMARIZED STATEMENT
DOC VERBALLY NOTIFIED DATE Time a.m. / p.m.
Name of Facility Staff person verbally notifying DOC
Name of DOC staff notified
SUBMITTED BY DATE

Submit To:

ATTACHMENT 21

SAMPLE RESIDENTIAL INVOICE FORMAT

Missouri Department of Corrections

		Bo	x 236 n City, MO 65	102					
Provider:	(Pro	(Provider Name, Address, Contact Person, & Telephone Number)							
Invoice Number:									
Contract:	(Co	(Contract #)							
Service Period: (Month, Year)									
INVOICE PERIOD	:					IDENTIAL HOUSING		OTS FOR THE	
A. Number of x Residential Slots Awarded		B. Number of Days in = Month/Invoice Period			Re	Total Number of Award sidential Slots for the Invo- riod			
Х				=					
PART II – MAXIM	TIM ST	OT	OVERAGE A	LT.I	ΩV	VED:			
A. Total Numb Awarded Residential for the Invoice Period I, C)	er of Slots				ï	C. Maximum Slot Over Allowed	age		
		Х	.10		=				
DADT III INVOI	ግቡ ጥር	r a v	DOLLAD AT	MΩ	TINI	ተ ւ			
	f less than or equal to the Maximum Slot Overage s Allowed (Part II, C)			_	C. Firm, Fixed Unit Price Per Residential Slot as Stated on the Pricing Page of the Contract	11	D. Invoice Total Dollar Amount		
+					X		~		
Signature						Date_			



STATE OF MISSOURI

DEPARTMENT OF CORRECTIONS

MONTHYEAR PAGE OF

PROVIDER SERVICES					1						
NAME OF PROVIDER:		ADDRESS:	· · · · · · · · · · · · · · · · · · ·		 		·,	,			
TYPE OF SERVICE PROVIDED:		MONTHLY CONTRACTED AMOUNT:									
A, OFFENDER NAME	B. DOC NUMBER	C. REFERRAL CODE	D. DATE ENTERED	E. ACTUAL RELEASE DATE	F. 15TH DAY OR DAY EMPLOYED	G. TOTAL NUMBER OF DAYS	H. NUMBER OF DAYS OFFENDER FEES ASSESSED (If applicable)	TOTAL OFFENDER FEES REMITTED (if applicable)			
		 		}							
			} }	}	ļ			 			
								- -			
TOTAL MONTHLY UNITS CONTRACTED FOR: THE MONTH X TOTAL SLOTS CONTRACTED)	(ACTUAL DAYS IN		 	CERTIFICATIO	N SIGNATURE & DA	TE, FACILITY D	RECTOR				
LESS: TOTAL NUMBER OF UNITS SERVED: (COLUMN G)]							
TOTAL NUMBER OF UNITS OVER/UNDERUTIL	IZED			AGENCY CERT	IFICATION SIGNAT	URE & DATE	 				
CHECK TRANSMITTAL NUMBER (ATTACH CH	ECK)			<u></u>							

STATE OF MISSOURI DIVISION OF PURCHASING

TERMS AND CONDITIONS - REQUEST FOR PROPOSAL

1. TERMINOLOGY/DEFINITIONS

Whenever the following words and expressions appear in a Request for Proposal (RFP) document or any addendum thereto, the definition or meaning described below shall apply.

- a. <u>Agency and/or State Agency</u> means the statutory unit of state government in the State of Missouri for which the equipment, supplies, and/or services are being purchased by the **Division of Purchasing** (Purchasing). The agency is also responsible for payment.
- b. Addendum means a written, official modification to an RFP.
- e. Amendment means a written, official modification to a contract.
- d. Attachment applies to all forms which are included with an RFP to incorporate any informational data or requirements related to the performance requirements and/or specifications.
- e. Proposal End Date and Time and similar expressions mean the exact deadline required by the RFP for the receipt of sealed proposals.
- f. Vendor means the supplier, offeror, person, or organization that responds to an RFP by submitting a proposal with prices to provide the equipment, supplies, and/or services as required in the RFP document.
- g. Buyer means the procurement staff member of Purchasing. The Contact Person as referenced herein is usually the Buyer.
- h. Contract means a legal and binding agreement between two or more competent parties, for a consideration for the procurement of equipment, supplies, and/or services.
- i. Contractor means a supplier, offeror, person, or organization who is a successful vendor as a result of an RFP and who enters into a contract.
- j. Exhibit applies to forms which are included with an RFP for the vendor to complete and submit with the sealed proposal prior to the specified end date and time.
- k. <u>Request for Proposal (RFP)</u> means the solicitation document issued by Purchasing to potential vendors for the purchase of equipment, supplies, and/or services as described in the document. The definition includes these Terms and Conditions as well as all Pricing Pages, Exhibits, Attachments, and Addendums thereto.
- 1. May means that a certain feature, component, or action is permissible, but not required.
- m. Must means that a certain feature, component, or action is a mandatory condition.
- n. Pricing Page(s) applies to the form(s) on which the vendor must state the price(s) applicable for the equipment, supplies, and/or services required in the RFP. The pricing pages must be completed and submitted by the vendor with the sealed proposal prior to the specified proposal end date and time.
- o. RSMo (Revised Statutes of Missouri) refers to the body of laws enacted by the Legislature which govern the operations of all agencies of the State of Missouri. Chapter 34 of the statutes is the primary chapter governing the operations of Purchasing.
- p. Shall has the same meaning as the word must.
- q. Should means that a certain feature, component and/or action is desirable but not mandatory.

2. APPLICABLE LAWS AND REGULATIONS

- a. The contract shall be construed according to the laws of the State of Missouri. The contractor shall comply with all local, state, and federal laws and regulations related to the performance of the contract to the extent that the same may be applicable.
- b. To the extent that a provision of the contract is contrary to the Constitution or laws of the State of Missouri or of the United States, the provisions shall be void and unenforceable. However, the balance of the contract shall remain in force between the parties unless terminated by consent of both the contractor and Purchasing.
- c. The contractor must be registered and maintain good standing with the Secretary of State of the State of Missouri and other regulatory agencies, as may be required by law or regulations.
- d. The contractor must timely file and pay all Missouri sales, withholding, corporate and any other required Missouri tax returns and taxes, including interest and additions to tax.
- e. The exclusive venue for any legal proceeding relating to or arising out of the RFP or resulting contract shall be in the Circuit Court of Cole County, Missouri.
- f. The contractor shall only employ personnel authorized to work in the United States in accordance with applicable federal and state laws and Executive Order 07-13 for work performed in the United States.

3. OPEN COMPETITION/REQUEST FOR PROPOSAL DOCUMENT

- a. It shall be the vendor's responsibility to ask questions, request changes or clarification, or otherwise advise Purchasing if any language, specifications or requirements of an RFP appear to be ambiguous, contradictory, and/or arbitrary, or appear to inadvertently restrict or limit the requirements stated in the RFP to a single source. Any and all communication from vendors regarding specifications, requirements, competitive proposal process, etc., must be directed to the buyer from Purchasing, unless the RFP specifically refers the vendor to another contact. Such e-mail, fax, or phone communication should be received at least ten calendar days prior to the official proposal end date.
- b. Every attempt shall be made to ensure that the vendor receives an adequate and prompt response. However, in order to maintain a fair and equitable procurement process, all vendors will be advised, via the issuance of an addendum to the RFP, of any relevant or pertinent information related to the procurement. Therefore, vendors are advised that unless specified elsewhere in the RFP, any questions received less than ten calendar days prior to the RFP end date may not be answered.
- c. Vendors are cautioned that the only official position of the State of Missouri is that which is issued by Purchasing in the RFP or an addendum thereto. No other means of communication, whether oral or written, shall be construed as a formal or official response or statement.
- d. Purchasing monitors all procurement activities to detect any possibility of deliberate restraint of competition, collusion among vendors, price-fixing by vendors, or any other anticompetitive conduct by vendors which appears to violate state and federal antitrust laws. Any suspected violation shall be referred to the Missouri Attorney General's Office for appropriate action.

e. The RFP is available for viewing and downloading on the MissouriBUYS Statewide eProcurement System. Registered vendors are electronically notified of those proposal opportunities that match the commodity codes for which the vendor registered in MissouriBUYS. If a registered vendor's e-mail address is incorrect, the vendor must update the e-mail address themselves on the state's MissouriBUYS Statewide eProcurement System at https://missouribuys.mo.gov/.

f. Purchasing reserves the right to officially amend or cancel an RFP after issuance. It shall be the sole responsibility of the vendor to monitor the MissouriBUYS Statewide eProcurement System to obtain a copy of the addendum(s). Registered vendors who received e-mail notification of the proposal opportunity when the RFP was established and registered vendors who have responded to the RFP on-line prior to an addendum being issued should receive e-mail notification of the addendum(s). Registered vendors who received e-mail notification of the proposal opportunity when the RFP was established and registered vendors who have responded to the proposal on-line prior to a cancellation being issued should receive e-mail potification of a cancellation issued prior to the exact end date and time specified in the RFP.

4. PREPARATION OF PROPOSALS

a. Vendors must examine the entire RFP carefully. Failure to do so shall be at the vendor's risk.

b. Unless otherwise specifically stated in the RFP, all specifications and requirements constitute minimum requirements. All proposals must meet or exceed the stated specifications and requirements.

- c. Unless otherwise specifically stated in the RFP, any manufacturer names, trade names, brand names, information and/or catalog numbers listed in a specification and/or requirement are for informational purposes only and are not intended to limit competition. The vendor may offer any brand which meets or exceeds the specification for any item, but must state the manufacturer's name and model number for any such brands in the proposal. In addition, the vendor shall explain, in detail, (1) the reasons why the proposed equivalent meets or exceeds the specifications and/or requirements and (2) why the proposed equivalent should not be considered an exception thereto. Proposals which do not comply with the requirements and specifications are subject to rejection without clarification.
- d. Proposals lacking any indication of intent to offer an alternate brand or to take an exception shall be received and considered in complete compliance with the specifications and requirements as listed in the RFP.
- e. In the event that the vendor is an agency of state government or other such political subdivision which is prohibited by law or court decision from complying with certain provisions of an RFP, such a vendor may submit a proposal which contains a list of statutory limitations and identification of those prohibitive clauses. The vendor should include a complete list of statutory references and citations for each provision of the RFP, which is affected by this paragraph. The statutory limitations and prohibitive clauses may (1) be requested to be clarified in writing by Purchasing or (2) be accepted without further clarification if the statutory limitations and prohibitive clauses are deemed acceptable by Purchasing. If Purchasing determines clarification of the statutory limitations and prohibitive clauses is necessary, the clarification will be conducted in order to agree to language that reflects the intent and compliance of such law and/or court order and the RFP.
- f. All equipment and supplies offered in a proposal must be new, of current production, and available for marketing by the manufacturer unless the RFP clearly specifies that used, reconditioned, or remanufactured equipment and supplies may be offered.
- g. Prices shall include all packing, handling and shipping charges FOB destination, freight prepaid and allowed unless otherwise specified in the
- h. Proposals, including all prices therein, shall remain valid for 90 days from proposal opening or Best and Final Offer (BAFO) submission unless otherwise indicated. If the proposal is accepted, the entire proposal, including all prices, shall be firm for the specified contract period.
- Any foreign vendor not having an Employer Identification Number assigned by the United States Internal Revenue Service (IRS) must submit
 a completed IRS Form W-8 prior to or with the submission of their proposal in order to be considered for award.

5. SUBMISSION OF PROPOSALS

- a. Registered vendors may submit proposals electronically through the MissouriBUYS Statewide eProcurement System at https://missouribuys.mo.gov/ or by delivery of a hard copy to the Purchasing office. Vendors that have not registered on the MissouriBUYS Statewide eProcurement System may submit proposals hard copy delivered to the Purchasing office. Delivered proposals must be sealed in an envelope or container, and received in the Purchasing office located at 301 West High St, Rm 630 in Jefferson City, MO no later than the exact end date and time specified in the RFP. All proposals must (1) be submitted by a duly authorized representative of the vendor's organization, (2) contain all information required by the RFP, and (3) be priced as required. Hard copy proposals may be mailed to the Purchasing post office box address. However, it shall be the responsibility of the vendor to ensure their proposal is in the Purchasing office (address listed above) no later than the exact end date and time specified in the RFP.
- b. The sealed envelope or container containing a proposal should be clearly marked on the outside with (1) the official RFP number and (2) the official end date and time. Different proposals should not be placed in the same envelope, although copies of the same proposal may be placed in the same envelope.
- c. A proposal submitted electronically by a registered vendor may be modified on-line prior to the official end date and time. A proposal which has been delivered to the Purchasing office may be modified by signed, written notice which has been received by Purchasing prior to the official end date and time specified. A proposal may also be modified in person by the vendor or its authorized representative, provided proper identification is presented before the official end date and time. Telephone or telegraphic requests to modify a proposal shall not be honored.
- d. A proposal submitted electronically by a registered vendor may be retracted on-line prior to the official end date and time. A proposal which has been delivered to the Purchasing may only be withdrawn by a signed, written document on company letterhead transmitted via mail, e-mail, or facsimile which has been received by Purchasing prior to the official end and time specified. A proposal may also be withdrawn in person by the vendor or its authorized representative, provided proper identification is presented before the official end date and time. Telephone or telegraphic requests to withdraw a proposal shall not be honored.
- e. A proposal may also be withdrawn after the proposal opening through submission of a written request by an authorized representative of the vendor. Justification of withdrawal decision may include a significant error or exposure of proposal information that may cause irreparable born to the vendor.
- f. When submitting a proposal electronically, the registered vendor indicates acceptance of all RFP requirements, terms and conditions by clicking on the "Accept" button on the Overview tab. Vendors delivering a hard copy proposal to Purchasing must sign and return the RFP cover page or, if applicable, the cover page of the last addendum thereto in order to constitute acceptance by the vendor of all RFP requirements, terms

and conditions. Failure to do so may result in rejection of the proposal unless the vendor's full compliance with those documents is indicated elsewhere within the vendor's response.

g. Faxed proposals shall not be accepted. However, faxed and e-mail no-bid notifications shall be accepted.

6. PROPOSAL OPENING

a. Proposal openings are public on the end date and at the opening time specified on the RFP document. Only the names of the respondents shall be read at the proposal opening. All vendors may view the same proposal response information on the MissouriBUYS Statewide eProcurement System. The contents of the responses shall not be disclosed at this time.

 Proposals which are not received in the Purchasing office prior to the official end date and time shall be considered late, regardless of the degree of lateness, and normally will not be opened. Late proposals may only be opened under extraordinary circumstances in accordance with 1 CSR 40-1.050.

7. PREFERENCES

- a. In the evaluation of proposals, preferences shall be applied in accordance with chapter 34, RSMo, other applicable Missouri statutes, and applicable Executive Orders. Contractors should apply the same preferences in selecting subcontractors.
- b. By virtue of statutory authority, a preference will be given to materials, products, supplies, provisions and all other articles produced, manufactured, mined, processed or grown within the State of Missouri and to all firms, corporations or individuals doing business as Missouri firms, corporations or individuals. Such preference shall be given when quality is equal or better and delivered price is the same or less.
- c. In accordance with Executive Order 05-30, contractors are encouraged to utilize certified minority and women-owned businesses in selecting subcontractors.

8. EVALUATION/AWARD

- a. Any clerical error, apparent on its face, may be corrected by the buyer before contract award. Upon discovering an apparent clerical error, the buyer shall contact the vendor and request clarification of the intended proposal. The correction shall be incorporated in the notice of award. Examples of apparent clerical errors are: 1) misplacement of a decimal point; and 2) obvious mistake in designation of unit.
- b. Any pricing information submitted by a vendor shall be subject to evaluation if deemed by Purchasing to be in the best interest of the State of Missouri.
- c. The vendor is encouraged to propose price discounts for prompt payment or propose other price discounts that would benefit the State of Missouri. However, unless otherwise specified in the RFP, pricing shall be evaluated at the maximum potential financial liability to the State of Missouri.
- d. Awards shall be made to the vendor whose proposal (1) complies with all mandatory specifications and requirements of the RFP and (2) is the lowest and best proposal, considering price, responsibility of the vendor, and all other evaluation criteria specified in the RFP and any subsequent negotiations and (3) complies with chapter 34, RSMo, other applicable Missouri statutes, and all applicable Executive Orders.
- e. In the event all vendors fail to meet the same mandatory requirement in an RFP, Purchasing reserves the right, at its sole discretion, to waive that requirement for all vendors and to proceed with the evaluation. In addition, Purchasing reserves the right to waive any minor irregularity or technicality found in any individual proposal.
- f. Purchasing reserves the right to reject any and all proposals.
- g. When evaluating a proposal, the State of Missouri reserves the right to consider relevant information and fact, whether gained from a proposal, from a vendor, from vendor's references, or from any other source.
- h. Any information submitted with the proposal, regardless of the format or placement of such information, may be considered in making decisions related to the responsiveness and ment of a proposal and the award of a contract.
- i. Negotiations may be conducted with those vendors who submit potentially acceptable proposals. Proposal revisions may be permitted for the purpose of obtaining best and final offers. In conducting negotiations, there shall be no disclosure of any information submitted by competing vendors.
- j. Any award of a contract shall be made by notification from Purchasing to the successful vendor. Purchasing reserves the right to make awards by item, group of items, or an all or none basis. The grouping of items awarded shall be determined by Purchasing based upon factors such as item similarity, location, administrative efficiency, or other considerations in the best interest of the State of Missouri.
- k. Pursuant to section 610.021, RSMo, proposals and related documents shall not be available for public review until after a contract is executed or all proposals are rejected.
- Purchasing posts all proposal results on the MissouriBUYS Statewide eProcurement System for all vendors to view for a reasonable period
 after proposal award and maintains images of all proposal file material for review. Vendors who include an e-mail address with their proposal
 will be notified of the award results via e-mail.
- m. Purchasing reserves the right to request clarification of any portion of the vendor's response in order to verify the intent of the vendor. The vendor is cautioned, however, that its response may be subject to acceptance or rejection without further clarification.
- n. Any proposal award protest must be received within ten (10) business days after the date of award in accordance with the requirements of 1 CSR 40-1.050 (9).
- o. The final determination of contract(s) award shall be made by Purchasing.

9. CONTRACT/PURCHASE ORDER

- a. By submitting a proposal, the vendor agrees to furnish any and all equipment, supplies and/or services specified in the RFP, at the prices quoted, pursuant to all requirements and specifications contained therein.
- b. A binding contract shall consist of: (1) the RFP, addendums thereto, and any Best and Final Offer (BAFO) request(s) with RFP changes/additions, (2) the contractor's proposal including any contractor BAFO response(s), (3) clarification of the proposal, if any, and (4) Purchasing's acceptance of the proposal by "notice of award" or by "purchase order." All Exhibits and Attachments included in the RFP shall be incorporated into the contract by reference.

c. A notice of award issued by the State of Missouri does not constitute an authorization for shipment of equipment or supplies or a directive to proceed with services. Before providing equipment, supplies and/or services for the State of Missouri, the contractor must receive a properly authorized purchase order or other form of authorization given to the contractor at the discretion of the state agency.

d. The contract expresses the complete agreement of the parties and performance shall be governed solely by the specifications and requirements contained therein. Any change to the contract, whether by modification and/or supplementation, must be accomplished by a formal contract amendment signed and approved by and between the duly authorized representative of the contractor and Purchasing or by a modified purchase order prior to the effective date of such modification. The contractor expressly and explicitly understands and agrees that no other method and/or no other document, including correspondence, acts, and oral communications by or from any person, shall be used or construed as an amendment or modification to the contract.

10. INVOICING AND PAYMENT

- a. The State of Missouri does not pay state or federal taxes unless otherwise required under law or regulation.
- b. The statewide financial management system has been designed to capture certain receipt and payment information. For each purchase order received, an invoice must be submitted that references the purchase order number and must be itemized in accordance with items listed on the purchase order. Failure to comply with this requirement may delay processing of invoices for payment.
- c. The contractor shall not transfer any interest in the contract, whether by assignment or otherwise, without the prior written consent of Purchasing.
- d. Payment for all equipment, supplies, and/or services required herein shall be made in arrears unless otherwise indicated in the RFP.
- e. The State of Missouri assumes no obligation for equipment, supplies, and/or services shipped or provided in excess of the quantity ordered.

 Any unauthorized quantity is subject to the state's rejection and shall be returned at the contractor's expense.
- f. All invoices for equipment, supplies, and/or services purchased by the State of Missouri shall be subject to late payment charges as provided in section 34 055, RSMo.
- g. The State of Missouri reserves the right to purchase goods and services using the state purchasing card.

11. DELIVERY

Time is of the essence. Deliveries of equipment, supplies, and/or services must be made no later than the time stated in the contract or within a reasonable period of time, if a specific time is not stated.

12. INSPECTION AND ACCEPTANCE

- a. No equipment, supplies, and/or services received by an agency of the state pursuant to a contract shall be deemed accepted until the agency has had reasonable opportunity to inspect said equipment, supplies, and/or services.
- b. All equipment, supplies, and/or services which do not comply with the specifications and/or requirements or which are otherwise unacceptable or defective may be rejected. In addition, all equipment, supplies, and/or services which are discovered to be defective or which do not conform to any warranty of the contractor upon inspection (or at any later time if the defects contained were not reasonably ascertainable upon the initial inspection) may be rejected.
- e. The State of Missouri reserves the right to return any such rejected shipment at the contractor's expense for full credit or replacement and to specify a reasonable date by which replacements must be received.
- d. The State of Missouri's right to reject any unacceptable equipment, supplies, and/or services shall not exclude any other legal, equitable or contractual remedies the state may have.

13. WARRANTY

- a. The contractor expressly warrants that all equipment, supplies, and/or services provided shall: (1) conform to each and every specification, drawing, sample or other description which was furnished to or adopted by Purchasing, (2) be fit and sufficient for the purpose expressed in the RFP, (3) be merchantable, (4) be of good materials and workmanship, and (5) be free from defect.
- Such warranty shall survive delivery and shall not be deemed waived either by reason of the state's acceptance of or payment for said equipment, supplies, and/or services.

14. CONFLICT OF INTEREST

- Elected or appointed officials or employees of the State of Missouri or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.452 and 105.454, RSMo, regarding conflict of interest.
- b. The contractor hereby covenants that at the time of the submission of the proposal the contractor has no other contractual relationships which would create any actual or perceived conflict of interest. The contractor further agrees that during the term of the contract neither the contractor nor any of its employees shall acquire any other contractual relationships which create such a conflict.

15. REMEDIES AND RIGHTS

- a. No provision in the contract shall be construed, expressly or implied, as a waiver by the State of Missouri of any existing or future right and/or remedy available by law in the event of any claim by the State of Missouri of the contractor's default or breach of contract.
- b. The contractor agrees and understands that the contract shall constitute an assignment by the contractor to the State of Missouri of all rights, title and interest in and to all causes of action that the contractor may have under the antitrust laws of the United States or the State of Missouri for which causes of action have accrued or will accrue as the result of or in relation to the particular equipment, supplies, and/or services purchased or procured by the contractor in the fulfillment of the contract with the State of Missouri.

16. CANCELLATION OF CONTRACT

a. In the event of material breach of the contractual obligations by the contractor, Purchasing may cancel the contract. At its sole discretion, Purchasing may give the contractor an opportunity to cure the breach or to explain how the breach will be cured. The actual cure must be completed within no more than 10 working days from notification, or at a minimum the contractor must provide Purchasing within 10 working days from notification a written plan detailing how the contractor intends to cure the breach.

b. If the contractor fails to cure the breach or if circumstances demand immediate action, Purchasing will issue a notice of cancellation terminating the contract immediately. If it is determined Purchasing improperly cancelled the contract, such cancellation shall be deemed a termination for convenience in accordance with the contract.

- c. If Purchasing cancels the contract for breach, Purchasing reserves the right to obtain the equipment, supplies, and/or services to be provided pursuant to the contract from other sources and upon such terms and in such manner as Purchasing deems appropriate and charge the contractor for any additional costs incurred thereby.
- d. The contractor understands and agrees that funds required to fund the contract must be appropriated by the General Assembly of the State of Missouri for each fiscal year included within the contract period. The contract shall not be binding upon the state for any period in which funds have not been appropriated, and the state shall not be liable for any costs associated with termination caused by lack of appropriations.

17. COMMUNICATIONS AND NOTICES

Any notice to the vendor/contractor shall be deemed sufficient when deposited in the United States mail postage prepaid, transmitted by facsimile, transmitted by e-mail or hand-carried and presented to an authorized employee of the vendor/contractor.

18. BANKRUPTCY OR INSOLVENCY

- a. Upon filing for any bankruptcy or insolvency proceeding by or against the contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the contractor must notify Purchasing immediately.
- b. Upon learning of any such actions, Purchasing reserves the right, at its sole discretion, to either cancel the contract or affirm the contract and hold the contractor responsible for damages.

19. INVENTIONS, PATENTS AND COPYRIGHTS

The contractor shall defend, protect, and hold harmless the State of Missouri, its officers, agents, and employees against all suits of law or in equity resulting from patent and copyright infringement concerning the contractor's performance or products produced under the terms of the contract.

20. NON-DISCRIMINATION AND AFFIRMATIVE ACTION

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall agree not to discriminate against recipients of services or employees or applicants for employment on the basis of race, color, religion, national origin, sex, age, disability, or veteran status unless otherwise provided by law. If the contractor or subcontractor employs at least 50 persons, they shall have and maintain an affirmative action program which shall include:

- A written policy statement committing the organization to affirmative action and assigning management responsibilities and procedures for evaluation and dissemination;
- b. The identification of a person designated to handle affirmative action;
- The establishment of non-discriminatory selection standards, objective measures to analyze recruitment, an upward mobility system, a wage and salary structure, and standards applicable to layoff, recall, discharge, demotion, and discipline;
- d. The exclusion of discrimination from all collective bargaining agreements, and
- e. Performance of an internal audit of the reporting system to monitor execution and to provide for future planning.

If discrimination by a contractor is found to exist, Purchasing shall take appropriate enforcement action which may include, but not necessarily be limited to, cancellation of the contract, suspension, or debarment by Purchasing until corrective action by the contractor is made and ensured, and referral to the Attorney General's Office, whichever enforcement action may be deemed most appropriate.

21. AMERICANS WITH DISABILITIES ACT

In connection with the furnishing of equipment, supplies, and/or services under the contract, the contractor and all subcontractors shall comply with all applicable requirements and provisions of the Americans with Disabilities Act (ADA).

22. FILING AND PAYMENT OF TAXES

The commissioner of administration and other agencies to which the state purchasing law applies shall not contract for goods or services with a vendor if the vendor or an affiliate of the vendor makes sales at retail of tangible personal property or for the purpose of storage, use, or consumption in this state but fails to collect and properly pay the tax as provided in chapter 144, RSMo. For the purposes of this section, "affiliate of the vendor" shall mean any person or entity that is controlled by or is under common control with the vendor, whether through stock ownership or otherwise. Therefore the vendor's failure to maintain compliance with chapter 144, RSMo, may eliminate their proposal from consideration for award.

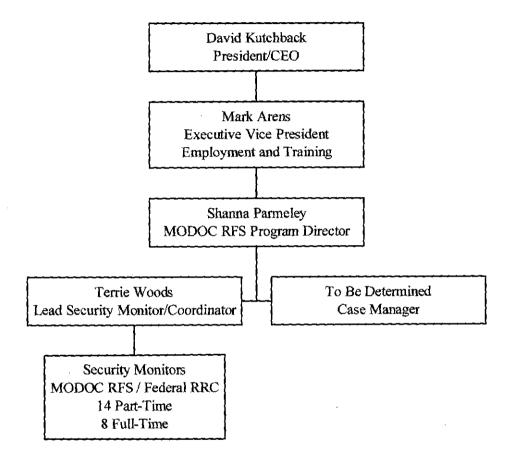
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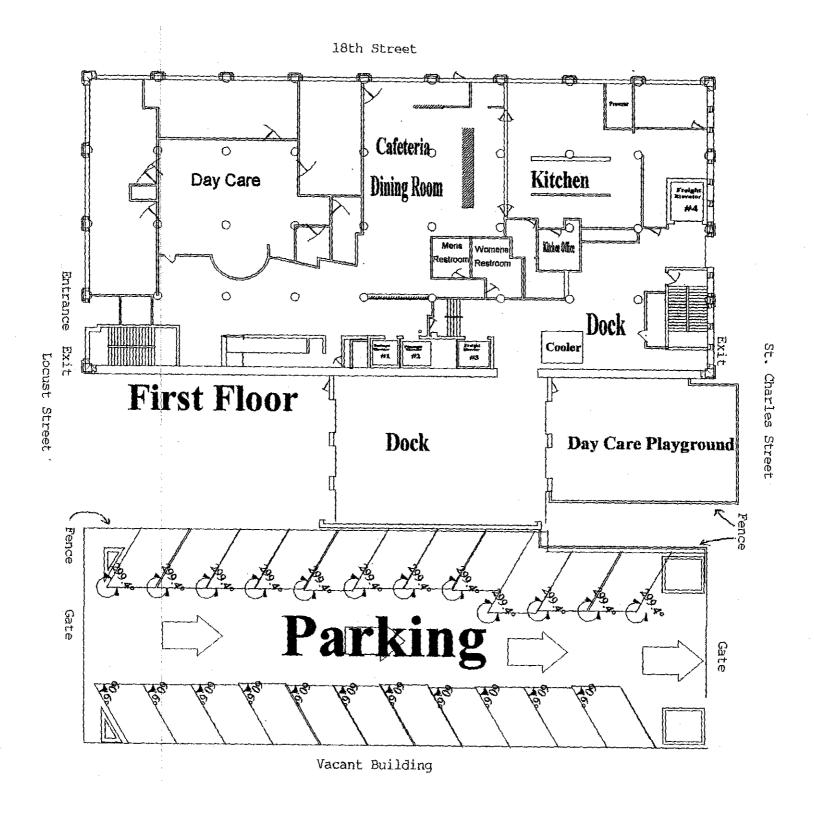
Titles of paragraphs used herein are for the purpose of facilitating reference only and shall not be construed to infer a contractual construction of language.

Revised 10-19-15

PERSONNEL ORGANIZATIONAL CHART

MERS Goodwill MODOC RFS Organizational Chart





727 LOCUST STREET - ALTERATIONS

SCOPE DF WORK: A.TERATIONS TO 3,770 SF ON THE SIXTH FLOOR AND 5,580 SF ON THE SEVENTH PLOOR.

OWNER; MERS GOODWILL

ARCHTECT: LLC. ISOMILER AHOMTECTS LLC. ISOMILER AHOMTECTS LLC. JEFTERSCALCITY, M.D. 185109 579-781-560

AFCHANGAL / STRUCTURAL ENGINEER: AEDERICA CASE ENGINEERING 786 MERUS CT. ST. LOUIS 6026

CONTRACTOR: COLL CONSTRUCTION COMPANY, INC. 225 E BADAKON AY COLLIMBIA, MO 65203

CHAPTER 1: ADMINISTRATION

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CHAPTER 2: DEFINITIONS

CONTRACTOR SHALL MAINTAIN ACCESS TO THE 2008 INTERNATIONAL BUILDING CODE FOR DEFINITIONS OF TERMS THAT MAY APPEAR IN THESE DOCUMENTS.

CHAPTER 3: USE AND OCCUPANCY CLASSIFICATION

CHAPTER 4: SPECIAL DETAILED REQUIREMENTS BASED ON USE AND OCCUPANCY OCCUPANDY USE GROUP: 5-2, LOW MAZABD STORAGE

CHAPTER 5: GENERAL BUILDING HEIGHTS AND AREAS

TYPE VS COMSTRUCTION - SEE CHAPTER 6

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ANNOTATION SYMBOLS

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(4) Window Number Schedule Marks

Sheet Number Section Cut

ABBREVIATIONS

CHAPTER 6: TYPES OF CONSTRUCTION

FIRE RATINGS FOR BUILDING FLEMENTS - VB CONSTRUCTION TYPE (TABLE 801)

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FIRE-RESISTANT MATERIALS & CONSTRUCTION CHAPTER 7

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CHAPTER 8; INTERIOR FINISHES

SECTION 803.5 - INTERIOR WALL AND CELLING FINISH SHALL HAVE A PLAME SPREAD WOFEN NOT DREATER THAN THAT SPECIFIED IN TABLE 803.5 (SEE BELOW).

Single Disease Total	COUNTY COMMISSION HOUSE	10 - VA
E aus.5 (SEE BELOW).	IBLE 893-5 INTERIOR WALL AND CENING FOTEIN INCH INTERIOR WALL AND CENING.	25,000

S AND D SPACES

CHAPTER 9: FIRE PROTECTION SYSTEMS

SECTION 803 - SPRINKLER SYSTEM NOT RECKURRED.

SECTION 806 - PORTABLE PRICEDINGUISHERS SHALL BE PROVIDED IN OCCUPANCIES AND LOCATIONS AG REQUISED BY THE INTERMITORIAL PRICEDIN INC SOCIAPICANCE A OLASSE 2 A THE EXTINGUISHER EVERY 75 OF TRANGL DISTANCE

SECTION DOZ - HIRE ALARM AND DELECTION SYSTEM NOT REQUIRED.

SECTION 912 - FIRE DEPARTMENT CONNECTIONS - RE, CIVIL, AND MEP DRAWINGS

CHAPTER 10: MEANS OF EGRESS

OCOUPANT LOAD: 12,000 SP/800 GROSS = 24 PECPLE. EXIT ACCESS TRAVEL (NSTANCE (IBC 2006, TABLE 10/16,1) 5-2 + 300

COMMON PATH OF EGRESS TRAVEL (IRC 2008, SECTYON 1014.3) 8-2 - 10/* EXCEPTION 2

SECTION 1019 2 EXITS RECUIRED

CHAPTER 11: ACCESSIBILITY

ACCESSIBLE PARKING SPACES PROVIDED - SEE CANL DRAWINGS

SECYON 1:10 SIGNAGE: REQUIRED ACCESSBELE LEMENTS SHALL BE IDENTIFIED BY THE INTRINATIONAL ENABLO, OF ACCESSBELE CALCHIOWING LOCATIONS: 1. ACCESSBELE PARSHOLD SHACES 2. ACCESSBELE PASSENGER LONG KONES 3. ACCESSBELE PASSENGER LONG STAND SHACES CALCES CALCESSBELE PASSENGER LONG STAND STAND SHACES CALCES CALCES CALCES SHACES CALCES C

CHAPTER 16; STRUCTURAL DESIGN

CHAPTER 27,28,29: ELECTRICAL, MECHANICAL SEE STRUCTURAL DRAWINGS

SEE MEP DHAWINGS.

	DRAWING INDEX
A0.1	BUILDING CCDE INPORTATION
40.2	ARE KEY
1,14	BTH FLOOR PLAN
~	TTH FLOOR PLAN
A.3	6TH PLOOR REPLECTED CENTING
+	TTH ROOM REPLECTED CELLING
A4.1	ENLARGED PLANS
74.2	ENLARGED PLANSAL EVATIONS
5.43	ENLARGED PLANSAL EVATIONS
Ne.	SCHEDULES
DM1.1	AN PLOOR DEMOLTRON PLAN
DM12	IZTH FLOOR DEMOUTION PLAN

Committee of the control of the cont

PROJECT GENERAL NOTES

SERIE DATE: 12-17-2103

Revision Schedule

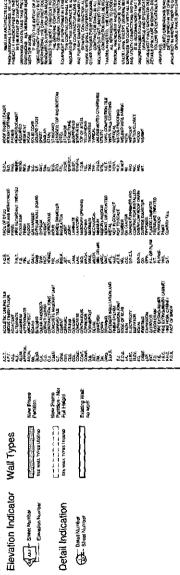
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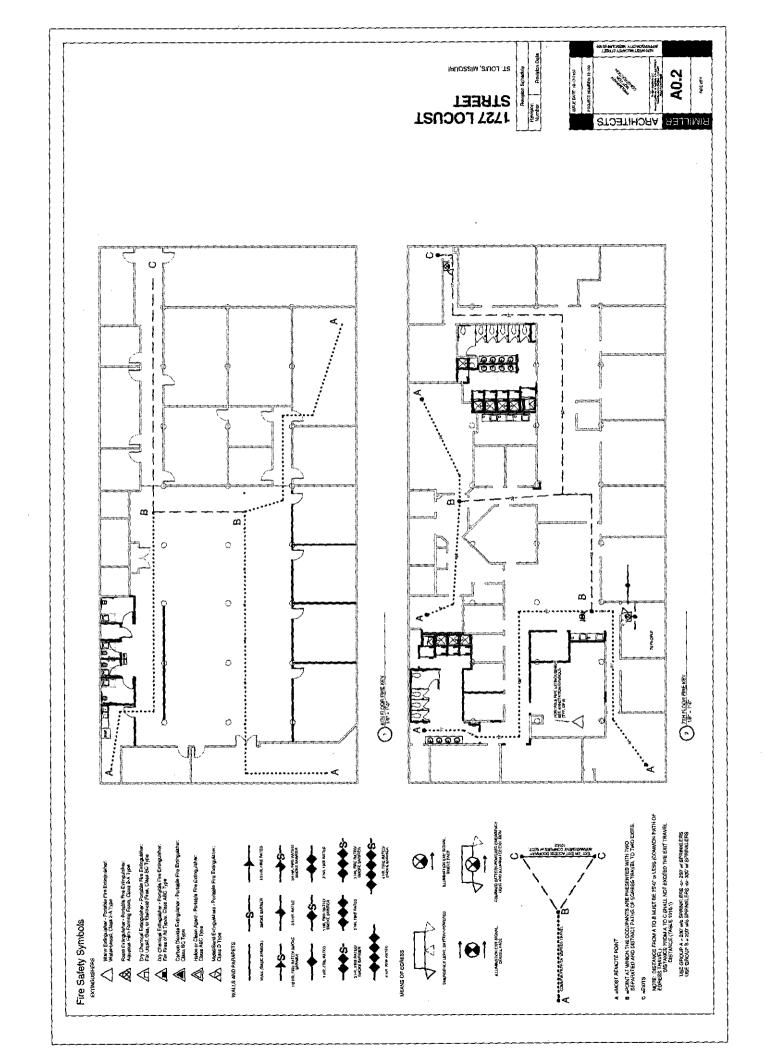
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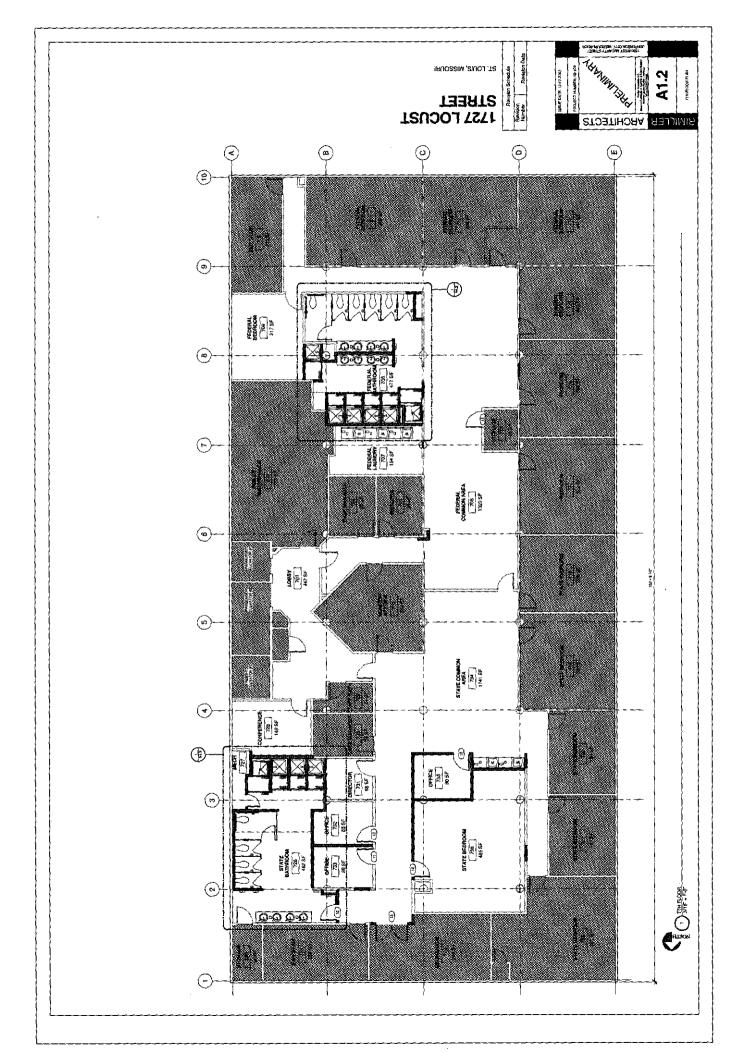
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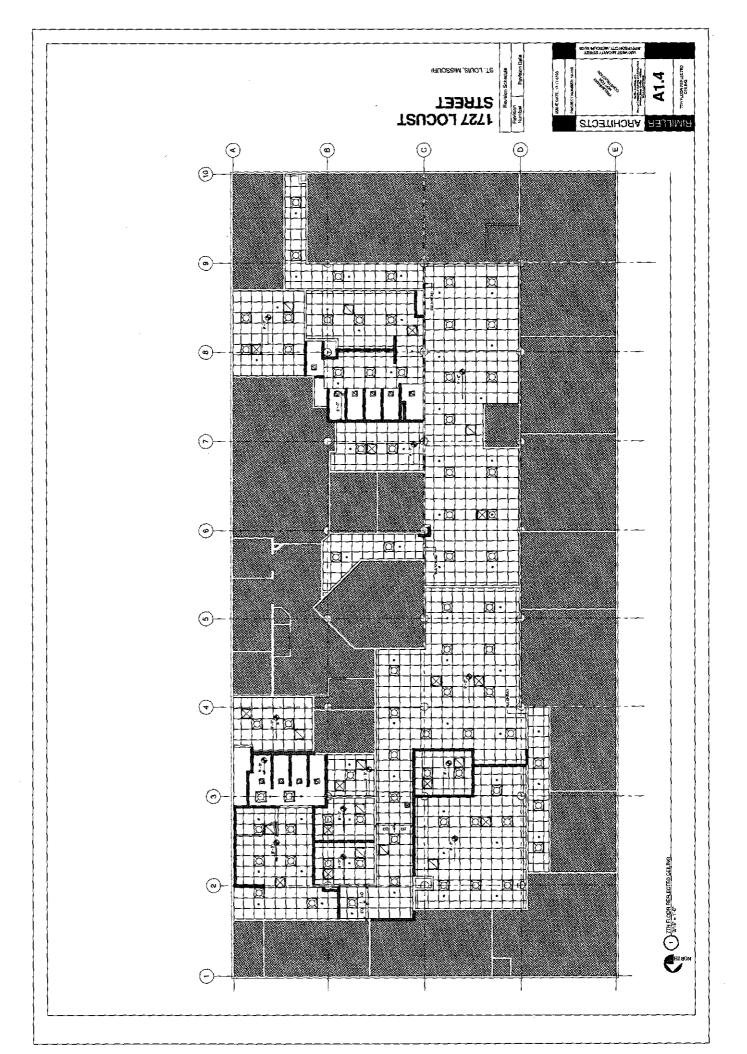
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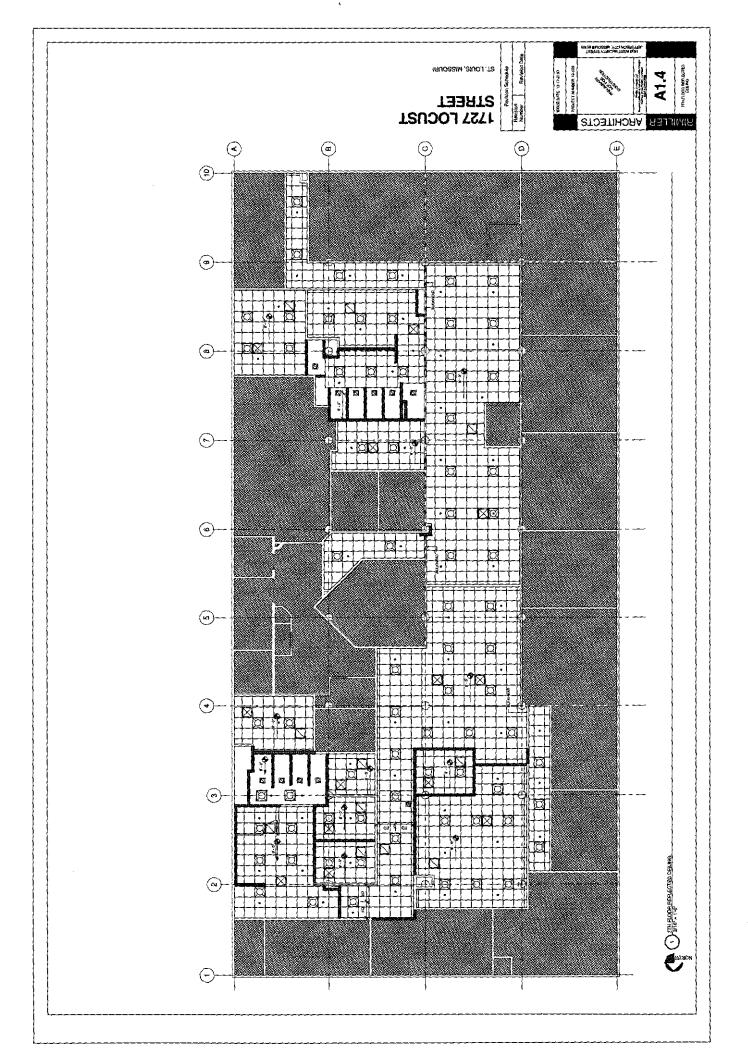
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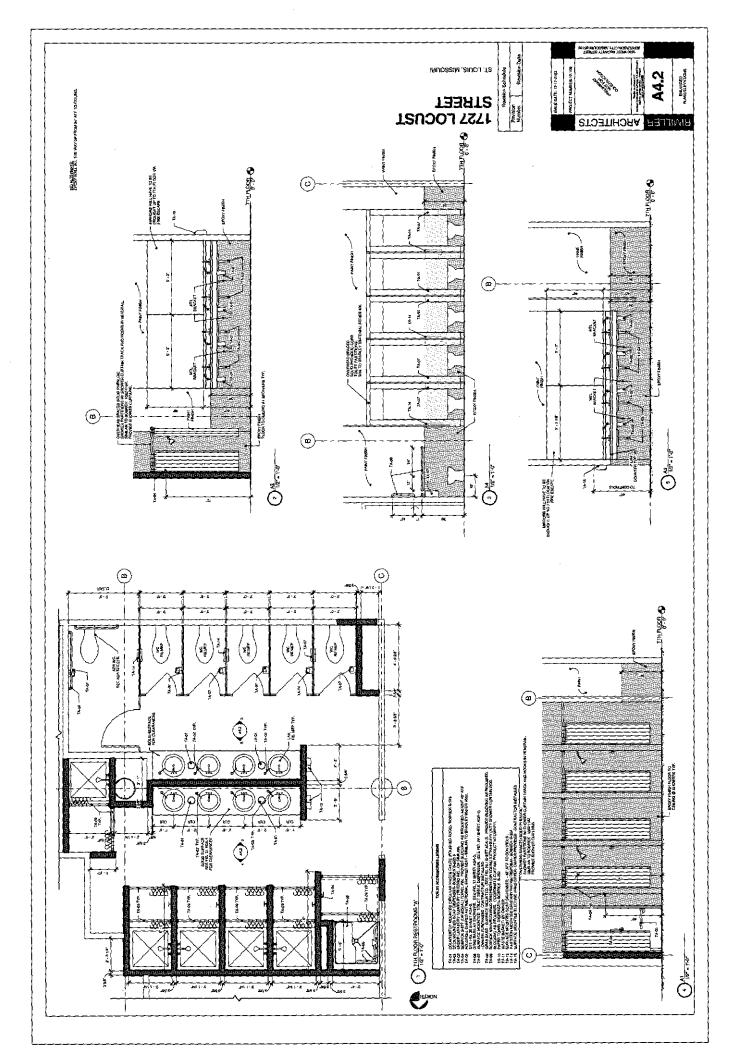


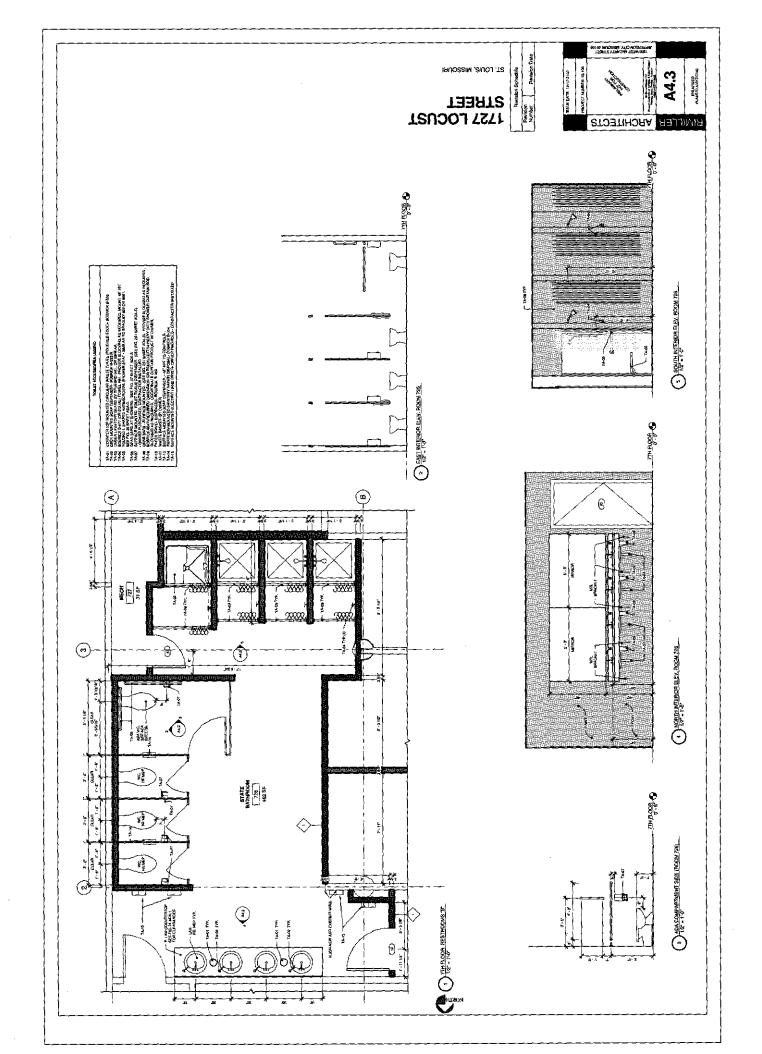














DIRECTOR OF PUBLIC SAFETY

City of St. Louis

DEPARTMENT OF PUBLIC SAFETY
DIVISION OF BUILDING AND INSPECTION
FRANCIS G. SLAY
MAYOR



FRANK OSWALD
BUILDING COMMISSIONER

February 16, 2016

David Kutchback Interim President/CEO MERS/Missouri Goodwill Industries 1727 Locust Street, St. Louis MO 63103

Re:

1727 Locust Street

CB 829

Dear Mr. Kutchback:

The referenced parcel, 1727 Locust Street in city block 829, is located in the "I" Central Business District. Permitted uses in the "I" District include: single-family through multiple-family dwellings, various retail shops, professional and general offices, wholesale businesses, restaurants, hotels and motels, and parking facilities.

According to available records, construction on this building was completed in 1909. As such, it meets the existing zoning code regulations of the City of Saint Louis. This is notwithstanding any improvements that may have been made without the proper permit from the City of Saint Louis Building Division.

In the event of fire or other disaster, the structure may be reconstructed under the existing zoning regulations for the City of Saint Louis.

You can obtain a copy of the Zoning Ordinances of the City of Saint Louis at the Registers Office in Room 118 of City Hall. The telephone number for that office is (314) 622-4145. The cost of the publication is \$13.40.

Information on permits is available in Room 425 of City Hall. The telephone number for that office is (314) 622-3313.

This letter solely addresses structures and uses permitted by the Zoning Ordinance of the City of Saint Louis.

Page 2 1727 Locust Street CB 829

In certain areas of the City there have been Chapter 99 RSMO Development Plans, Chapter 100 RSMO Development Plans and Chapter 353 RSMO Development Plans adopted by the City of Saint Louis Board of Aldermen. Certain provisions of these development plans recommend more restrictive use standards than the Zoning Ordinance of the City.

Additional zoning information may be obtained in Room 400 of City Hall, or by calling (314) 622-3666.

Sincerely,

Mary Hart Burton

Zoning Administrator

MHB/rpl



June 8, 2016

MERS / Goodwill 1727 Locust St. Louis, MO. 63103

RE: Missouri Department of Corrections

Dear Jeff,

The renovation of the 7th floor @ 1727 Locust Street was designed and constructed in accordance with 28 CFR part 35.151, the 2004 ADAAG and 2010 ADA Standards for Accessible Design. The 7th floor renovation project was completed, inspected and occupied in May of 2015. No alterations have been made to the 7th floor since the 2015 renovation, and in our opinion remain in compliance with ADA regulations.

Respectfully submitted,

Hauhar Kimiller

Matthew J. Rimiller, RA

Rimiller Architects, LLC.



STATE OF MISSOUR



Jason Kander Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

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

MERS/MISSOURI GOODWILL INDUSTRIES N00028561

was created under the laws of this State on the 6th day of January, 1933, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, this 16th day of July, 2015.

Secretary of State

Certification Number: CERT-07162015-0043



City of St. Louis

DEPARTMENT OF PUBLIC SAFETY DIVISION OF BUILDING AND INSPECTION FRANCIS G. SLAY MAYOR



CN 127235-98

DATE APRIL 27, 1998

CERTIFICATE OF OCCUPANCY AND ZONING

THIS CERTIFIES THAT THE UNIT PROPERTY AT

1727 LOCUST

HAS BEEN INSPECTED BY THE DIVISION OF

BUILDING AND INSPECTION AND HAS COMPLIED WITH APPLICABLE PROVISIONS OF ST.

LOUIS CITY ORDINANCES AS AMENDED, AS PERTAINING TO ITEMS LISTED BELOW AND MAY BE USED/OPERATED AS DESCRIBED.

CURRENT

__USE/TYPE __ZONING __

COMMERCIAL __ I CENTRAL BUSINESS DISTRIC

NAME CHANGE 08-22-03

USE GROUP 13

ISSUE TO: MERS/MISSOUTRI GOODWILL INDUSTRIES

FOR USE AS HALFWAY HOUSE 7TH FL (PMI)

2

BUILDING COMMISSIONER

METROPOLITAN EMPLOYMENT & REHAB SERVICE ANNETTE GROVE 1727 LOCUST 7TH FLOOR ST. LOUIS, MO 63103

City of St. Louis Fire Department Bureau of Fire Prevention

FIRE COMPLIANCE CERTIFICATE

No AO-463049

Date: 5/12/2015

Type:

ANNUAL

Granted to: MERS

1727

LOCUST

63103

GOODWILL

OFFICE/ LIBRARY (5 FLOOR) PMT

To Whom it may concern

Upon witness by an authorized representative of the St. Louis Fire Marshal's Office of the aforementioned premises this CERTIFICATION is hereby granted. This certification is issued and accepted on the condition that all provisions now adopted or that may hereafter be adopted, shall be complied with.

This Certification expires

5/12/16

Firefighter/inspector

N. COLEMAN

Remarks

This certification does not take the place of any license required by law and is not transferable. Any changes in the use or occupancy of this premises shall require a new certification.

THIS CERTIFICATE MUST BE POSTED ON THE PREMISES MENTIONED ABOVE AT ALL TIMES

Fire Marshal City of St. Louis

City of St Louis Payments PO BOX 14702 St. Louis, MO 63178

REFERENCE NO: 7144

MERS MISSOURI GOODWILL METROPOLITAN EMPLOYMENT 1727 LOCUST ST ST LOUIS, MO 63103

CITY OF SAINT LOUIS EDEPARTMENT OF HEALTH

Establishment:

7144

METROPOLITAN EMPLOYMENT 1727 LOCUST ST (63103)



Date Issued:

Mar 14 2016

Permit #:

ABAD-A82MMS

Expiration Date: 05/31/2017



HEALTH PERMIT to operate a FOOD SERVICE ESTABLISHMENT -- Dine-in Establishment --



IN THE CITY OF ST. LOUIS, IN THE ABOVE DESCRIBED PREMISES, AS DEFINED BY ORDINANCE 68597, IS HEREBY GRANTED, TO REMAIN IN FORCE UNTIL SUSPENDED OR REVOKED BY THE HEALTH COMMISSIONER FOR CAUSE, OR UNTIL EXPIRATION DATE.

ATTEST

Jeanine Amighi

Chief, Bureau of Environmental Health

BY ORDER OF:

Melba R. Moore, MS, CPHA Health Commissioner

City of Saint Louis

HOTEL/MOTEL

430652657

BUSINESS TYPE:

HOTELS AND MOTELS

TERM OF LICENSE:

ROM

TO

01/31/12

02/01/11 LICENSE# L CO

DATE ISSUED

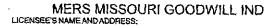
LC9643638

DATE IOCOLL

02/22/11

FEE PAID

19.50



MERS/MISSOURI GOODWILL INDUSTRIES ATTEN; ACCTS PAYABLE 1727 LOCUST ST ST LOUIS MO 63103



POST AT LOCATION LICENSED

If this is not a Business License the following applies:
Pursuant to city ordinances and conditioned upon payment of
the required fee or tax due, subject to audit and zoning requirements, license is hereby granted for the term and purpose stated.

If this is a Business License, the following applies: The City of Saint Louis: To all who shall see these presents, greeting: Know ye that the licensee, having paid to the City of Saint Louis the sum stated above, being the tax and license upon the licensee as a business, therefore, the said licensee is hereby authorized to sell any goods, wares, services and merchandise of any description, except as otherwise provided by ordinance at any one store, stand or place of business within the City, for the year ending as stated above. In testimony whereof, I, the comptroller of the City of Saint Louis have hereunto set my hand.

Same of May REGISTER

Malen Hun-COMPTHOLLER

Michael The Thillen

LOCATION 1727 LOCUST ST ST LOUIS MO 63103

485834



COMBINED FINANCIAL STATEMENTS
DECEMBER 31, 2015 AND 2014

TABLE OF CONTENTS

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INDEPENDENT AUDITORS' REPORT	1 - 2
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COMBINED STATEMENTS OF CASH FLOWS	7
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SCHOWALTER & JABOURI, P.C.

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS

11878 GRAVOIS ROAD ST. LOUIS, MISSOURI 63127 (314) 849-4999 FAX (314) 849-3486

PINANCIAL SERVICES COMPUTER SOLUTIONS ADMINISTRATIVE OFFICES

11777 GRAVOIS BOAD ST. LOUIS, MISSOURI 69127 (314) 843-2929 FAX (314) B42-3453

INDEPENDENT AUDITORS' REPORT

To the Board of Directors MERS/Missouri Goodwill Industries and Affiliates St. Louis, Missouri

Report on the Financial Statements

We have audited the accompanying combined financial statements of MERS/Missouri Goodwill Industries and Affiliates (a non-profit organization) (collectively the "Agency") which comprise the combined statements of financial position as of December 31, 2015 and 2014, and the related combined statements of activities, functional expenses, and cash flows for the years then ended, and the related notes to the combined financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in Government Audited Standards. issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement. The financial statements of Missouri Goodwill Industries Services Corporation and Service for Extended Employment and Development, Inc. were not audited in accordance with Government Auditing Standards.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Agency's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Agency's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the combined financial statements referred to above present fairly, in all material respects, the financial position of MERS/Missouri Goodwill Industries and Affiliates as of December 31, 2015 and 2014 and the changes in their net assets and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Other Reporting Required By Government Auditing Standards

in accordance with Government Auditing Standards, we have also issued our report dated March 17, 2016, on our consideration of the Agency's internal control over financial reporting and our tests of its compliance with certain provisions of laws, regulations, contracts and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering the Agency's internal control over financial reporting and compliance.

St. Louis, Missouri March 17, 2016

COMBINED STATEMENTS OF FINANCIAL POSITION DECEMBER 31, 2015 AND 2014

ASSETS	-	2015	-	2014
Current Assets				
Cash and cash equivalents	\$	5,978,539	\$	13,171,442
Accounts receivable (net of allowance for potentially				
uncollectible accounts of \$141,316 and \$195,405 as of				
December 31, 2015 and 2014, respectively)		4,426,591		4,235,065
Promises to give		702,472		677,472
Inventories		2,809,834		2,476,701
Prepaid expenses		544,148		254,763
Investments	_	14,623,705		15,132,234
Total Current Assets		29,085,289	_	35,947,677
Other Assets		59,664		211,980
Beneficial interest in split interest agreements		1,262,227		1,331,105
Property and equipment, net		38,083,632		28,643,433
Construction in progress		2,680,198		1,512,571
Investments	-	80,498		103,168
Total Assets	· • • • • • • • • • • • • • • • • • • •	71,251,508	, \$ _	67,749,934
LIABILITIES AND NET ASSETS				
Current Liabilities		•		
Accounts payable	\$	3,848,644	\$	2,160,214
Accrued expenses		3,802,481		3,668,751
Deferred revenue	_	573,743		574,504
Total Current Liabilities	•	8,224,868		6,403,469
Net Assets				
Unrestricted		60,991,178		59,141,200
Temporarily restricted		2,035,462		2,205,265
Total Net Assets		63,026,640		61,346,465
Total Liabilities and Net Assets	\$_	71,251,508	\$	67,749,934

COMBINED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

		5		
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Public Support				
Contributions of inventory	\$ 57.035,281 \$	· - \$	· ~ \$	57,035,281
Associated organizations	÷.	723,424	**	723,424
Other contributions	911,074	24,050		935,124
Total Public Support	57,946,355	747,474	*	58,693,829
Revenue				
Stores and salvage sales	68,661,696	··· /	*.	68,661,696
Contract services	5,277,826	•	29 48 X	5,277,826
Employment and training	21,014,446	∵#		21,014,446
Sheltered workshop	1,100,370	•		1,100,370
Other program services	1,826,858	.**		1,826,858
Investment (loss) income	(443,809)	(68,878)	.=	(512,687)
Miscellaneous	35,117		-	35,117
Total Revenue	97,472,504	(68,878)		97,403,626
Net Assets Released from Restrictions	848,399	(848,399)	·	
Total Public Support and				
Revenue	156,267,258	(169,803)	*	156,097,455
Expenses				
Program Services				
Stores and salvage	116,709,200	~	. ***	116,709,200
Contract services	4,926,518	*	-	4,926,518
Employment and training	20,627,980	-	uių.	20,627,980
Sheltered workshop	1,113,761	- :	-	1,113,761
Other services	1,844,393	_		1,844,393
Total Program Services	145,221,852	-	*	145,221,852
Supporting Services				
Management and general	6,466,871	**		6,466,871
Fundraising	2,728,557	×4		2,728,557
Total Supporting Services	9,195,428	-	.**	9,195,428
Total Expenses	154,417,280		-	154,417,280
Change in Net Assets	1,849,978	(169,803)	*	1,680,175
Net Assets, Beginning of Year	59,141,200	2,205,265		61,346,465
Net Assets, End of Year	\$ 60,991,178	2,035,462	<u> </u>	63,026,640

		2014		
	*. 	Temporarily	Permanently	
	Unrestricted		Restricted	Total
Public Support				
Contributions of inventory	\$ 56,316,940)·\$*	\$	\$ 56,316,940
Associated organizations	:	698,399	ws.	698,399
Other contributions	1,571,200	385,181	<u></u>	1,956,381
Total Public Support	57,888.140	1,083,580		58,971,720
Revenue				
Stores and salvage sales	65,180,196	.	· ye :	65,180,196
Contract services	6,963,008	ş — — — — — — — — — — — — — — — — — — —	-	6,963,008
Employment and training	19,619,528	•	-	19,619,528
Sheltered workshop	969,593	-	*	969,593
Other program services	1,665,564	•	- A	1,665,564
Investment income	868,116	54,398	-	920,516
Miscellaneous	673,636	<u> </u>	-	673,638
Total Revenue	95,937,645	54,398	- -	95,992,043
Net Assets Released from Restrictions	892,781	(892,781)	*	
Total Public Support and				
Revenue	154,718,566	245,197	-	154,963,763
Expenses				
Program Services				the second se
Stores and salvage	107,561,869		•	107,561,869
Contract services	6,619,614		-	5,619,614
Employment and training	20,074,726	*	•	20,074,726
Shellered workshop	952,520	,	•	952,520
Other services	1,918,891	*		1,918,891
Total Program Services	137,127,620			137,127,620
Supporting Services	eu un factoriale			
Management and general	5,700,410		<u>2</u>	5,700,410
Fundraising	2,558,925		-	2,558,925
Total Supporting Services	8,259,336	<u> </u>	-	8,259,33
Total Expenses	145,386,95	3	*	145,386,95
Change in Net Assets	9,331,611	245,197	-	9,576,80
Net Assets, Beginning of Year	49,809,589	1,960,068	*.	51,769,657
Net Assets, End of Year	\$ 59,141,200	3 2,205,265	Š	\$ 61,346,465

The Notes to Combined Financial Statements are an integral part of these statements.

COMBINED STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2015

				Prograi	n S	ervices	u	
	- ش	Stores and Salvage	- ; :	Contract Services	к -	Employment and Training	_	Sheltered Workshop
Salaries and Wages	\$	26,708,844	\$	3,238,022	\$	11,724,792	\$	698,504
Employee Welfare		6,117,660		214,182		2,639,769		87,098
Payroll Taxes		3,187,151		267,122		1,059,477		57,408
Total Salaries and	***		_					
Related Expenses	-	36,013,655	÷ ::	3,719,326		15,424,038	<u></u>	843,010
Cost of Donated Goods Sold		56,652,695				in.		÷
Professional Fees and Contracts		1,452,144		530,135		556,492		88,123
Inventories and Supplies		7,528,059		393,469		339,629		19,833
Telephone		329,680		34,047		400,005		3,329
Postage and Shipping		528,848		42		57,389		658
Occupancy		7,755,154		23,580		868,784		130,467
Rental and Maintenance of Equipment		2,161,208		11,246		59,906		6,310
Local Transportation		601,050		57,285		511,449		9,578
Printing and Publications		54,518		•		4,538		329
Dues to Goodwill Industries								
International				-		***		*
Insurance		551,094		75,758		300,598		13,525
Interest and Bank Fees		843,093		1,621		3,826		770
Client Services		23,755		÷		1,156,608		31
Miscellaneous Expense (Income)		59,828		79,813		883,148		(10,114)
Bad Debt Expense (Recovery)		24,954		(25,190)		(46,004)		: **
Depreciation	, i	2,129,465	<u>.</u>	25,388		107,574	".lum	7,912
Total Expenses	\$_	116,709,200	\$ _	4,926,518	\$_	20,627,980	\$_	1,113,761

						Su	pporting Service	es_	·	,	
	Other Services		Total	•	Management and General		Fundraising		Total		Total
\$	1,039,066	Ś	43,409,228	\$	3,629,723	\$	425,941	\$	4,055,664	\$	47,464,892
*	243,729	•	9,302,438		459,027		68,851		527,878		9,830,316
	87,237		4,658,395	,	202,602		160,664		363,266	-	5,021,661
-	1,370,032		57,370,061	,	4,291,352		655,456		4,946,808		62,316,869
	-		56,652,695		•				· **		56,652,595
	75,807		2,702,501		1,265,491		80,191		1,345,682		4,048,183
	277,122		8,558,112		163,731		6,292		170,023		8,728,135
	12,898		779.959		79,646		3,634		63,280		863,239
	20		586,957		37,252		2,830		40,082		627,039
	<u>.</u>		8,777,985		322,046				322,046		9,100,031
	15,709		2,254,379		156,443		47		156,490		2,410,869
	7,690		1,187,052		67,574		4,611		72,185		1,259,237
	*		59,385		7,493		1,956,346		1,963,839		2,023,224
	•••		**		167,544		· ***		167,544		167,544
	**		940,973		148,525		1,752		150,277		1,091,250
	1,296		850,606		1,833				1,833		852,439
	26,335		1.206,729				` **		•		1,206,729
	(2,361)		1,010,314		(585,154)		15,272		(569,882)		440,432
	223		(46,017)				:+				(45,017)
_	59,822		2,330,161		343,095		2,126		345,221	_	2,675,382
\$	1,844,393	\$	145,221,852	\$	6,466,871	5	2,728,557	\$	9,195,428	\$	154,417,280

COMBINED STATEMENT OF FUNCTIONAL EXPENSES FOR THE YEAR ENDED DECEMBER 31, 2014

	Program Services							
	×em	Stores			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Employment		
		and		Contract		and		Sheltered
	,	Salvage		Services	ني ي	Training		Workshop
Salaries and Wages	\$	23,821,133	\$	4,193,249	\$	10,829,132	5	600,439
Employee Welfare		2,869,877		114,826		2,622,250		84,680
Payroli Taxes		2,828,788		501,311		1,273,616		71,158
Total Salaries and	:##		نيە ⊷		y ; ,,,,,		* :*	
Related Expenses		29,519,798	_	4,809,386		14,724,998		756,277
Cost of Donated Goods Sold		56,206,785		- .980)				,••
Professional Fees and Contracts		1,363,064		889,538		446,496		30,331
Inventories and Supplies		6,160,954		498,669		293,811		12,307
Telephone		400,661		51,141		419,029		3,783
Postage and Shipping		464,714		82		75,284		661
Occupancy		7,706,046		24,835		856,232		123,754
Rental and Maintenance of Equipment		1,625,682		15,646		84,044		16,102
Local Transportation		839,726		88,522		527,379		7,663
Printing and Publications		7,247		125		3,261		
Dues to Goodwill Industries						-		~
Insurance		505,268		90,485		242,594		12,795
Interest and Bank Fees		867,497		1.579		1.977		776
Client Services		24.005		···•···		1,325,356		54
Miscellaneous Expense (Income)		136,345		78,905		854,472		(24,907)
Bad Debt Expense		2,334		37,200		93,976		1,769
Depreciation	-	1,731,543	-	33,501		125,817	, <u>.</u>	11,155
Total Expenses	\$	107,561,869	\$	6,619,614	\$	20,074,726	\$	952,520

					Supporting Services						
	Other Services		Total		Management and General	Fundralsing			Total	· ·	Total
S	1,011,699	S:	40,455,652	5 .	2,945,501	\$	453,287	\$	3,398,788	\$	43,854,440
	256,235	_	5,947,868		475,359		65,256		540,615		6,488,483
:	120,475		4,795,348		294,148	-	49,279		343,427	_	5,138,775
- 244-4	1,388,409		51,198,868	,: a	3,715,008		567,822		4,282,830		55,481,698
	**-		56,206,785	•					:#		56,206,785
	89.602		2,819,031		1,039,464		76,371		1,115,835		3,934,866
	298,353		7,264,094		138,896		3,788		142,684		7,406,778
	12,224		886,838		94,285		4,673		98,958		985,796
	10		540,751	36,890		3,665			40,555		581,306
	-	· · · · · · · · · · · · · · · · · · ·	8,710,867	334,890	· .		334,890		9,045,757		
	33,121		1,774,795		106,361		*		106,361		1,881,156
	8,697		1,471,987		71,273		4,083		75,356		1,547,343
	•		10,633		26,759		1,862,546		1,889,305		1,899,938
	•		- 851,142		164,916	1,907	*		164,916		164,916
	; - -				129,088		1,907		130,995		982,137
	1,295		873,124		73,848			73,848		946,972	
	25,570		1,374,985		e t ic	*		.=		1,374,985	
	(3,056)		1,041,759		(517,000)	29,819	29,819		(487,181)	<u> -</u>	554,578
	3,973		139,252		**				-	-	139,252
	60,693	_	1,962,709		285,732	****	4,251	; ; ,,,,,	289,983		2,252,692
5	1,918,891	\$	137,127,620	\$	5,700,410	\$	2,558,925	\$	8,259,335	\$	145,386,955

COMBINED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED DECEMBER 31, 2015 AND 2014

		2015	2014
Cash Flows from Operating Activities	_		, , , , , , , , , , , , , , , , , , ,
Change in net assets	\$	1,680,175	9,576,808
Adjustments to reconcile change in net assets to			
net cash provided by operating activities			·
Depreciation and amortization		2,675,382	2,252,692
Gain on disposal of equipment		Heir	(1,318)
Change in value of investments		531,199	(974,718)
Change in value of split-interest agreements		58,878	(54,398)
Changes in assets - (increase) decrease			
Accounts receivable		(191,526)	711,918
Promises to give		(25,000)	*
Inventories		(333, 133)	(174,890)
Prepaid expenses		(289,385)	246,248
Other assets		152,316	(2,289)
Changes in liabilities - increase (decrease)			
Accounts payable and accrued expenses		1,822,160	512,412
Deferred revenue	*****	(761)	79,473
Net Cash Provided by Operating Activities	* 3000	6,090,305	12,171,936
Cash Flows from Investing Activities			
Net proceeds from sale of property and equipment		awe ^{e*}	13,150
Payments for property and equipment and construction in progress		(13,283,208)	(10,645,228)
Net Cash Used in Investing Activities		(13,283,208)	(10,632,078)
Cash Flows from Financing Activities			on desired as a section of
Payments on long-term debt	-	.**	(1,541,050)
Net Cash Used in Financing Activities		· **	(1,541,050)
Net Decrease in Cash and Cash		in and and	ur andi.
Equivalents		(7,192,903)	(1,192)
Cash and Cash Equivalents, Beginning of Year	*****	13,171,442	13,172,634
Cash and Cash Equivalents, End of Year	: \$ _. =	5,978,539	13,171,442
Supplemental Disclosure of Cash Flow Information		_	
Interest Paid	\$_		98,170

NOTES TO COMBINED FINANCIAL STATEMENTS

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION

Nature of Organization

MERS/Missouri Goodwill Industries and Affiliates (the "Agency") is a not-for-profit corporation that provides for the vocational needs of people with disabilities and disadvantages. The Agency believes that work not only helps achieve financial stability but also helps with autonomy, self-reliance and confidence of the clients served. The Agency has become a significant provider of vocational rehabilitation services in Missouri. Revenues from the Goodwill stores assist with funding the Agency's employment and training programs.

Missouri Goodwill Industries Services Corporation ("MGIS") is a not-for-profit corporation established for the purpose of accounting for the Agency's contract services. MERS/Missouri Goodwill Industries and MGIS have commonality through board members. Certain administrative expenses are allocated to MGIS as a part of the combined financial statements.

Service for Extended Employment and Development, Inc. ("SEED") is a not-for-profit corporation established for the purpose of accounting for the Agency's vocational training for mentally and physically disabled individuals within a sheltered workshop environment. MERS/Missouri Goodwill Industries and SEED have commonality through board members. Certain administrative expenses are allocated to SEED as a part of the combined financial statements.

The Agency's primary sources of revenue are store and salvage sales, contract services, employment and training, sheltered workshop and contributions.

Principles of Combination

The accompanying combined financial statements include the following affiliated non-profit organizations: MERS/Missouri Goodwill Industries ("M/MGI"), Missouri Goodwill Industries Services Corporation ("MGIS") and Service for Extended Employment and Development, Inc. ("SEED"). All significant inter-entity transactions and account balances have been eliminated. The designation, "Agency", includes both affiliated organizations combined.

Basis of Accounting

The combined financial statements of the Agency have been prepared on the accrual basis of accounting.

Basis of Presentation

The combined financial statement presentation follows the recommendations of the Financial Accounting Standards Board ASC 958-210, Financial Statements of Not-For-Profit Organizations. Under ASC 958-210, the Agency is required to report information regarding its combined financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities. Estimates also affect reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

New and Emerging Accounting Pronouncements

In May 2015, the FASB issued Update 2015-07 "Fair Value Measurements (Topic 820 – Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)." This Update removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The requirements of this Update will be effective for fiscal years beginning after December 15, 2016.

In July 2015, the FASB issued Update 2015-11 "Inventory (Topic 330) – Simplifying the Measurement of Inventory." This Update requires that an entity measure inventory at the lower of cost and net realizable value, where net realizable value is the estimated selling prices in the ordinary course of business, less reasonably predictable costs of completion, disposal and transportation. Notably, subsequent measurement is unchanged for inventory measured using the last-in, first-out method or the retail inventory method. The amendments more closely align the measurement of inventory in United Stated Generally Accepted Accounting Principles ("U.S. GAAP") with the measurement of inventory in International Financial Reporting Standards ("IFRS"). The amendments are effective for fiscal years beginning after December 15, 2016. Moreover, the amendments should be applied prospectively, with earlier application permitted as of the beginning of an interim or annual reporting period.

In August 2015, the FASB issued Update 2015-14 "Revenue from Contracts with Customers (Topic 606) - Deferral of the Effective Date.* This Update will enable users to better understand and consistently analyze an entity's revenue across industries, transactions, and geographies. The largely principles-based guidance in this Update provides a framework for addressing revenue recognition issues comprehensively for entities that apply U.S. GAAP in addition to those entities that apply IFRS. Because the guidance in this Update is principles-based, it can be applied to all contracts with customers regardless of industry-specific or transaction-specific fact patterns. The objective of this update is to improve disclosures to help users of financial statements better understand the nature, amount, timing, and uncertainty of revenue that is recognized. The comprehensive disclosure package will improve the understandability of revenue, which is a critical part of the analysis of an entity's performance and prospects. Furthermore, this Update provides guidance for transactions that are not addressed comprehensively. The requirements in this Update will be effective for annual reporting periods beginning on or after December 15, 2018.

In February 2016, the FASB issued Update 2016-02 "Leases (Topic 842)." This update seeks to increase transparency and comparability among organizations by recognizing lease assets and lease liabilities on the balance sheet and by disclosing key information about leasing arrangements. Under the new guidance, Topic 842, a lessee will be required to recognize assets and liabilities for leases with lease terms of more than 12 months. Consistent with current GAAP, the recognition, measurement, and presentation of expenses and cash flows arising from a lease by a lessee will depend primarily on its classification as a finance or an operating lease. ASU No. 2016-02 will require both operating and finance leases to be recognized on the balance sheet. Additionally, the ASU will require disclosures to help investors and other financial statement users better understand the amount, timing, and uncertainty of cash flows arising from leases, including qualitative and quantitative requirements. The ASU contains some targeted improvements that are intended to align, where necessary, lessor accounting with the lessee accounting

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

model and with the updated revenue recognition guidance issued in 2014. The amendments are effective for fiscal years beginning after December 15, 2019, and for interim periods within fiscal years beginning after December 15, 2020. Early application is permitted.

Management is currently evaluating the impact, if any, of these pronouncements. Other pronouncements issued by the FASB or other authoritative accounting standards groups are not expected to be significant to the financial statements of the Agency.

Cash and Cash Equivalents

The Agency considers all temporary investments having maturities of three (3) months or less to be cash and cash equivalents.

Accounts Receivable

Accounts receivable is stated at the amount management expects to collect from outstanding balances. These balances consist primarily of billings for grants, contract revenues and employment and training revenues.

The carrying amount of accounts receivable is reduced by an allowance for doubtful accounts based on estimated losses that will be incurred in collection of all receivables. Management provides for probable uncollected amounts through a charge to earnings and a credit to a valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable. Management believes this method provides a proper recognition of bad debt expense in the period incurred. The allowance for doubtful accounts is \$141,316 and \$195,405 as of December 31, 2015 and 2014, respectively.

Promises to Give

Contributions related to promises to give are recognized when the donor makes an unconditional promise to give, and for conditional promises to give, only when the conditions on which they depend are substantially met and the promise becomes unconditional. These contributions are recorded as unrestricted, temporarily restricted or permanently restricted revenue depending on the existence or nature of any donor restrictions. Contributions and support that are restricted by the donor are reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction is met, temporarily restricted net assets are reclassified to unrestricted net assets. Promises to give that are expected to be collected within one (1) year are recorded at net realizable value. Promises to give that are expected to be collected in future years are measured at fair value using the present value of their estimated future cash flows.

Inventories

The Agency obtains most of its inventory from public donations and sells the donated merchandise in its retail sales activities. Donated inventory is valued at an estimated market value at the retail store level less gross profit based on estimates of inventory turnover at the retail stores. The Agency also purchases certain new items from commercial retailers at discounted retail value and records the purchased merchandise in inventory at cost.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Investments

The Agency's investments are stated at fair value except for the Agency's investment in a limited partnership, which is accounted for under the equity method. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussion of fair value measurements.

Interest, dividend, capital gain and royalty income is recorded on the accrual basis. Purchases and sales of securities are recorded on a trade-date basis. Realized gains and losses on disposals of investments are based on the historic cost of the securities sold using the specific identification method. Unrealized gains and losses on investment securities are based on the difference between the historic cost and the fair value on the measurement date of each investment. Net appreciation (depreciation) includes gains and losses on investments bought and sold as well as held by the Agency during the year.

Beneficial Interest in Split Interest Agreements

The Agency's beneficial interests in split-interest agreements with donors consist of interests in charitable remainder trusts, for which the Agency does not serve as trustee. Temporarily restricted contribution revenue related to these agreements is recognized when the Agency is notified of the split interest agreements existence, and then only after the agreement becomes irrevocable.

The Agency records its interest at fair value based on estimated future cash receipts. Initial recognition and subsequent adjustments to the assets' carrying values are reported as investment income in the accompanying combined financial statements.

Property and Equipment

Property and equipment is capitalized at cost if purchased and fair value if contributed, and depreciated over its useful lives using straight-line depreciation. Major renewals and betterments, which extend the useful lives of assets, are capitalized. Maintenance and repairs are charged to operations as incurred.

Items used for training purposes are expensed upon acquisition. At December 31, 2015 and 2014, all property and equipment are unrestricted.

Restricted and Unrestricted Public Support and Revenues

The Agency reports gifts of cash and other assets as unrestricted, temporarily restricted or permanently restricted depending on the existence and/or nature of any donor restrictions. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the Statement of Activities as net assets released from restrictions. When restricted revenue is received in the same reporting period in which it is spent, revenue is shown as unrestricted.

Donated Inventory, Materials and Services

Donated inventory and materials are recorded as contributions at estimated fair value based on the subsequent sale price of the items donated. Donated services are considered insignificant during the years ended December 31, 2015 and 2014.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Description of Program and Supporting Services

The following program and supporting services are included in the accompanying combined financial statements:

Program Services

Stores and salvage sales

Activity associated with the collecting, pricing and selling of merchandise through the retail stores.

Contract services

Services available to the public, including janitorial services.

Employment and training

Identifies employment and training goals and potential of clients as well as providing counseling, training and job placement services necessary to obtain employment.

Sheltered workshop

Provides paid work within a facility setting for clients who have been determined unable to work competitively in the community.

Other services

Includes residential services, transportation services for clients involved in programs and training and support for clients living independently in the community.

Supporting Services

Management and general

Includes the functions necessary to maintain an equitable employment program, ensure an adequate working environment, provide coordination and articulation of the Agency's program strategy, secure proper administrative functioning of the Board of Directors and manage the financial and budgetary responsibilities of the Agency.

Fundraising

Provides the structure necessary to encourage and secure financial support for the Agency through grants and contributions.

Expense Allocation

Expenses are charged to programs and supporting services on the basis of actual costs incurred by the specific program or supporting service, as well as on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Agency.

Printing and Publications

Printing and Publication costs are expensed as incurred. Printing and publication expense amounted to \$2,023,224 and \$1,899,938 for the years ended December 31, 2015 and 2014, respectively.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 1 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES AND NATURE OF ORGANIZATION (CONTINUED)

Tax Status

The Agency constitutes a qualified not-for-profit organization under Section 509(a) of the Internal Revenue Code and is, therefore, exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code.

Income Tax Uncertainties

The Agency follows "FASB Accounting Standards Codification 740-10, *Income Taxes – Overall*". The Agency has assessed its federal and state tax positions and determined that there were no unrelated business income taxes and no uncertainties or possible related effects that need to be recorded as of or for the years ended December 31, 2015 and 2014. The returns of the Agency for 2015, 2014, 2013 and 2012 are subject to examination by the respective taxing authorities generally for four (4) years after they were filed.

NOTE 2 ACCOUNTS RECEIVABLE

Accounts receivable consists of the following as of December 31:

		2015	٠,	2014
Grants Contract revenues Employment and training revenues Other	S	1,996,424 1,362,397 672,586 536,500	\$	1,690,901 1,500,459 671,605 567,505
Accounts receivable, gross Less allowance for doubtful accounts		4,567,907 (141,316)		4,430,470 (195,405)
Accounts receivable, net	\$	4,426,591	\$	4,235,065

At December 31, 2015 and 2014, respectively, 35% and 40% of accounts receivable were from two (2) customers.

NOTE 3 PROMISES TO GIVE

Promises to give include unconditional contributions from associated organizations of \$702,472 and \$677,472 at December 31, 2015 and 2014, respectively. Management expects to receive the cash for these promises within one year.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 4 INVESTMENTS

Investments consist of the following as of December 31:

	2015		2014	
Marketable securities	\$	5,448,857	\$	5,493,763
Exchange traded funds		454,874		•
Corporate fixed income		5,362,032		6,294,809
Managed futures		587,394		598,691
Hedge funds		2,368,944		2,445,650
Private equity		401,604		299,321
Mineral leases		67,750		80,165
Limited partnership	-	12,748		23,003
Total	\$	14,704,203	\$	15,235,402

Investments are as follows on the accompanying combined statements of financial position as of December 31:

		2015	2014
Investments, current	\$	14,623,705	\$ 15,132,234
Investment, long term		80,498	103,168
Total	_\$	14,704,203	\$ 15,235,402

Investment earnings (loss) consist of the following for the years ended December 31:

	2015		2014	
Interest	S	277,206	\$	280,122
Dividends		145,311		126,382
Capital gains		4,416		196
Other		8,502		13,867
Royalties		11,642		23,365
Net (depreciation) appreciation	•	(890,886)		422,382
Total	\$	(443,809)	\$	866,118

Investment fees reported in the combined statements of activities were \$49,113 and \$48,163 for the years ended December 31, 2015 and 2014, respectively.

NOTE 5 FAIR VALUE

FASB ASC 820, Fair Value Measurements and Disclosures, provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1 measurements) and the lowest priority to unobservable inputs (level 3 measurements). The three levels of the fair value hierarchy under ASC 820 are described below:

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 FAIR VALUE (CONTINUED)

Level 1	Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Agency has the ability to access
Level 2	Inputs to the valuation methodology include:
	Quoted prices for similar assets or liabilities in active markets; Quoted prices for identical or similar assets or liabilities in inactive markets; Inputs other than quoted prices that are observable for the asset or liability; Inputs that are derived principally from or corroborated by observable market data by correlation or other means.
	If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.
Level 3	Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value on a recurring basis. There have been no changes in the methodologies used at December 31, 2015 as compared to December 31, 2014 except as noted below.

Marketable Securities and Exchange Traded Funds: The fair value of marketable securities and exchange traded funds are valued using quoted market prices in active markets.

Corporate fixed income: Certain corporate fixed income securities (bonds) are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may not be observable, such as credit and liquidity risks.

Managed Futures: Open positions are valued using various mark to market accounting principles.

Hedge Funds: In the absence of quoted market prices, fair value of the hedge funds is determined by the General Partner based upon valuations of the underlying actively traded investments.

Private Equity: In the absence of quoted market prices, fair value is determined by the General Partner based upon valuations of the underlying illiquid and privately held investments.

Investment in Mineral Leases: For producing interests, fair value for December 31, 2015 was determined using 2015 production revenue times a factor of 4.50 and fair value for December 31, 2014 was determined using 2014 production revenue times a factor of 2.75. For nonproducing interests, the value was determined by determining net acreage owned in a particular tract, and multiplying net acreage by the most common bonus consideration that would be expected to be received. Properties that have been leased and are still in their primary terms are valued at 1.5 times leased bonus received.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 FAIR VALUE (CONTINUED)

Beneficial Interest in Split Interest Agreements: Valued based on discounted estimated future cash flows expected to be received.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Agency believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following tables set forth by level, within the fair value hierarchy, the Agency's assets at fair value as of December 31, 2015 and 2014:

2015		Total		Level 1	Lev	el 2	Lev	rel 3
Marketable securities								
Communications	\$	47,837	\$	47,837	\$	-	\$	-
Consumer	- T	933,229		933,229		ú		-
Energy		154,812		154,812		·		-
Finance		1,606,630		1,606,630		•		-
Healthcare		783,691		783,691		*		÷
Industrial		419,425		419,425		***		***
Minerals		209,330		209,330		-		-
Services		482,899		482,899				<u>.</u>
Technologies	*	811,004		811,004		*		, in contract of
Exchange traded funds								
Equities		454,874		454,874				
Corporate fixed income		5,362,032		***	5.38	2,032		•
Managed futures		587,394		:-		7,394		-
Hedge funds		2,368,944		•		8,944		**
Private equity		401,604		_		****** * . · ·	41	01,604
Mineral leases		67,750				-		57,750
Beneficial interest in		Of the					•	71)' TT
split interest agreements		1,262,227		·		-4.	1.2	52,227
Total		15,953,682	\$	5,903,731	C 2 3 4	8,370		31,581
lotal	3	15,955,002		3,503,731	9 0,0	-0,070	1,1,1 P	
2014	-	Total		Level 1	Lev	el 2	Lev	el 3
Marketable securities								
Communications	\$	58,882	\$	58,882	\$, *	\$. 16-1
Consumer	₩.	1,252,411	•	1,252,411		:0007	.*	> *
Finance		2,137,449		2,137,449		;eex:		-
Industrial		845,109		845,109		:••		-
Mineral		507,447		507,447				~
Technology				A . I				
Corporate fixed income		692 465		692,465		: * :		
		692,465 6.294.809		692,465	6.29	4.809		,3 99
		6,294,809		692,465		4,809 8 691		, and
Managed futures		6,294,809 598,691		692,465	59	8,691		;# ;#;
Managed futures Hedge funds		5,294,809 598,691 2,445,650		692,465	59		·20	# # #9 321
Managed futures Hedge funds Private equity		6,294,809 598,691 2,445,650 299,321		692,465	59	8,691		9,321
Managed futures Hedge funds Private equity Mineral leases		5,294,809 598,691 2,445,650		692,465 - - -	59	8,691		9,321 0,165
Managed futures Hedge funds Private equity		6,294,809 598,691 2,445,650 299,321	المنابث المنابث	692,465	59	8,691	E	
Managed futures Hedge funds Private equity Mineral leases Beneficial interest in		6,294,809 598,691 2,445,650 299,321 80,165	\$		59	8,691 5,650	E	30,165 31,105

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 5 FAIR VALUE (CONTINUED)

For the years ended December 31, 2015 and 2014, the changes in assets measured using significant unobservable inputs (Level 3) were as follows:

	Level 3 Assets Year Ended December 31, 2015				
	Private Equity	Mineral Leases	Beneficial Interest In Split Interest Agreements		
Balance, beginning of year Purchases Unrealized gains (losses) relating to instruments still	\$ 299,321 88,756	\$ 80,165	\$ 1,331,105		
held at the reporting date	13,527	(12,415)	(68,878)		
Balance, end of year	\$ 401,604	\$ 67,750	\$ 1,262,227		
	D	Level 3 Asse Year Ended ecember 31, 2	2014		
	Private Equity	Mineral Leases	Beneficial Interest In Split Interest Agreements		
Balance, beginning of year Purchases Unrealized gains (losses) relating to instruments still	\$ 122,528 174,843	\$ 161,000	\$ 1,276,707		
held at the reporting date	1,950	(80,835)	54,398		
Balance, end of year	\$ 299,321	\$ 80,165	\$ 1,331,105		

NOTE 6 BENEFICIAL INTEREST IN SPLIT INTEREST AGREEMENTS

The Agency is a beneficiary of a partial interest two charitable remainder trusts. The first trust entitles the Agency to five percent (5%) of the increase in market value of the trust investments and upon the death of all annuitants of the trust, the Agency will receive five percent (5%) of the remaining investment. The value of beneficiary interest in the charitable remainder trust decreased \$43,731 for the year ended December 31, 2015 and increased \$45,742 for the year ended December 31, 2014. At December 31, 2015 and 2014, the promise is valued at \$862,032 and \$905,763, respectively. Management expects to receive the investments from this trust within one (1) year.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 6 BENEFICIAL INTEREST IN SPLIT INTEREST AGREEMENTS (CONTINUED)

The second trust entitles the Agency to twenty percent (20%) of the net income of the Trust investments during the trust existence. Twenty-one (21) years after the death of all annuitants of the Trust, the Agency will receive twenty-eight and one-half percent (28.5%) of the Trust property and related income. The value of beneficiary interest in the charitable remainder trust decreased \$25,147 for the year ended December 31, 2015 and increased \$8,656 for the year ended December 31, 2014. At December 31, 2015 and 2014, the promise is valued at \$400,195 and \$425,342, respectively. Management expects to receive the investments from this trust within thirteen (13) years.

NOTE 7 PROPERTY AND EQUIPMENT

Property and equipment consist of the following:

	- 	2015	<u> </u>	2014
Land and buildings	\$	51,978,443	\$:	41,135,783
Equipment, furniture, and fixtures		14,461,777		13,234,580
		66,440,220		54,370,363
Less: Accumulated depreciation		(28,356,588)		(25,726,930)
**************************************	***************************************	38,083,632	*	28,643,433
Plus: Construction in progress	. 7	2,680,198	. « 	1,512,571
	\$_	40,763,830	\$	30,156,004

NOTE 8 NET ASSETS

Temporarily Restricted

Temporarily restricted net assets are subject to the following donor-imposed restrictions:

	2015	2014
Time restriction:		
Charitable Remainder Trust	\$ 1,262,227	\$ 1,331,105
United Way allocation for 2016 and 2015	681,520	656,520
Simon Foundation	52,452	178,581
Jewish Federation	20,952	20,952
Illinois Lions Club	489	489
Private Individuals/Foundations/Trusts	17,622	17,618
	\$ 2,035,262	\$ 2,205,265

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 8 NET ASSETS (CONTINUED)

Net assets were released from donor-imposed restrictions as follows:

	2015	2014
United Way allocation for 2015 and 2014	\$ 656,520	\$ 656,495
Simon Foundation	126,129	167,966
Jewish Federation	41,904	41,904
Coover Regional Grant		4,633
Illinois Lions Club	**	616
Private Individuals/Foundations/Trusts	23,846	21,167
	\$ 848,399	\$ 892,781

Permanently Restricted

The Agency had no permanently restricted net assets as of December 31, 2015 or December 31, 2014, respectively.

Unrestricted

Unrestricted net assets represent resources available for the support of operations, which have no donor imposed restrictions.

NOTE 9 DEFERRED COMPENSATION PLANS

The Agency adopted a defined contribution deferred compensation plan for certain key members of management who were actively employed with the Organization at January 1, 1996. Certain insurance policies were cancelled and the cash surrender values were transferred into the new plan. Vesting occurs on a graduated scale based on the years of service. The Agency's had no associated expense for the years ended December 31, 2015 and December 31, 2014. The total asset value of \$59,664 and \$211,980 is presented on the combined statements of financial position as other assets while the vested amount of \$59,664 and \$211,980 is included in accrued expenses as of December 31, 2015 and 2014, respectively.

The Agency has also adopted a tax-deferred annuity plan under Section 403(b) which allows eligible employees to make tax-deferred contributions. Eligible employees may contribute a percentage of their salaries up to the extent permitted by law. There is no employer match under this plan. The assets of this qualified Plan are held in trust and are appropriately not included in the combined financial statements.

The Agency also sponsors a qualified defined contribution plan under Section 401(a) of the Internal Revenue Code whereby the Agency makes contributions on behalf of eligible employees. Under this plan, employees are not allowed to make tax-deferred contributions. The Agency's associated expense amounted to \$926,375 and \$836,099 for the years ended December 31, 2015 and 2014, respectively. The assets of this qualified Plan are held in trust and are appropriately not included in the combined financial statements.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 10 LEASE COMMITMENTS

The Agency leases most of the buildings used for its retail stores and certain operating facilities and equipment under various renewable and non-renewable operating lease agreements, whose terms range from one (1) to twenty (20) years.

At December 31, 2015, minimum annual rental commitments are as follows:

2016	\$ 4,810,397
2017	4,021,483
2018	3,336,003
2019	2,795,128
2020	1,468,506
Thereafter	 4,934,249

\$ 21,365,766

Facility rent expense amounted to \$5,256,945 and \$5,341,729 as of December 31, 2015 and 2014, respectively.

NOTE 11 COMMITMENTS AND CONTINGENCIES

During the years ended December 31, 2015 and 2014, the Agency maintained a revolving loan agreement with its bank. The maximum credit limit through September 29, 2015 was \$3,200,000, at which time the maximum credit limit became \$7,000,000. Borrowings under the revolving loan are due on September 28, 2016 and September 29, 2015, respectively. Interest is payable monthly at the bank's LIBOR daily floating rate plus one and one-half percent (1.5%). At December 31, 2015 and 2014, the Agency had no outstanding balance on this line-of-credit, respectively.

Grants, bequests and endowments require the fulfillment of certain conditions as set forth in each instrument. Failure to fulfill the conditions could result in the return of the funds, or a portion thereof, to the grantors. Although that is a possibility, the Board believes the contingency is remote, since by accepting the grants and their terms, the Board has accommodated the objectives of the Agency to the provisions of these grants.

The Agency maintains a self-insurance program for its employees' health care costs. The Agency is liable for losses on claims up to \$75,000 per employee for the years ended December 31, 2015 and 2014, respectively. The aggregate potential liability for the Agency is \$13,329,000 and \$5,707,000 for the years ended December 31, 2015 and 2014, respectively. The Agency has insurance coverage for any losses in excess of such amount. Self-insurance costs are accrued based on claims reported as of December 31, 2015 and 2014, as well as an estimated liability for claims incurred but not reported. The total accrued liability for self-insurance costs was \$564,621 and \$412,112 at December 31, 2015 and 2014, respectively.

The Agency is routinely involved in certain litigation and EEOC claims incidental to its business. The ultimate outcome of all claims pending at December 31, 2015 cannot presently be determined. However, management believes the ultimate outcome will not have a material, adverse effect on the Agency's financial position or results of operations.

The Agency maintains cash balances at various banks. These banks provide the maximum protection under regulations issued by the Federal Deposit Insurance Corporation ("FDIC"). The Agency periodically maintains funds in excess of FDIC insurance limits.

NOTES TO COMBINED FINANCIAL STATEMENTS (CONTINUED)

NOTE 11 COMMITMENTS AND CONTINGENCIES (CONTINUED)

The Agency invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the combined financial statements.

The Agency has capital commitments for certain investments in the amount of \$315,420 as of December 31, 2015.

The Agency has entered into various contracts for construction and remodeling projects at various locations, of which approximately \$6,367,000 of work remains to be performed at December 31, 2015.

NOTE 12 AFFILIATION WITH GOODWILL INDUSTRIES INTERNATIONAL

The Agency is affiliated with Goodwill Industries International. The Agency paid dues to Goodwill Industries International amounting to \$167,544 and \$164,916 for the years ended December 31, 2015 and 2014, respectively.

NOTE 13 SUBSEQUENT EVENTS

Subsequent events have been evaluated by management through March 17, 2016, the date the combined financial statements were available to be issued.



MERS/Goodwill Residential Reentry Center and State Halfway House

PREA Policy and Procedure

Original Effective Date: 3/3/15 Revision Date: 5/29/15

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Purpose

To ensure the prevention, detection, reporting, response, and retention of records relating to an incident of sexual abuse/harassment of any resident by a resident, contractor, volunteer, staff, or visitor within the MERS/Goodwill Residential Re-Entry Center and State Halfway House.

Applicability

MERS/Goodwill residential facility to include the Residential Re-Entry Center and State Halfway House programs.

Policy

MERS/Goodwill Residential Re-Entry Center and State Halfway House (together herein referred to as "the facility") maintain a zero-tolerance policy on sexual abuse and harassment to promote a safe and humane environment, free from sexual violence and misconduct for residents. All staff and volunteers must immediately report any knowledge, suspicion, or information regarding an incident of sexual abuse/harassment or staff sexual misconduct that occurred in the facility. If the facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it must take immediate action to protect the resident. The facility investigates all matters of sexual abuse/harassment/staff sexual misconduct vigorously through facility supervisory staff, the Federal Bureau of Prisons, Missouri Department of Corrections Division of Probation and Parole, and outside law enforcement, as directed by the incident.

- A. Residents, staff, visitors, volunteers, or any other individuals who have business with the facility are subject to disciplinary action and/or criminal sanctions, including dismissal or termination, if determined to have engaged in sexual abuse/harassment/staff sexual misconduct of a resident. A violation of this policy may result in termination from MERS/Goodwill.
- 8. All individuals entering the facility are given information on the facility's zero-tolerance policy regarding sexual abuse and sexual harassment and sign a PREA Zero-Tolerance Acknowledgement (Attachment A), which is retained in staff files (when applicable) and the facility's PREA Compliance file.
- C. Residents, staff, and others deemed necessary by administration receive training on sexual abuse/harassment/staff sexual misconduct prevention, detection, and the facility's response plan.
- D. The facility maintains multiple ways for residents and staff to report allegations of sexual abuse/harassment/staff sexual misconduct perpetrated by other residents, staff, or volunteers. A qualified interpreter is provided for a resident who has a disability that impacts her ability to communicate (such as a hearing impairment). Residents who do not speak and understand English are provided language interpretive services.
- E. A resident who alleges that she has been the victim of sexual abuse perpetrated by another resident, staff, or volunteer is offered access to psychological services, medical services, and a sexual abuse advocate. In cases of sexual harassment or staff sexual misconduct, residents have access to psychological services and educational materials.
- F. The facility maintains a PREA coordinator, who develops, implements and oversees facility efforts to comply with PREA standards.
- G. The facility follows the uniform policy and response plan as contained in this policy.
- H. All staff training relating to this Policy and Procedure is documented and retained in staff files, in each program's training file, and in the PREA Compliance File.

Definitions

A. General Definitions

<u>Facility</u>- the MERS/Goodwill residential facility for female residents, including both the Residential Re-Entry Center and State Halfway House programs.

<u>Gender nonconforming</u>- a person whose appearance or manner does not conform to traditional societal gender expectations.

<u>Intersex</u>- a person whose sexual or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or female.

<u>Medical practitioner</u>- a health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified medical practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

Mental health practitioner- a mental health professional who, by virtue of education, credentials, and experience, is permitted by law to evaluate and care for patients within the scope of his or her professional practice. A "qualified mental health practitioner" refers to such a professional who has also successfully completed specialized training for treating sexual abuse victims.

<u>Resident</u>- any individual residing in the MERS/Goodwill Residential Re-Entry and/or State Halfway House programs.

<u>Pat-down search</u>- a running of the hands over the clothed body of a resident by staff to determine whether the resident possesses contraband.

<u>Staff-</u> any individual employed by MERS/Goodwill in the Residential Re-Entry Center and/or State Halfway House programs.

<u>Strip search</u>- a search that requires a resident to remove or arrange some or all clothing so as to permit a visual inspection of the resident's breasts, buttocks, or genitalia to determine whether the resident possesses contraband.

Substantiated allegation- an allegation that was investigated and determined to have occurred.

<u>Transgender</u>- a person whose gender identity (i.e., internal sense of feeling male or female) is different from the person's assigned sex at birth.

Unfounded allegation- an allegation that was investigated and determined not to have occurred.

<u>Unsubstantiated allegation</u>- an allegation that was investigated and the investigation produced insufficient evidence to make a final determination as to whether or not the event occurred.

<u>Volunteer</u>- an individual who donates time and effort on a recurring basis to enhance the activities and programs of the facility.

B. Definitions Related to Sexual Abuse

Sexual abuse includes—

- 1. Sexual abuse of a resident by another resident; and
- 2. Sexual abuse of a resident by a staff member, contractor, or volunteer.

Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- 1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:

- 1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- 7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and
- 8. Voyeurism by a staff member, contractor, or volunteer.

<u>Voyeurism by a staff member, contractor, or volunteer</u> means an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is changing clothes in her room; requiring an inmate to expose her buttocks, genitals, or breasts outside of an approved strip search; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes—

- 1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
- Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

<u>Staff sexual misconduct</u> – the following acts when performed by a staff member, contractor, or volunteer when directed at a resident for the purpose of gratifying the sexual desire(s) of any person, encouraging a resident to engage in staff sexual misconduct:

- 1. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in this policy;
- 2. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident;
- 3. Voyeurism by a staff member, contractor, or volunteer;
- 4. Unwelcome sexual advances, or requests for sexual favors;
- 5. Dealing, offering, receiving, or giving favors or attention to an offender for purposes of grooming, bribing, or otherwise seeking to engage a resident in activities prohibited by policy;
- 6. Attempting to perform acts prohibited by this policy; and
- 7. Aiding or abetting another person to perform acts prohibited by this policy.

<u>Sexual abuse advocate</u>- an individual specifically trained to offer advocacy, support, crisis intervention, information, and referrals to a victim of sexual abuse.

<u>Sexual assault forensic examination</u> – a process performed by a sexual assault nurse examiner (SANE) during which the medical forensic history and evidence is obtained from the patient. The SANE must offer the offender information on sexually transmitted infections, other non-acute medical concerns, and assess the risk of pregnancy.

Procedures

A. Prevention

- 1. Staff Hiring and Promotion Decisions
 - a) The facility will not knowingly hire or promote anyone who may have contact with residents, and will not enlist the services of any contractor who may have contact with residents, who—
 - (1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. § 1997);
 - (2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or
 - (3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.
 - b) The facility will consider any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.
 - c) Before hiring new employees who may have contact with residents, the facility will:
 - (1) Obtain clearance for employment from the Federal Bureau of Prisons and Missouri Department Corrections Division of Probation and Parole based on the results of a criminal background records check for all security monitor staff;
 - (2) Obtain clearance for employment from the Federal Bureau of Prisons based on the results of a criminal background records check for all other Residential Re-Entry Center staff (eg Program Director, Case Manager, Social Services Coordinator);
 - (3) Obtain clearance for employment from the Missouri Department of Corrections Division of Probation and Parole based on the results of a criminal background records check for all other State Halfway House staff (eg Program Director, Case Managers); and
 - (4) Consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.
 - d) The facility will also perform a criminal background records check before enlisting the services of any contractor who may have direct contact with residents.
 - e) The facility will obtain annual clearance for employment based on background records check results on all security monitor staff and State Halfway House staff from the Missouri Department of Corrections Division of Probation and Parole. For all other facility staff, the facility will conduct criminal background records checks at least every five years of current facility employees who may have contact with residents.
 - (1) In the event annual background records check results are no longer made available for security monitor staff and State Halfway House staff by the Missouri Department of Corrections Division of Probation and Parole, the facility will conduct criminal background records checks at least every five years.

- f) The facility will also ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph a) of this section:
 - (1) In interviews for hiring or promotions using the PREA New Hire/Promotion Compliance Form (Attachment B); and
 - (2) As part of annual reviews for all current employees using the PREA Employee Annual Review Compliance Form (Attachment C).
- g) All facility staff are held to the continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.
- h) Unless prohibited by law, the facility will provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work.

2. Supervision and Monitoring

- a) The facility will maintain the number of security staff as outlined in its program contracts with the Federal Bureau of Prisons and Missouri Department of Corrections inside the facility at all times. For the purpose of resident meals, fire drills, and smoke breaks, other areas of the building such as the cafeteria are considered extensions of the facility to ensure ongoing supervision and monitoring of residents. Regardless of possible staffing requirement fluctuation by facility contractors, the number of security staff in the facility at any time will never fall below one (1) per contract. A minimum of one female staff person will be on duty in the facility at all times.
- b) In circumstances where the staffing plan is not complied with, the facility will document and justify all deviations from the plan. Documentation will be stored in the PREA Compliance File.
- c) The facility makes use of perpetual video monitoring throughout the facility, with the exception of resident bedrooms and restrooms. Areas under video surveillance include the security monitor station, common room areas, hallways, laundry room, restroom entrances, bedroom entrances, 1st floor and 7th floor elevators, and the cafeteria. The facility saves all video footage for a minimum of six months.
- d) Whenever necessary, but no less frequently than once each year, the facility will assess, determine, and document, using the PREA Review of Supervision and Monitoring (Attachment D), whether adjustments are needed to:
 - (1) The staffing plan established pursuant to paragraph a) of this section;
 - (2) Prevailing staffing patterns:
 - (3) The deployment of video monitoring systems; and
 - (4) The resources available to commit to ensure adequate staffing levels.

3. Upgrades to Facility and Technology

- a) When designing or acquiring any new facility and in planning any substantial expansion or modification of the existing facility, the facility will consider the effect of the design, acquisition, expansion, or modification upon the facility's ability to protect residents from sexual abuse.
- b) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, the facility will consider how such technology may enhance the facility's ability to protect residents from sexual abuse.

4. Limits to Cross-Gender Viewing and Searches

- a) Male staff members are not permitted to be alone in secluded areas with a resident. Male staff are not permitted to make rounds alone. They must be accompanied by another staff member on duty. Male staff members are to knock and announce themselves before entering a resident's bedroom. Another staff person must accompany the male staff member if entering a bedroom and remain with them until they have exited the bedroom. Male staff are not permitted to enter a resident restroom unless a female staff member has determined that no residents are present in the restroom at the time. A staff member must remain with the male staff member until they have exited the restroom.
- b) Cross-gender strip searches are strictly prohibited.
 - (1) No staff members are permitted to perform, view, or be present during strip searches or visual body cavity searches of a resident who is of different gender than that staff person.
 - (2) Strip searches must be performed by two staff members in a private setting, with the approval of the appropriate program director (program director or Security Monitor Supervisor in the case of a State Halfway House resident) and/or in accordance with the procedures and contract of the appropriate program.
 - (3) In the case of an identified intersex or transgender resident, the resident may designate, in writing, the sex of the staff member they prefer to perform the strip search. No staff member of the sex not designated may be present during the strip search or visual body cavity search of said resident. The written documentation will be maintained in the resident's case management file and in the PREA Manual located in the Security Monitor Station for staff to reference prior to initiating a search.
- c) Cross-gender pat-down searches are strictly prohibited
 - (1) No staff members are permitted to perform pat-down searches or visual body cavity searches of a resident who is of different gender than that staff person.
 - (2) Pat-down searches must be performed by a female staff member in accordance with the procedures of the corresponding program.
 - (3) In the case of an identified intersex or transgender resident, the resident may designate, in writing, the sex of the staff member they prefer to perform the pat-down search. The written documentation will be maintained in the resident's case management file and in the PREA Manual located in the Security Monitor Station for staff to reference prior to initiating a search.
- d) No staff member may search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status. If the resident's genital status is unknown, it may be determined during conversations with the resident or by reviewing medical records.
- e) The facility will train all security monitors on how to conduct pat-down and strip searches, including searches of transgender and intersex residents, in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs.
- f) Documentation of all pat-down and strip searches will be
 - (1) In accordance with the corresponding program's procedures; and
 - (2) Maintained in the PREA Manual located in the Security Monitor Station using the Pat-Down/Strip Search Log (Attachment E)

5. Residents with Disabilities and Residents who are Limited English Proficient

- a) The facility will take appropriate steps to ensure that residents with disabilities (including, for example, residents who are deaf or hard of hearing, those who are blind or have low vision, or those who have intellectual, psychiatric, or speech disabilities) have an equal opportunity to participate in or benefit from all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include
 - (1) For residents who are deaf or hard of hearing, providing access to an interpreter who is fluent in American Sign Language (ASL), who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary;
 - (2) The Missouri Department of Corrections Division of Probation and Parole will determine whether a resident under the State Halfway House program requires interpretive/ translation services due to a physical impairment or language barrier. The state agency will obtain and bear the financial responsibility for such services per program contract; and
 - (3) Residents of the Residential Reentry Center will receive language interpretive services coordinated by the facility, free of charge to the resident.
- b) The facility will take reasonable steps to ensure meaningful access to all aspects of the facility's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient, including steps to provide interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary.
 - (1) The Missouri Department of Corrections Division of Probation and Parole will determine whether a resident under the State Halfway House program requires interpretive/ translation services due to a physical impairment or language barrier. The state agency will obtain and bear the financial responsibility for such services per program contract.
 - (2) Residents of the Residential Reentry Center will receive language interpretive services coordinated by the facility, free of charge to the resident.

B. Responsive Planning

1. Evidence Protocol and Forensic Medical Examinations

- a) The facility will maintain a Memorandum of Understanding (MOU) with an outside facility for access to a Sexual Assault Nurse Examiner (SANE). In the event the facility is unable to obtain an MOU, the facility will retain documentation of attempt to obtain such. The MOU will be stored in the facility's PREA Compliance File and will provide for
 - (1) Evidence collection and/or forensic medical examinations to all residents who are victims of sexual abuse inside the facility or by facility staff, where evidentiary or medically appropriate and without financial cost to the victim; and
 - (2) The outside facility's SANE to follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions, based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011.
- b) The facility will maintain a MOU with a rape crisis center, which will make a victim advocate available to provide services to the victim. In the event the facility is unable to obtain an MOU, the facility will retain documentation of attempt to obtain such. As requested by the victim, the victim advocate will accompany and support the victim through the forensic medical examination process and investigatory

interviews and will provide emotional support, crisis intervention, information, and referrals. The MOU will be stored in the facility's PREA Compliance File.

2. Policies to Ensure Referrals of Allegations for Investigations

- a) The corresponding program Director will ensure that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.
- b) All allegations of sexual abuse or misconduct that involve potentially criminal behavior will be referred to the St. Louis City Police immediately upon learning of said allegations, pursuant to section F.5 below. Documentation of such referrals will be retained in the PREA incident File.

C. Training and Education

1. Employee Training

- a) The facility will provide training tailored to the female gender of facility residents to all staff who may have contact with residents on:
 - (1) Its zero-tolerance policy for sexual abuse and sexual harassment;
 - (2) How to fulfill their responsibilities under facility sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures;
 - (3) Residents' right to be free from sexual abuse and sexual harassment;
 - (4) The right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
 - (5) The dynamics of sexual abuse and sexual harassment in confinement;
 - (6) The common reactions of sexual abuse and sexual harassment victims;
 - (7) How to detect and respond to signs of threatened and actual sexual abuse;
 - (8) How to avoid inappropriate relationships with residents;
 - (9) How to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents; and
 - (10) How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities.
- b) All new facility employees will be trained on the zero-tolerance PREA policy and PREA procedures before being allowed to enter the facility. The facility will provide each employee with refresher training a minimum of every two years to ensure that all employees know the facility's current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, the facility will provide refresher information on current sexual abuse and sexual harassment policies.
- c) The facility will document, through staff member signature or electronic verification, that staff members understand the training they have received (Attachment F). Such documentation will be stored in the PREA Compliance File.

2. Volunteer and Contractor Training

a) Prior to resident contact, all staff, volunteers, contractors, or any other individual who has direct resident contact will receive information regarding sexual abuse/harassment/staff sexual misconduct, the facility's zero tolerance policy regarding sexual abuse and sexual harassment, information on how to report such incidents, and the potential consequences for engaging in prohibited conduct with an offender. b) Documentation confirming understanding of the material will be maintained in the facility's PREA Compliance File.

3. Resident Education

- a) During the intake and/or orientation process, residents will receive the Resident Guide to Sexual Misconduct/ Abuse (Attachment G), which provides information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment, how to report incidents or suspicions of sexual abuse or sexual harassment, their rights to be free from sexual abuse and sexual harassment and to be free from retaliation for reporting such incidents, and regarding facility policies and procedures for responding to such incidents.
- b) Such information will be reviewed with the resident upon orientation, which will occur no later than the end of the next business day following the resident's arrival to the facility.
- c) The facility will take steps to ensure the provision of resident education in formats accessible to all residents, including residents who are limited English proficient, deaf, visually impaired, or otherwise disabled as well as residents who have limited reading skills, as described in section (A.5) above.
- d) The facility will maintain a signed Resident Guide to Sexual Misconduct/ Abuse Acknowledgement (Attachment H) for each resident to document resident participation in these education sessions in the resident's case management file.
- e) In addition to providing such education, the agency will ensure that key information is continuously and readily available or visible to residents through posters and the Resident PREA Guide.

D. Screening for Risk of Sexual Victimization and Abusiveness

- 1. Screening for Risk of Victimization and Abusiveness
 - a) All residents in the Federal Residential Re-Entry Center program will be screened, using the Screening for Risk of Victimization and Abusiveness (Attachment I), for their risk of being sexually abused by other residents or sexually abusive toward other residents as follows:
 - (1) New arrivals will be screened by their Case Manager no later than 72 hours from the resident's arrival. The intake screening shall consider prior acts of sexual abuse, prior convictions for violent offenses, and history of prior institutional violence or sexual abuse, as known to the agency, in assessing residents for risk of being sexually abusive;
 - (2) Residents will be rescreened by their Case Manager within 30 days from arrival based upon any additional, relevant information received by the facility since the intake screening; and
 - (3) At any time warranted due to a referral, request, incident of sexual abuse, or receipt of additional information that bears on the resident's risk of sexual victimization or abusiveness.
 - b) The screening is conducted using an objective screening instrument and considers, at a minimum, the following criteria to assess residents for risk of sexual victimization:
 - (1) Whether the resident has a mental, physical, or developmental disability;
 - (2) The age of the resident;
 - (3) The physical build of the resident;
 - (4) Whether the resident has previously been incarcerated;
 - (5) Whether the resident's criminal history is exclusively nonviolent;
 - (6) Whether the resident has prior convictions for sex offenses against an adult or child;

- (7) Whether the resident is or is perceived to be gay, lesbian, bisexual, transgender, intersex, or gender nonconforming;
- (8) Whether the resident has previously experienced sexual victimization; and
- (9) The resident's own perception of vulnerability.
- c) A resident may not be disciplined for refusing to answer, or for not disclosing complete information in response to any questions included in the screening, including questions asked pursuant to paragraphs c)(1), c)(7), c)(8), or c)(9) of this section.
- d) The completed Screening for Risk of Victimization and Abusiveness for Federal Residential Re-Entry Center residents will be stored in the resident's case management file in the Case Manager's office.
- e) All residents in the State Halfway House Program will be screened by their Missouri Department of Corrections Probation and Parole Officer, per that agency's policy and procedure. The Probation and Parole Officer will notify the State Halfway House Director of the results of all screenings once complete.
- f) In order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents, only the following individuals may access or view the completed screening instruments and screening outcomes, may only do so in the course of carrying out their official duties, and may not share the answers to the questions therein with any party not listed:
 - (1) Case Manager(s);
 - (2) Program Director(s);
 - (3) Agency Administration;
 - (4) Federal Bureau of Prisons Residential Reentry Management staff, in the case of Residential Re-Entry Center residents;
 - (5) Missouri Department of Corrections staff, in the case of State Halfway House residents; and
 - (6) PREA auditors.

2. Use of Screening Information

- a) On the day the screening or reassessment is performed, the Residential Reentry Center Case Manager will notify that program's Director of the screening outcome, specifying whether the resident is at risk of being sexually abusive, at risk of being sexually victimized, or neither.
- b) The State Halfway House Director will receive the screening results from the Missouri Department of Corrections Probation and Parole Officer(s) assigned to the facility.
- c) Within one business day of notification, the Director of each program will use intake screening and reassessment results to inform room assignments, ensuring those residents at high risk of being sexually victimized are not assigned to a bedroom housing those at high risk of being sexually abusive.
- d) Assignment to the MERS/Goodwill residential facility of transgender or intersex residents is at the sole discretion of the corresponding contractor (Federal Bureau of Prisons or State of Missouri Department of Corrections).
- e) A transgender or intersex resident's own views with respect to her own safety will be given serious consideration with regards to room placement.
- f) The Directors and/or facility will not place lesbian, gay, bisexual, transgender, or intersex residents in dedicated rooms solely on the basis of such identification or status, unless such placement is in a

- dedicated room established in connection with a consent decree, legal settlement, or legal judgment for the purpose of protecting such residents.
- g) Within one business day of notification, the Director of each program will notify case management staff of resident risk level, which they will use to inform resident program assignment. In cases where the contracting correctional agency determines program assignment, case management staff will ensure that agency considers resident risk level prior to the assignment and maintains documentation of said consideration in the resident's case management file.
- h) No work assignments are given at the facility.

E. Reporting

1. Resident Reporting

- a) Residents are provided multiple internal ways privately to report sexual abuse and sexual harassment, retaliation by other residents or staff for reporting sexual abuse and sexual harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents. Residents may make these reports by:
 - (1) Notifying any MERS/Goodwill Residential Reentry Center or State Halfway House staff member;
 - (2) Notifying the corresponding program Director in person, in writing, or by telephone;
 - (3) Notifying the Executive Vice President of programs in person, in writing, or by telephone; or
 - (4) Filing a grievance or administrative remedy in the locked grievance box by the 7th floor elevators.
- b) Residents may report abuse or harassment to the following entities, which are not part of the agency and which are able to receive and immediately forward resident reports of sexual abuse and sexual harassment to the program contractors and/or agency, allowing the resident to remain anonymous upon request. The appropriate entity's contact information is located in each resident's PREA Guide and is posted in the common areas of the facility. External reports may be made by:
 - (1) Notifying their probation or parole officer;
 - (2) Residential Reentry Center residents may write to

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- (3) State Halfway House residents may
 - i. Contact the Missouri Department of Corrections PREA hotline at 573.526.7000
 - ii. E-mail DOC.PREA@doc.mo.gov
 - Write to: PREA Unit, Missouri Department of Corrections, 2728 Plaza Drive, Jefferson City, MO 65109; or
- (4) Contacting police directly.
- c) Staff must accept reports made verbally, in writing, anonymously, and from third parties and shall promptly document any verbal reports.
- d) Staff must immediately report any knowledge, suspicion, or hearsay involving the sexual abuse and/or sexual harassment of a resident.
 - (1) Staff may notify the appropriate program Director verbally or in writing;

- (2) Staff may make a private report by placing a note in the program Director's mailbox, placing a note in the locked grievance box, or by calling the confidential, third-party hotline provided by MERS/Goodwill, the number for which is provided in the MERS/MO Goodwill Industries Employee Handbook.
- e) Staff may not prevent, hinder, or dissuade any resident or staff person from reporting sexual abuse and/or sexual harassment. Staff may not tamper with any written report of sexual abuse and/or harassment.

2. Administrative Remedies

- a) No time limit may be imposed on when a resident may submit a grievance regarding an allegation of sexual abuse.
- b) A resident is not required to use any informal grievance process, or otherwise to attempt to resolve with staff, an alleged incident of sexual abuse.
- c) Residents may submit a grievance without submitting it to a staff member who is the subject of the complaint and a grievance involving sexual abuse will not be referred to a staff member who is the subject of the complaint. Should the subject of the grievance be the program Director, the grievance must immediately be referred to the Director's supervisor by the individual receiving the complaint.
- d) A program Director, administrator, or the Security Monitor Supervisor must check the locked grievance box each business day.
- e) The facility, working in concert with the corresponding contracting correctional agency, will issue a final decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance. Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal. An extension of up to 70 days may be claimed if the normal time period for response is insufficient to make an appropriate decision. The facility and/or contracting correctional agency will notify the resident in writing of any such extension and provide a date by which a decision will be made; however, at any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, the resident may consider the absence or a response to be a denial at that level.
- f) Third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, shall be permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse, and shall also be permitted to file such requests on behalf of residents. If a third party files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process. If the resident declines to have the request processed on his or her behalf, the agency shall document the resident's decision.
- g) Any submitted grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse shall immediately be forwarded to the corresponding program Director, who will immediately notify the corresponding contracting correctional agency representative. The Director and/or correctional agency representative will provide an initial response within 48 hours, and will issue a final decision within five (5) calendar days. The final decision regarding any grievance rests with the

corresponding contracting correctional agency. The initial response and final decision will document the facility's, and/or correctional agency's, determination whether the resident is in substantial risk of imminent sexual abuse and the action taken in response to the emergency grievance.

h) The facility may discipline a resident for filing a grievance related to alleged sexual abuse only where the facility demonstrates that the resident filed the grievance in bad faith.

3. Resident Access to Outside Confidential Support Services

- a) The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse, namely the YWCA of St. Louis, by giving residents mailing addresses and telephone numbers, including toll-free hotline numbers of victim advocacy or rape crisis organizations. Contact information is posted in the Resident PREA Manual, in common areas of the facility, and/or in the resident handbook/rulebook.
 - (1) Staff must allow residents to call victim advocacy or rape crisis organizations from the monitor station phone or facility pay phones at any time of day or night;
 - (2) Staff are to allow a representative(s) from a victim advocacy or rape crisis organization to meet with residents on-site in as confidential a manner as possible, such as in the facility's conference room, another conference room within the building, or other empty and/or private area of the building; and
 - (3) Case Management staff are to permit clients to sign-out of the facility to meet with a representative from a victim advocacy or rape crisis organization if said appointment can be verified with the organization.
- b) The facility will maintain, or attempt to enter into, a memoranda of understanding or other agreement with a community service provider that is able to provide residents with confidential emotional support services related to sexual abuse. The facility will maintain copies of agreements or documentation showing attempts to enter into such agreements.

4. Third-Party Reporting

- a) Both the Federal Bureau of Prisons and the State of Missouri Department of Corrections provide methods for receiving third-party reports of sexual abuse and sexual harassment on their websites.
 - (1) Federal Bureau of Prisons provides addresses where third parties may send reports at http://www.bop.gov/inmates/custody and care/sexual abuse prevention.isp.
 - Inmate abuse of other inmates: Federal Bureau of Prisons, National PREA Coordinator, Correctional Programs Division, 320 First St. NW Room 554, Washington, DC 20534
 - ii. Staff abuse of inmates: Federal Bureau of Prisons, Office of Internal Affairs, 320 First St. NW Room 600, Washington DC 20534
 - (2) State of Missouri Department of Corrections provides several means by which third parties may make a report at http://doc.mo.gov/OD/PREA.php, including
 - i. By telephone: 573-526-9003
 - In writing: PREA Unit, Missouri Department of Corrections, 2728 Plaza Drive, Jefferson City, MO 65109
 - iii. By e-mail: DOC.PREA@doc.mo.gov
- b) If facility staff receive a third party report by telephone they must
 - (1) Allow the party making the report to remain anonymous if the party so desires;
 - (2) Collect and document as much information as possible, including
 - Dates, times, and locations where each incident took place;

- ii. Names of the residents, staff, or others who were involved; and
- .iii. Identifying information of the reporter, including return call phone number, unless the individual desires to remain anonymous.
- (3) Immediately forward the report to the corresponding program Director.

F. Official Response Following a Resident Report

1. Staff and Agency Reporting Duties

- a) Staff are required to immediately report
 - (1) Any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in the facility or outside the facility if involving a staff member;
 - (2) Retaliation against residents or staff who reported such an incident; and
 - (3) Any staff neglect or violation of responsibilities that may have contributed to an incident or retaliation.
- b) Reports may be made in person or in writing to a facility Director, MERS/Goodwill Human Resources or administration, or the confidential hotline listed in the MERS/MO Goodwill Industries Employee Handbook.
- c) All reports and allegations, including third-party and anonymous reports will be referred to the appropriate program Director, who will
 - (1) Ensure first responder procedures are followed pursuant to section F.4 below;
 - (2) Follow the Coordinated Response Plan pursuant to section F.5 below:
 - (3) Complete the PREA Event Checklist pursuant to section J.2 below; and
 - (4) Initiate investigation procedures if law enforcement is not involved pursuant to section G below.
- d) In cases where the program Director is unsure whether local law enforcement should be contacted, the Director will work in concert with their contracting agency to determine whether such contact should be initiated.
- e) In the event an allegation is made against the program Director, all reports and allegations will be referred to that Director's direct supervisor who will follow the procedures outlined in section F.1.c) above.
- f) Apart from reporting to designated supervisors, hotline, contracting agency, or law enforcement, staff may not reveal any information related to a sexual abuse report to anyone other than to the extent necessary to make treatment, investigation, and other security and management decisions.

2. Protection Duties

- a) Upon learning that a resident is subject to a substantial risk of imminent sexual abuse, the appropriate program Director will take immediate action to protect the resident. This may include, but is not limited to
 - Moving the resident to a different room;
 - (2) Moving the potential aggressor to a different room;
 - (3) Altering the potential victim and/or the potential aggressor's schedules; and
 - (4) Placing the potential victim on watch, meaning security staff will make visual contact with the resident a minimum of every 15 minutes in order substantially to limit the opportunity for sexual abuse.

b) The program Director will notify the appropriate contracting agency regarding the alleged risk (i.e. Federal Bureau of Prisons or Missouri Department of Corrections Division of Probation and Parole).

3. Reporting to Other Confinement Facilities

- a) Upon receiving an allegation that a resident was sexually abused while confined at another facility, the appropriate program Director will notify the following by telephone and e-mail follow-up as soon as possible, but no later than 72 hours after receiving the allegation:
 - (1) Their contracting agency (Federal Bureau of Prisons or State of Missouri Department of Corrections) if the alleged abuse occurred in a facility operated by that agency; or
 - (2) The head of the agency where the alleged abuse occurred.
- b) One copy of the e-mail will be maintained in the client's case management file and one copy of the e-mail will be maintained in the PREA incident File.
- c) In the event the facility receives notification from a contractor or other facility that a past resident was sexually abused while at the facility, the appropriate program director will investigate the allegation in accordance with the procedures herein.

4. Staff First Responder Duties

- a) Upon learning of an allegation that a penetration event (consisting of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object, instrument or penis that allegedly occurred within the last 92 hours or less) has occurred within the past 92 hours, the first staff member to respond to the report must:
 - (1) Ensure safety of alleged victim, including separation from the alleged abuser and placing the alleged abuser under direct and continuous surveillance;
 - (2) Request alleged victim not to take any actions that could destroy physical evidence, and ensure the alleged abuser does not do so, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating until he/she is seen by the investigator;
 - (3) Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and
 - (4) Make immediate notification to the corresponding program Director.
- b) Upon learning of an allegation that a penetration event has occurred over 92 hours prior to report or that a non-penetration event has occurred (including nonconsensual touching between residents, voyeurism, and sexual acts, or requests for sexual acts between a staff and residents and all forms of sexual harassment), the first staff member to respond must:
 - (1) Ensure safety of alleged victim, including separation from the alleged abuser; and
 - (2) Make immediate notification to the corresponding program Director.

5. Coordinated Response

- a) In response to an incident of sexual abuse, staff must follow the Coordinated Response Plan to Resident.Sexual Abuse/Misconduct (Attachment I).
- 6. Preservation of Contractor Ability to Protect Residents from Contact with Abusers
 - a) The agency will not enter into or renew any agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted.

b) The facility will comply with any determination made by the Federal Bureau of Prisons and/or State of Missouri Department of Corrections that any facility employee, working under the corresponding agency's contract, shall be removed from contact with residents pending the outcome of an investigation or for any cause related to sexual abuse or sexual harassment of facility residents.

7. Agency Protection against Retaliation

- a) All residents and staff who report, cooperate with investigations of, or are reported to have suffered from sexual abuse or sexual harassment shall be protected from retaliation by other residents or staff.
- b) The facility shall employ multiple protection measures, such as room changes for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services for residents who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations.
- c) For at least 90 days following a report of sexual abuse, and beyond if the need indicates, the conduct and treatment of residents or staff who reported a sexual abuse, and of residents who were reported to have suffered sexual abuse, shall be monitored to see if there are any changes that may suggest possible retaliation by residents or staff. Monitoring will be conducted by
 - (1) The Residential Reentry Center program Director, using the Assessment/Retaliation Status Checklist (Attachment K), initially after the report and a minimum of every 30 days, in cases involving residents of that program; and
 - (2) The State of Missouri Department of Corrections in cases involving residents of the State Halfway House program.
- d) Items to be monitored shall include
 - (1) Resident disciplinary reports/ conduct violations, housing assignments, program changes, and need for emotional services; and
 - (2) Staff member performance reviews, reassignments/ schedule changes, and need for emotional services.
- e) The facility shall act promptly to remedy any retaliation.
- f) If any other individual who cooperates with an investigation expresses a fear of retaliation, the facility will take appropriate measures to protect that individual against retaliation.
- g) The facility's obligation to monitor will terminate if the allegation is determined unfounded.

G. Investigations

- 1. Criminal and Administrative Agency Investigations
 - a) In cases of reported sexual abuse of a criminal nature, the facility will contact St. Louis City Police Department who will conduct the investigation. The facility will
 - (1) Cooperate with local law enforcement in their investigation; and
 - (2) Endeavor to remain informed about the progress of the investigation.
 - b) In cases of reported sexual abuse or sexual harassment not of a criminal nature, the corresponding program Director will conduct an investigation, which will
 - (1) Be conducted promptly, generally within one business day of receipt of the allegations;

- (2) Be conducted thoroughly and objectively for all allegations, including third-party and anonymous reports;
- (3) Include collection and documentation of any and all relevant information, including but not limited to
 - i. Dates, times, and locations where each incident took place;
 - ii. Names of the residents, staff, or others who were involved; and
 - iii. Names of residents, staff, or others who may have been witness to the incident.
- (4) Include review of all available resources, including but not limited to video monitoring footage, the facility software system, staff schedules and time sheets, and resident/ staff files and paperwork.
- (5) Include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (6) Not conclude or terminate based on the departure of the alleged abuser or victim from the employment or control of the facility.
- c) The credibility of an alleged victim, suspect, or witness will be assessed on an individual basis and may not be determined by the person's status as resident or staff. No resident who alleges sexual abuse may be required to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation of such an allegation.
- d) Investigations conducted by the facility must be documented in written reports that
 - (1) Include a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings; and
 - (2) Are retained by the facility for as long as the alleged abuser is a resident of or employed by the facility, plus five years.

2. Evidentiary Standard for Administrative Investigations

a) The facility will impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated.

3. Reporting to Residents

- a) Following an investigation into a resident's allegation of sexual abuse suffered in the facility, the corresponding Director shall inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded within five (5) business days of the conclusion of the investigation.
- b) If the investigation was conducted by law enforcement officials, rather than the corresponding Director, it shall request the relevant information from the investigative agency in order to inform the resident.
- c) Following a resident's allegation that a staff member has committed sexual abuse against the resident, the agency shall subsequently inform the resident (unless the agency has determined that the allegation is unfounded) whenever:
 - (1) The staff member is no longer employed at the facility;
 - (2) The agency learns that the staff member has been indicted on a charge related to sexual abuse within the facility; or
 - (3) The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility.

- d) Following a resident's allegation that she has been sexually abused by another resident, the facility shall subsequently inform the alleged victim whenever:
 - (1) The facility learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility; or
 - (2) The facility learns that the alleged abuser has been convicted on a charge related to sexual abuse within the facility.
- e) All such notifications or attempted notifications shall be documented.
- f) A facility's obligation to report under this standard shall terminate if the resident is released from the facility's custody.

H. Discipline

1. Disciplinary Sanctions for Staff

- a) Staff are subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.
- b) Termination is the presumptive disciplinary sanction for staff who have engaged in sexual abuse.
- c) Disciplinary sanctions for violations of facility or agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) shall be commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.
- d) All terminations for violations of facility or agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to any relevant licensing bodies.

2. Corrective Action for Contractors and Volunteers

- a) Any contractor or volunteer who engages in sexual abuse will be prohibited from contact with residents and shall be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.
- b) The facility will take appropriate remedial measures, and shall consider whether to prohibit further contact with residents, in the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer.

3. Disciplinary Sanctions for Residents

- a) Residents shall be subject to disciplinary sanctions pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse or following a criminal finding of guilt for resident-on-resident sexual abuse.
 - (1) Disciplinary sanctions shall be applied in accordance with the corresponding program's contract, Statement of Work, Standard Operating Procedures, and/or Resident Rulebook/Handbook; and
 - (2) The corresponding program will defer to that program's contracting agency (Federal Bureau of Prisons or State of Missouri Department of Corrections) if that agency's representatives choose to

apply disciplinary sanctions that are greater than those applied by the facility, including recommendations for revocation or issuing of warrants.

- b) Sanctions shall be commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories.
- c) The disciplinary process shall consider whether a resident's mental disabilities or mental illness contributed to her behavior when determining what type of sanction, if any, should be imposed.
- d) The facility, in concert with the corresponding contracting agency (Federal Bureau of Prisons or State of Missouri Department of Corrections) when applicable, shall consider whether to refer the offending resident to participate in interventions designed to address and correct underlying reasons or motivations for the abuse, and consider whether participation in such interventions should serve as a condition of access to programming or other benefits.
- e) The facility may discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact.
- f) For the purpose of disciplinary action, a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred shall not constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation.
- g) The facility may, in its discretion and according to program contracts, Statement of Work, Standard Operating Procedures, and Resident Rulebook/Handbook,
 - (1) Prohibit all sexual activity between residents and may discipline residents for such activity; but
 - (2) May not deem such activity to constitute sexual abuse if it determines that the activity is not coerced.

I. Medical and Mental Care

- 1. Access to Emergency Medical and Mental Health Services
 - a) Resident victims of sexual abuse shall receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.
 - b) Until a resident is transported to the designated medical treatment site and/or until the designated crisis intervention service responds, from the time a report of recent abuse is made security staff first responders
 - (1) Shall take preliminary steps to protect the victim pursuant to section F.2,4, and 5 above;
 - (2) Shall immediately notify the appropriate medical and mental health practitioners unless said practitioners are notified by law enforcement while on the scene; and
 - (3) Document which party contacted the appropriate and designated medical and mental health practitioners and at what time contact was made.
 - c) Resident victims of sexual abuse while incarcerated shall be offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in

accordance with professionally accepted standards of care, where medically appropriate, and by the designated medical care provider.

d) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.

2. Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers

- The facility shall refer all residents who have been victimized by sexual abuse in any prison, jail, lockup; or juvenile facility for medical and mental health evaluation and, as appropriate, treatment, which
 - (1) Shall include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody; and
 - (2) That are consistent with the community level of care.
- b) Resident victims of sexually abusive vaginal penetration while in the facility, or while signed out of the facility if the perpetrator is a staff person, shall be offered pregnancy tests.
- c) If pregnancy results from conduct specified in paragraph b) of this section, such victims shall receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services.
- d) Resident victims of sexual abuse while in the facility, or while signed out of the facility if the perpetrator is a staff person, shall be offered tests for sexually transmitted infections as medically appropriate via the designated medical care provider.
- e) Treatment services shall be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.
- f) The facility shall attempt to refer all known resident-on-resident abusers for a mental health evaluation within 60 days of learning of such abuse history and refer said residents to treatment when deemed appropriate by mental health practitioners.

I. Data Collection and Review

1. Sexual Abuse Incident Reviews

- a) The facility shall conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded.
- b) Such review shall ordinarily occur within 30 days of the conclusion of the investigation.
- c) The review team shall include:
 - (1) The corresponding program Director, who is in charge of the investigation unless said investigation is conducted at the criminal level by law enforcement;
 - (2) The Director's direct supervisor;
 - (3) With input from the Security Monitor Supervisor; and
 - (4) Medical or mental health practitioners if applicable and feasible.

- d) The review team shall:
 - (1) Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;
 - (2) Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification status, or perceived status; or gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;
 - (3) Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;
 - (4) Assess the adequacy of staffing levels in that area during different shifts;
 - (5) Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff; and
 - (6) Prepare a report of its findings, using the PREA Incident Review Form (Attachment L), including but not necessarily limited to determinations made pursuant to paragraphs (d)(1)-(d)(5) of this section, and any recommendations for improvement, and submit such report to the facility head and/or PREA coordinator.
- e) The facility shall implement the recommendations for improvement, or shall document its reasons for not doing so.

2. Data Collection

- a) The agency shall collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.
 - (1) The Residential Reentry Center program Director shall complete the MERS/Goodwill Residential Reentry Center PREA Allegation Event Checklist (Attachment M) to document data collected pursuant to the Coordinated Response Plan (see section F.5 above); and
 - (2) The State Halfway House program Director shall complete the Missouri Department of Corrections PREA Allegation Notification Penetration/Non-Penetration Event Checklist (Attachment N) provided by the State of Missouri Department of Corrections to document data collected pursuant to the Coordinated Response Plan (see section F.5 above).
- b) The agency shall aggregate the incident-based sexual abuse data at least annually.
- c) The incident-based data collected shall include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice.
- d) The facility shall maintain, review, and collect data as needed from all available incident-based documents including reports, investigations, and sexual abuse incident reviews, all of which is maintained in the PREA Incident File.
- e) Upon request, the facility shall provide all such data from the previous calendar year to the Department of Justice no later than June 30.

3. Data Review for Corrective Action

 a) The facility shall review data collected and aggregated pursuant to section J.2 above in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies,
 . . .practices, and training, including:

- (1) Identifying problem areas;
- (2) Taking corrective action on an ongoing basis; and
- (3) Preparing an annual report of its findings and corrective actions for each program, as well as the facility as a whole.
- b) Such report shall include a comparison of the current year's data and corrective actions with those from prior years and shall provide an assessment of the facility's progress in addressing sexual abuse.
- c) The facility's report shall be approved by the facility head and made readily available to the public through its website.
- d) The facility may redact specific material from the reports when publication would present a clear and specific threat to the safety and security of the facility, but must indicate the nature of the material redacted.

4. Data Storage, Publication, and Destruction

- a) The facility shall ensure that data collected pursuant to J.2 above are securely retained in the Director(s) private file on the agency intranet and in the PREA Incident File.
- b) Each program's Director shall provide all aggregated sexual abuse data from the facility to that Director's contracting agency to make readily available to the public at least annually through its website or, if it does not have one, through other means.
- c) Before making aggregated sexual abuse data publicly available, the facility shall remove all personal identifiers.
- d) The agency shall maintain sexual abuse data collected pursuant to J.2 above for at least 10 years after the date of the initial collection unless Federal, State, or local law requires otherwise.

K. Audits

1. Audits of Standards

- a) The facility will conduct audits to determine compliance with PREA standards for community confinement facilities, pursuant to section L below.
- b) MERS/Goodwill will post the auditor's final report to its website and each program's Director will forward the auditor's final report is to their contracting agency..

L. Auditing and Corrective Action

1. Frequency and Scope of Audits

- a) The facility will comply with the requirements of each program's contracting agency with regard to the date by which the facility must complete an initial audit, and in compliance with requirements set by the Department of Justice. Following the initial audit, the facility will complete an audit every three (3) years.
- b) The facility will bear the burden of demonstrating compliance with PREA standards by making available for auditor review:
- (1) All relevant facility policies, procedures, reports, internal and external audits, and accreditations;

- (2) Relevant documents and other records and information for the most recent one-year period;
- (3) All areas of the facility;
- (4) Copies of any relevant documents (including electronically stored information);
- (5) A representative sample of residents, staff, supervisors, and administrators for interview; and
- (6) Any available videotapes and other electronically available data that may be relevant to the provisions being audited.
- c) The facility will allow auditors to retain and preserve all documentation (including, e.g., video tapes and interview notes) relied upon in making audit determinations. Such documentation shall be provided to the Department of Justice upon request.
- d) The facility will permit auditors to conduct private interviews with residents.
- e) The facility will permit residents to send confidential information or correspondence to auditors in the same manner as if they were communicating with legal counsel.
- f) The facility will assist auditors in their attempt to communicate with community-based or victim advocates who may have insight into relevant conditions in the facility.

2. Auditor Qualifications

- a) The audit will be conducted by an individual certified by the Department of Justice to conduct a PREA compliance audit of an adult community confinement facility who is
 - (1) A member of a correctional monitoring body that is not part of, or under the authority of, the State of Missouri or Federal Bureau of Prisons (but may be part of, or authorized by, the relevant State or local government);
 - (2) A member of an auditing entity such as an inspector general's or ombudsperson's office that is external to the State of Missouri or Federal Bureau of Prisons; or
 - (3) Other outside individuals with relevant experience.
- b) The audit may not be conducted by an auditor who has received financial compensation from the State of Missouri, Federal Bureau of Prisons, or MERS/Missouri Goodwill Industries (except for compensation received for conducting prior PREA audits) within the three years prior to the facility's retention of the auditor.
- c) MERS/Missouri Goodwill Industries shall not employ, contract with, or otherwise financially compensate the auditor for three years subsequent to the facility's retention of the auditor, with the exception of contracting for subsequent PREA audits.

3. Audit Findings and Corrective Action Plan

- a) A finding of "Does Not Meet Standard" with one or more standards shall trigger a 180-day corrective action period.
- b) The auditor and the facility shall jointly develop a corrective action plan to achieve compliance.
- c) The facility will allow the auditor to take necessary and appropriate steps to verify implementation of the corrective action plan, such as reviewing updated policies and procedures or re-inspecting portions of a facility.

- d) After the 180-day corrective action period ends, the auditor shall issue a final determination as to whether the facility has achieved compliance with those standards requiring corrective action.
- e) If the facility does not achieve compliance with each standard, it will request (at its discretion and cost) a subsequent audit once it believes that is has achieved compliance.

4. Audit Appeals

- a) -MERS/Goodwill-may lodge an appeal with the Department of Justice regarding any specific audit finding that it believes to be incorrect. Such appeal must be lodged within 90 days of the auditor's final determination.
- b) If the Department determines that the agency has stated good cause for a re-evaluation, the facility may commission a re-audit by an auditor mutually agreed upon by the Department and the agency. The facility shall bear the costs of this re-audit.
- c) The findings of the re-audit shall be considered final.

Original Effective Date: 3/3/15

Revision Date: 5/29/15

Attachments



MERS/Goodwill Residential Reentry Center and State Halfway House

PREA Zero-Tolerance Acknowledgement

MERS/Goodwill has a ZERO-TOLERANCE policy regarding sexual abuse and sexual harassment within its residential programs/ facility. The intent of the Prison Rape Elimination Act (PREA) is to ensure a safe, humane, and secure environment, free from the threat of sexual abuse and sexual harassment for all clients and employees, volunteers, and contractors.

You have an obligation to maintain clear boundaries with clients and to maintain an ethical relationship with objectivity and professionalism. You must not allow the development of personal, unduly familiar, emotional, or sexual relationship to occur with clients. Any sexual contact between a client and an employee, volunteer, or contractor is sexual abuse. All forms of sexual contact and sexual harassment between clients and between clients and employees/volunteers/contractors are prohibited by MERS/Goodwill policy and may be against Missouri law. Therefore, if you are aware of any such incidents, you have a duty to report them. Staff/volunteers/contractors may report incidents by notifying:

- any MERS/Goodwill residential facility staff member in person or at 314-231-6100;
- the Security Monitor Supervisor in writing or by phone at 314-982-8930;
- a residential program director in writing or by phone at 314-982-8821 or 314-982-8830;
- the Executive Vice President in writing or by phone at 314-982-8806;
- the Missouri Department of Corrections (for incidents relating to state program residents) by phone at 573-526-7000, in writing at PREA Unit, Missouri Department of Corrections, 2728
 Plaza Drive, Jefferson City, MO 65109, or by e-mail at <u>DOC.PREA@doc.mo.gov</u>;
- the Federal Bureau of Prisons (for incidents relating to federal program residents) by mail at Federal Bureau of Prisons, National PREA Coordinator, Correctional Programs Division, 320 First St. NW Room 554, Washington, DC 20534; or
- the police directly for incidents of a criminal nature.

I acknowledge that I understand the MERS/Goodwill residential program(s)/facility's zero-tolerance position on sexual abuse and sexual harassment, and I acknowledge that I will report any findings of sexual abuse or sexual harassment immediately.

Print name:	
Signature:	Date:
Witness Name and Title (print):	
Witness Signature:	Date:

A copy must be kept in the employee's file and in the facility PREA file.



MERS/Goodwill Residential Reentry Center and State Halfway House PREA New Hire/Promotion Compliance Form

(print applicant's name), as an appl MERS/Goodwill, which may include responsibilities as a direct co Residential Reentry Center and/or State Halfway House, I certify employment, in that:	
A. In accordance with the Prison Rape Elimination Act (PREA) (1 as a volunteer individuals who have (1) engaged in sexual abuse confinement facility, juvenile facility, or other Institution (as defined for engaging or attempting to engage in sexual activity in the compartments of force, or coercion, or if the victim did not consent or was civilly or administratively adjudicated to have engaged in the activity.	in a prison, jail, lockup, community ned in 42 U.S. C. 1997); (2) been convicted munity facilitated by force, overt or implied as unable to consent or refuse; or (3) been
Have you engaged in sexual abuse in a prison, jail, lockup, come or other institution (as defined in 42 U.S.C. 1997)? a) Yes	munity confinement facility, juvenile facility
b) No 2. Have you been convicted of engaging or attempting to engage i facilitated by force, overt or implied threats of force, or coercion, unable to consent or refuse? a) Yes	
 b) No 3. Have you been civilly or administratively adjudicated to have equestions one and two above? a) Yes b) No 	engaged in the activity described in
B. MERS/Goodwill will consider any incidents of sexual harassme confinement facility, juvenile facility, or other Institution (as define whether to hire or promote anyone who may have contact with R Halfway House residents.	ned in 42 U.S. C. 1997) in determining
1. Have you engaged in sexual harassment in a prison, jail, lockup facility, or other institution (as defined in 42 U.S.C. 1997)? a) Yes b) No	o, community confinement facility, juvenile
I have read the above carefully and certify that the information is responsibility to obtain clarification on anything contained in this signing. I am aware that any omissions, falsifications, misstatement in the from consideration as an employee or volunteer and, if I am higrounds for termination at a later date.	s form that I do not understand prior to ents or misrepresentations may disqualify
Applicant Signature and Date	Witness Signature and Date

A copy must be kept in the employee's file, if hired.



MERS/Goodwill Residential Reentry Center and State Halfway House

Employee Annual PREA Compliance Form

which may include responsibilities as a direct co	name), as an employee or volunteer with MERS/Goodwill, ontact staff with the MERS/Goodwill Residential Reentry t I meet the requirements for employment, in that:
as a volunteer individuals who have (1) engaged confinement facility, juvenile facility, or other in of engaging or attempting to engage in sexual ac threats of force, or coercion, or if the victim did	on Act (PREA) (115.317), we are unable to employ or utilized in sexual abuse in a prison, jail, lockup, community estitution (as defined in 42 U.S. C. 1997); (2) been convicted entity in the community facilitated by force, overt or implied not consent or was unable to consent or refuse; or (3) been ngaged in the activity described in (1-3) of this section.
or other institution (as defined in 42 U.S.C. 1997 a) Yes	jail, lockup, community confinement facility, juvenile facility ')?
facilitated by force, overt or implied threats of fo unable to consent or refuse? a) Yes	npting to engage in sexual activity in the community orce, or coercion, or if the victim did not consent or was
 b) No 3. Have you been civilly or administratively adjuguestions one and two above? a) Yes b) No 	ndicated to have engaged in the activity described in
confinement facility, juvenile facility, or other lr	f sexual harassment in a prison, jail, lockup, community astitution (as defined in 42 U.S. C. 1997) in determining ayone who may have contact with Residential Re-Entry
1. Have you engaged in sexual harassment in a particular, or other institution (as defined in 42 U.S. a) Yes b) No	orison, jail, lockup, community confinement facility, juvenile S.C. 1997)?
responsibility to obtain clarification on anything	the information is true and correct. I understand that it is my g contained in this form that I do not understand prior to ations, misstatements or misrepresentations may be grounds
Employee's Signature and Date	Witness Signature and Date

All copies must be kept in the employee's file. Most recent copy must be kept in the facility PREA file.



MERS/Goodwill Residential Reentry Center and State Halfway House PREA Review of Supervision and Monitoring

Must be completed whenever deemed necessary, but no less frequently than once each year.

Date of Review:	Date of Last Review: Reason for Review: Annual □ Following Incide □ Other					
Attendees/Input received	from:					
1 ~						
1						
Current Staffing Plan:						
# of Security Staff per shill # of Security Staff per shill	ft currently used for Resident ft currently used for State Hal	ial Reentry Center contract: fway House contract:				
□ Yes □ No	Upon assessment of the cur ensure resident safety and	rent staffing plan, are any adjustments wellbeing?	needed to			
Comments:	•					
☐ Yes ☐ No	Do prevailing staffing patte above?	rns differ from the current staffing pla	n set forth			
If yes, explain:						
□ Yes □ No	Upon assessment of the vic building, are any adjustmen	leo monitoring systems deployed in th ats needed to ensure resident safety ar	e facility and id wellbeing?			
Comments:						
□ Yes □ No	Upon assessment of the re- levels, are any adjustment	sources available to commit to ensure s needed to ensure resident safety and	adequate staffing wellbeing?			
Comments:						
Recommendations:						
			Date			
Action Item	Person Respon	nsible Planned Completion Date	Complete			
			<u>. </u>			
_						
PREA Coordinator or Prog	gram Director Signature and	Title Date				



MERS/Goodwill Residential Reentry Center and State Halfway House Pat-Down/Strip Search Log Staff must complete a log entry for every resident pat-down and/or strip search performed.

Date	Time	Resident Searched	Program	Search Performed	Staff Member(s) Performing Search	Cross- Gender?	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am. □ pm.		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm	······································	□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm		□ State □ Federal	Pat-Down Strip Search		□ Nó □ Yes	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am □ pm		□ State □ Federal	□ Pat-Down □ Strip Search		□ No □ Yes	
	□ am		StateFederal	□ Pat-Down □ Strip Search		□ No □ Yes	



Residential Reentry Center and State Halfway House

PREA Employee Training Acknowledgement (115.231)

Employee Name: ______ Date of Training: _____

MERS/Goodwill employee PREA training includes the following:	
 The MERS/Goodwill zero-tolerance policy for sexual abuse and sexual harassment; Employee responsibilities pertaining to agency policies regarding sexual abuse and sexu harassment prevention, detection, reporting, and response; 	al
3. Residents' right to be free from sexual abuse and sexual harassment;4. Employee and resident right to be free from retaliation for reporting sexual abuse and se harassment;	xual
 The dynamics of sexual abuse and sexual harassment in confinement; The common reactions of sexual abuse and sexual harassment victims; How to detect and respond to signs of threatened and actual sexual abuse; How to avoid inappropriate relationships with residents; How to communicate effectively and professionally with residents, including lesbian, gay bisexual, transgender, intersex, or gender nonconforming residents; and How to comply with relevant laws related to mandatory reporting of sexual abuse to out authorities. 	
In signing this document, I acknowledge that I received PREA training on the date above and understand the information stated above.	
Employee Signature:	
Trainer Signature: Signature/ Position	

Place original in PREA file. Copy to training file and employee file.



MERS/Goodwill Residential Reentry Center and State Halfway House Resident Guide to Sexual Misconduct/ Abuse

The MERS/Goodwill Residential Reentry Center and State Halfway House have a ZERO-TOLERANCE policy regarding sexual abuse and sexual harassment within its residential programs/ facility. In accordance with the Prison Rape Elimination Act (PREA), MERS/Goodwill is committed to ensuring a safe and humane environment for all residents, where residents have the right to be free from sexual misconduct/ abuse. The purpose of this guide is to ensure residents are aware of the safeguards that exist for their protection. Any resident who is the victim, or is aware of an incident, of sexual misconduct/abuse should report the incident to staff or investigators immediately. All reports will be investigated thoroughly and with respect to the resident's safety, dignity, and privacy, without fear of retaliation.

Definitions

Sexual abuse includes—

- 1. Sexual abuse of a resident by another resident; and
- 2. Sexual abuse of a resident by a staff member, contractor, or volunteer.

<u>Sexual abuse of a resident by another resident</u> includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident:

- Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs (1)-(5) of this section;
- 7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and
- 8. Voyeurism by a staff member, contractor, or volunteer.

<u>Voyeurism by a staff member, contractor, or volunteer</u> means an invasion of privacy of a resident by staff for reasons-unrelated to official duties; such as peering at a resident who is changing clothes in her room;

requiring an inmate to expose her buttocks, genitals, or breasts outside of an approved strip search; or taking images of all or part of an inmate's naked body or of an inmate performing bodily functions.

Sexual harassment includes—

- 1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
- Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

<u>Staff sexual misconduct</u> – the following acts when performed by a staff member, contractor, or volunteer when directed at a resident for the purpose of gratifying the sexual desire(s) of any person, encouraging a resident to engage in staff sexual misconduct:

- 1. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in this guide;
- 2. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident;
- 3. Voyeurism by a staff member, contractor, or volunteer;
- 4. Unwelcome sexual advances, or requests for sexual favors;
- 5. Dealing, offering, receiving, or giving favors or attention to an offender for purposes of grooming, bribing, or otherwise seeking to engage a resident in activities prohibited by policy;
- 6. Attempting to perform acts prohibited by this policy; and
- 7. Aiding or abetting another person to perform acts prohibited by this policy.

Your Rights

No one has the right to pressure you to engage in sexual acts. You do not have to tolerate sexual assault or pressure to engage in unwanted sexual behavior regardless of your age, size, race, ethnicity, or sexual orientation. Sexual acts or sexual contacts between any staff person and an offender, <u>even if the offender consents, initiates, or pursues</u>, are always prohibited.

Reporting Sexual Misconduct/Abuse

Sexual misconduct/abuse must be reported before action can be taken. Do not rely on anyone else to report misconduct/abuse- when it is experienced or seen report it immediately. There are several ways you may make a confidential report, and you are encouraged to use the reporting method with which you are most comfortable.

- Notify any MERS/Goodwill Residential Reentry Center or State Halfway House staff member. It is part of their job to report any allegation, ensure the resident's safety, and maintain confidentiality.
- Notify your program Director in person, in writing, or by telephone:
 - o Residential Reentry Center residents may notify Director Pat Pittman (314-982-8830)
 - State Halfway House residents may notify Director Jessica Spitzer (314-982-8821)
- Notify your probation or parole officer.
- File a grievance or administrative remedy in the locked grievance box by the 7th floor elevators.
- Residential Reentry Center residents may also report in writing to:

Office of the Inspector General U.S. Department of Justice Investigations Division 950 Pennsylvania Avenue, N.W. Room 4706 Washington, DC 20530

State Halfway House residents may

- o. Contact the Missouri Department of Corrections PREA hotline at 573.526.7000
- o E-mail DOC.PREA@doc.mo.gov
- Write to: PREA Unit, Missouri Department of Corrections, 2728 Plaza Drive, Jefferson City, MO 65109
- Contact police directly.

Services and Protection for Victims of Sexual Assault

Any resident who alleges that she has been sexually assaulted will be offered immediate protection and will be referred for a medical examination and a support/advocacy agency.

Do not shower, brush teeth, or wash clothes or underclothing. This could wash away hair or other bodily fluids, which are critical evidence. Also, save anything that touched the perpetrator (e.g., a condom, tissue or a towel, or anything that she/he left behind. You will be checked for the presence of physical evidence which supports your allegation. A medical professional will perform a pelvic and/or rectal examination to obtain samples of or document the existence of physical evidence such as hair, body fluids, tears, or abrasions which remain after the assault. The examination will be conducted at a local medical facility in a private and professional manner. We also encourage you to seek medical help if you have been sexually assaulted or had sexual relations with others, to determine if you have been exposed to the HIV virus or other sexually transmitted diseases. You also have the option to obtain a pregnancy test when appropriate.

All medical services resulting from sexual abuse/assault occurring in our facility, or by a facility staff person outside of the facility while you are a resident of the facility, will be free of charge for the victim. In these cases, residents will be referred for medical services to the Sexual Assault Nurse Examiner (SANE) department at St. Louis University (SLU) Hospital, 3635 Vista Ave, St. Louis, 314-577-8777.

If you have been the victim of an assault by a staff person, resident(s), or other individual, you may seek crisis support, victim advocacy, and counseling. If you are the victim of sexual abuse/assault, a crisis support/victim advocacy agency will be contacted for you; however, you may contact a 24-Hour Crisis Hotline (314-531-RAPE (7273)) at any time. These services are available at the YWCA St. Louis Regional Sexual Assault Center, 3820 W. Pine, St. Louis, MO 63108, 314-726-6665.

You have the right to refuse any medical or mental health services offered to you.

The Investigation Process

MERS/Goodwill will take seriously and review all allegations of sexual misconduct/abuse. Allegations will be investigated by MERS/Goodwill unless the allegation is of a criminal nature, in which case the allegation will be referred to local law enforcement. The investigation may also include staff from the appropriate corrections contracting body (e.g., Federal Bureau of Prisons or State of Missouri Department of Corrections). The purpose of the investigation is to determine the nature and extent of the misconduct. You may be asked to give a statement during the investigation. If criminal charges are brought, you may be asked to testify during the criminal proceedings.

Keep in mind a thorough review and/or investigation takes time. Information must clearly support or refute any allegation with evidence, information gathered from witnesses, and documentation. After the review or investigation is finished, one of the following decisions will be reached:

- There is sufficient evidence to conclude the allegation is true.
- There is insufficient evidence to conclude the allegation is or is not true.
- There is enough evidence to prove the allegation is not true. Residents who make a report or allegation in good faith will not be disciplined in any way. However, if it is determined that a

resident knowingly made a false allegation of sexual assault, the appropriate corrections contracting body will be notified and may take steps to notify the court or Board of Probation and Parole, or take other disciplinary steps.

 There is not enough evidence to prove the allegation is true, but there is evidence to prove another law, policy, or rule was violated.

When an allegation is proven to be true, a staff member or a resident who sexually abuses or assaults a resident may be disciplined up to and including removal from employment with MERS/Goodwill and/or prosecution.

Avoiding Sexual Assault

Here are some things you can do to protect yourself against sexual assault:

- Carry yourself in a confident manner at all times. Do not permit your emotions (fear/anxiety) to be
 obvious to others.
- Do not accept gifts or favors from others. Most gifts or favors come with strings attached to them.
- Do not accept an offer from another inmate to be your protector.
- Find a staff member with whom you feel comfortable discussing your fears and concerns.
- Be alert! Do not use contraband substances such as drugs or alcohol; these can weaken your ability to stay alert and make good judgments.
- Be direct and firm if others ask you to do something you do not want to do. Do not give mixed
 messages to other inmates regarding your wishes for sexual activity.
- Stay in well-lit areas of the institution.
- Choose your associates wisely. Look for people who are involved in positive activities like
 educational programs, psychology groups, or religious services. Get involved in these activities
 yourself.
- Trust your instincts. If you sense that a situation may be dangerous, it probably is. If you fear for your safety, report your concerns to staff.

Remember:

Sexual assault is a serious crime. All reported incidents of sexual assault will be investigated. If you are a victim of such an assault, REPORT IT IMMEDIATELY. You will be protected from the assailant.

Staff or residents who engage in sexual abuse or assault of residents will be investigated by law enforcement authorities and if found guilty will be subject to a full range of criminal and administrative sanctions.

Any sexual act between inmates and staff (even when no objection is raised) is ALWAYS illegal.

It is NEVER appropriate for a staff member to make sexual advances, comments or to engage in sexual contact with a resident. Even if the resident wants to be involved with the staff member, the staff member is not allowed to respond. It is not appropriate for a resident to approach a staff member sexually.



MERS/Goodwill Residential Reentry Center and State Halfway House Resident Guide to Sexual Misconduct/ Abuse Acknowledgement

Na	ame (Print)	Register/ DOC #
	acknowledge that I have received the Resi eplained the contents to me and I confirm	dent Guide to Sexual Misconduct. A staff person has that I understand the following:
•	The definitions of o Sexual abuse of a resident by anothe o Sexual abuse of a resident by a staff o Voyeurism and Sexual harassment; a o Staff sexual misconduct;	member, contractor, or volunteer;
•	MERS/Goodwill has a Zero-Tolerance Powithin its residential programs/facility;	olicy regarding sexual abuse and sexual harassment
•	There are several ways to report incide	nts or suspicions of sexual abuse or sexual harassment;
ð	I have the right to be free from sexual ab retaliation for reporting such incidents;	ouse and sexual harassment and to be free from
•		view all allegations of sexual misconduct/abuse, that should be advised of the possible outcome of the
9	of sexual assault while in the facility, or w	services will be provided to any resident who is the victime hile outside of the facility by a staff member while the r, I have the right to refuse these services; and
•		ual abuse or assault of residents will be investigated by law ty will be subject to a full range of criminal and
	Resident Signature	Date
	Witness Signature	Date



MERS/Goodwill Residential Reentry Center Screening for Risk of Victimization and Abusiveness

Resident Name	Register No.	Completed By		Date
				·
Reason: New Admission Regulation	ar Review □ Spe	cial Referral 🗆	Identii	ied Victim
				
All residents must be screened within 72 hours of int	=	•		
victimization and/or abusiveness. Residents must be screening outcome. Screening should be conducted a				
resident's file,	G v v		Ü	
Residents must be informed before beginning the scr	eening that thou are not r	anired to ancwor any	of the aue	ctions Besidonts
may not be disciplined for refusing to answer or for r		· · ·		
screening tool.		•		
Risk of Victimization Factors			es No	No
Ends of Alderstandows adjoint		•	"	Response
Victim of sexual assault, sexual victimizat in life	ion, molestation, or ra	pe at any time		
2. Resident believes they are vulnerable to b	e sexually assaulted			
3. Age (younger than 23 or older than 60)				
4. Physical Stature- Slight Build (< 5'5" and/	or < 118 lbs)			
5. Has a developmental/physical/mental dis	sability			
6. Prior incarceration in prison or jail				<u> </u>
7. Nonviolent history	·			<u></u>
8. Prior conviction for sex offenses against a				
9. Sexual orientation perceived and/or is ho				
10. Gender nonconformance (e.g. transgende	r or intersex identity)	<u>l</u>		<u> </u>
At Risk of Victimization (If yes to quest	ion #1 or #2, or yes to	2 or more question	s #3 thro	ough #10)
Risk of Abusiveness Factors		Y	es No	No
		-		Response
11. Committed sexual assault, molestation, or	r rape at any time in lil	e		
12. History of violence on others (e.g. assault	, physical abuse, dome	stic violence)		
☐ At Risk of Abusiveness (If yes to quest	ion #11 or #12)			
	···			
☐ Both at Risk of Victimization and Abu	siveness If resident	is at risk of both,	determin	e whether
resident is at greater risk of victimization or a	busiveness based on f	actors above and se	elect one	of the
following:				
☐ Greater Risk for Victimizatio	n or (Greater Risk for	Abusive	eness
Neither Risk Apparent	•			



MERS/Goodwill Residential Reentry Center and State Halfway House Coordinated Response Plan to Resident Sexual Abuse/Misconduct

All allegations, including third party and anonymous, of offender sexual abuse and harassment must be forwarded to the corresponding program Director immediately.

The Program Director will:

- Initiate the resident sexual abuse procedures.
- Make notifications and complete the PREA Event Checklist.
- File the PREA Event Checklist in the site investigation file for future audit purposes.

Penetration Events- 92 hours or less: Requires immediate response

(Consists of penetration of the mouth, anus, buttocks, or vulva, of any kind, however slight, by hand, finger, object, instrument or penis that allegedly occurred within the last 92 hours or less.)

First Responder will:

- Ensure safety of alleged victim, including separation from the alleged abuser and placing the alleged abuser under direct and continuous surveillance;
- Request alleged victim not to take any actions that could destroy physical evidence, and ensure the alleged abuser does not do so, including washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating until he/she is seen by the investigator;
- Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence;
- Make immediate notification to the corresponding program Director.

Program Director will make immediate telephone notifications to the following, utilizing the PREA Event Checklist:

- Law Enforcement
- CAO of the Residential Facility
- Medical (notify SANE department at SLU hospital of sexual assault and the need for the forensic examination)
 - o If the resident refuses medical services, complete the PREA Medical Treatment Refusal Form and attach the signed copy to the PREA Event Checklist.
- Mental Health (notify YWCA of the sexual assault and schedule an emergency assessment)
 - o If the resident refuses medical services, complete the PREA Medical Treatment Refusal Form and attach the signed copy to the PREA Event Checklist.
- Corresponding contracting correctional agency representative (follow-up telephone notification with e-mail)

<u>Penetration Events- Over 92 hours and Non-Penetration Events:</u> Events that fall into this category require immediate notifications to be made via telephone. However, services may be provided the following business day unless emergent circumstances exist.

(Consists of penetration that allegedly occurred over 92 hours prior to report, and nonconsensual touching between residents, voyeurism, and sexual acts, or requests for sexual acts between a staff and residents and all forms of sexual harassment.)

First Responder will:

- · Ensure safety of alleged victim, including separation from the alleged abuser;
- Make immediate notification to the corresponding program Director.

Program Director will make immediate telephone notifications to the following, utilizing the PREA Event Checklist:

- Law Enforcement (if applicable)
- CAO of the Residential Facility
- Mental Health (refer for mental health assessment/services at YWCA no later than next business day)
 - o If the resident refuses medical services, complete the PREA Medical Treatment Refusal Form and attach the signed copy to the PREA Event Checklist.
- Corresponding contracting correctional agency representative (follow-up telephone notification with e-mail)



MERS/Goodwill Residential Reentry Center Assessment/Retaliation Status Checklist

Initial face-to-face status checks will be conducted on all victims, reporters and witnesses following a resident sexual abuse allegation. Follow up face-to-face status checks will be conducted on victims and reports at a minimum of once a month for 90 days, unless retaliation is suspected.

Date: Incident Report Date:					e:			
Name:					Reg/DOC # (if resident):			
Type of A	ssessment:	oInitial	□ 30 Day	□ 60 1)av	□ 90 Day	o Other:	
	g of Residents							
Review:	g or residents	<u> </u>						
	onduct Violati	ons						
	oom Assignme							Ì
	rogram Chang							
• N	eed for Emotic	onal Services	3					
Summary	<u>.</u>							
)	•							ļ
								į
			<u> </u>					
	g of Staff Mem	iber:						
Review:	taff Member P	ovformance:	Dovious					
	taff Member P taff Member R							
	leed for Emoti							
Summary	:							
				-				
\								
Next Revi	ew Date:							
D. dana	/ Ct-feld-mbon	Cianabura			_		Date	
Resident	/ Staff Member	Signature						
Director S	Signature						Date	



MERS/Goodwill Residential Reentry Center and State Halfway House PREA Incident Review Form

Must be completed for all substantiated or unsubstantiated investigations of resident-on-resident sexual assault and/or abuse and staff sexual misconduct.

Date: □ Date Reported: □ Date Investigation Concluded: □ Investigated by: □ Facility □ Police Dept.						
Resident/Victim Name:	 	<u> </u>	Reg/DOC #:			
Attendees/Input received from:						
Program Director:	CAO of F					
Supervisory Staff:	Medical,	/mental hea	lth practitioners:			
Other:						
			tion and Abusiveness upo d resident perpetrators?	lated for		
Victim prior assessment:	Potential Victim	□Potential	Predator □No risk id	lentified		
Victim current assessment:	□ Potential Victim	□Potential	Predator □No risk id	entified		
Predator prior assessment:	□ Potential Victim	□Potential	Predator ⊟No risk id	entified		
Predator current assessment:	☐ Potential Victim	□Potential	Predator □No risk id	entified		
1						
Comments:						
pro	a result of the investigati cedure indicated?	on, is a char	nge to facility/program/a	gency policy or		
Comments:						
1	s the incident motivated	by:				
	ace or ethnicity,					
	ctual or perceived sexual					
	ctual or perceived transg	ender/inte	rsex status,			
	ang affiliation, or					
• 0	ther group dynamics?					
If yes, provide recommendation						
1	l physical barriers or phy	sical plant	layout enable the abuse?			
Comments:						
	ere the facility approved					
☐ Yes ☐ No Wa	is the staffing in the affec	ted area ad	equate?			
	4 11					
If no, provide recommendation		. (- 1				
☐ Yes ☐ No Wa	is monitoring technology	' [e.g., video	surveillance) available/a	idequate?		
If no, provide recommendation						
Additional recommendation to	prevent numre incidents	i.				
Action Item	Person Respon	sible P	lanned Completion Date	Date Complete		
						
Director Signature Date						



MERS/Goodwill Residential Reentry Center PREA Allegation Event Checklist

DATE AND TIME REPORTED:			FIRST RESPONDER [Name and Title]:			
HOW WAS THE ALLEGATION resident, compliant, anonym	N REPORTED [victim, staff, ot mous, etc]:	ther	ALLEGAT	TION REPORTED BY		
Alleged Victim:	Reg #:		Date/Tim	ne of Incident:		
DOB:	Race:		PREA RIS	sk Score:		
Location of incident:						
		 		11 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (1.1 (tige - graph and the control of the	
Alleged Perpetrator:			Reg #:			
DOB:	Race:		PREA Risi	k Score:		
EVENT DETAILS:			\$ 1.55 y \$\int \(\)			
PROGRAM DIRECTOR RES	SPONSIBILITIES:		14.0			
DEBEON TO BE	DEDCOM MOTIFIED	DATE	TIME	Penetration	Penetration Events over 92 hours	
PERSON TO BE NOTIFIED	PERSON NOTIFIED	DATE	TIME	Events 92 hours or less	& Non-Penetration Events	
CAO of Residential		1	-	Immediate	Immediate	
Facility Law Enforcement		 	 	Immediate	Immediate when	
(when applicable)				mineurare	appropriate	
Emergency Medical (only with penetration)				Immediate	Only with penetration	
Mental Health Provider				Immediate	events Next business	
Federal Bureau of Prisons				Immediate	Next business	
Location of Examination:						
Date and Time Client Left Fac	cility:		Method o	of Transportation:		
Date and Time Victim Return	ned from Forensic Examination	n:	1			
DIRECTOR SIGNATURE				DATE		

Victim:

 Where did the inci 	dent/alleged	incident occur?				
☐ In the vict	tim's room (if	the victim and perpe	etrator share a	room, count as the vid	ctim's room	1)
		which restroom				
==	non area or ha					
		on agency grounds				
2. What time did the	incident/alle	ged incident occur?	(mark all that	apply)		
☐Morning (6	a.m. to noon)				
Afternoon	(noon to 6 p.r	ກ.)		•		
Evening (6	p.m. to midni	ght)				
Overnight	(Midnight to θ	5 a.m.)				
3. Number of victims	/alleged victi	ms involved in the i	ncident? lif th	ere were more than on	ie victim ple	ease note
additional victims' age	-		_		,,=.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
_					ta addition	αl
			s: (i) more tha	n one victim please no	te adamone	u.
demographic informa	tion in the cor	nment section)				
Age at the time of inci	ident:	Gender	•	Race/ethni	c origin:	
						
	1 1 41		الم سمانين الراسية	oo\/ Senoblant or	No	∏n/a
5. Did the victim/alle	eged victim su	stain any physical il	ijury auring ti	ie incidenti (ires	[_]NO	☐ IA/W
Broken boi	nes	-				
☐Anal or vag	ginal tearing					
Chipped or	r knocked out	teeth				
Internal in	juries					
Knocked u	nconscious					
Bruises, bla	ack eve, sprair	ns, cuts, scratches, s	welling, weits			
Other – sp						
6. If the victim/allege	ed victim rece	ived injuries, did th	e victim receiv	ve medical treatment	for the inju	iries?
Yes	□No	□n/a				
7. Who reported the	incident/alle	ged incident? (mark	all that apply	}		
		,	,,,	•		
Victim						
=	sident (non-v	ictim)				
Family of v						
Residentia						
	ealthcare staf	f				
☐ Instructor/						
Counselor						
Other - sn						

8. After the incident was reported, were the victim/alle	ged.victim: (m	ark all that apply)	
Given a medical examination Administered a rape kit Tested for HIV/AIDS Tested for other sexually transmitted diseases Provided with counseling or mental health tre None of the above			
9. Are medical records pertaining to this incident include	led with this re	port? Yes]No □N/A
Type of resident sexual violence:			
Resident on Resident Nonconsensual Sexual Acts Abuse Sexual Contact			
Staff on Resident Sexual Misconduct Sexual Harassment			
Resident-on-Resident Sexual Violence:			
1. How many perpetrators/alleged perpetrators were in perpetrator, please note additional perpetrators' age, get			
2. What was the perpetrator's alleged perpetrator's ge	nder?	Male	Female
3. Demographic information of perpetrator:			
Age at the time of incident: Gender:	·	Race/ethnic origin	:
4. What was the nature of the incident/alleged inciden	t? (mark all the	it apply)	
 ─ Voluntary sexual contact between adults ─ Unwanted touching for sexual gratification ─ Pressure/coercion (without force) resulting in ─ Physical force (or the threat of force) resulting ─ Other - specify: 	g in a nonconse	ensual sexual act	
5. What type of pressure or physical force was used by (mark all that apply)	the perpetrato	or/alleged perpetra	itor on the victim?
Persuasion or talked into sexual activity Bribery or blackmail Gave victim drugs or alcohol Offered protection from other residents Threatened with physical harm	way Physically Threatene	held victim down or harmed or injured v d with a weapon ecify:	

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Staff-on-Resident Sexual Misconduct and Harassment:

1. What was the nature of the incident/alleged incident? (mark all that apply)	
Physical force resulting in a nonconsensual sexual act	
Pressure or abuse of power resulting in a nonconsensual sexual act	
Indecent exposure, invasion of privacy, or voyeurism for sexual gratification	
Unwanted touching for sexual gratification	
Sexual harassment or repeated verbal statements of a sexual nature by staff	
Sexual relationship between resident and staff that appeared to be willing	
Level of coercion unknown	
Other - specify:	
 2. How many staff were involved or alleged to have been involved in the incident? (if more than one staff involved in the incident note staff demographics in the comment section) 3. Demographic information of staff involved or alleged to have been involved in the incident: 	f was
Age at the time of incident: Gender: Race/ethnic origin:	
4. Was the staff involved or alleged to have been involved in the incident an employee of the facility, a convolunteer: (mark all that apply) [Full or part-time paid employee] [Contracted employee or vendor.]	ontract
☐Contracted employee or vendor☐Volunteer or intern	
Other - specify:	
5. What was the primary position description of the staff involved or alleged to have been involved in th incident? (mark all that apply) Administrator Supervision staff Case Manager/ Community Support Specialist Maintenance and other facility support staff, including, janitors, cooks, and IT Vendor/ contractor Other agency staff	e
Other - specify:	

Comments:

Resident Sexual Abuse includes the following

- 1. Sexual abuse of a resident by another resident; and
- 2. Sexual abuse of a resident by a staff member, contractor, or volunteer.

Resident on Resident Sexual Abuse: Sexual abuse of a resident by another resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse

- 1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Staff on Resident Sexual Abuse: Sexual abuse of a resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the resident.

- 1. Contact between the penis and vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1 through 5 of this definition;
- 7. Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a resident, and
- 8. Voyeurism by a staff member, contractor, or volunteer which is an invasion of privacy of a resident by staff for reasons unrelated to official duties, such as peering at a resident who is using a toilet in his or her cell to perform bodily functions; requiring a resident to expose his or her buttocks, genitals, or breasts; or taking images of all or part of a resident's naked body or of a resident performing bodily functions.

Resident Sexual Harassment:

- 1. Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one resident directed toward another; and
- Repeated verbal comments or gestures of a sexual nature to a resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

*It is required to notify emergency medical personnel by phone for all allegations of sexual penetration defined as a sexual activity that involves the entry into the vagina, anus, and/or mouth, however slight, with a body part or an object. All other allegations of sexual abuse will be investigated and forwarded to the Federal Bureau of Prisons.

RESIDENTIAL FACILITY:	
DATE AND TIME REPORTED:	
FIRST RESPONDER INches and Titlely	

PREA ALLEGATION NOTIFICATION PENETRATION/NON-PENETRATION EVENT CHECKLIST		DATE THE THE OWNER					
		FIRST RI	FIRST RESPONDER [Name and Title]:				
		HOWIN	AS THE	ALLEGATION REDOR	TED fulction staff ather		
Residentia	Facilities	i	HOW WAS THE ALLEGATION REPORTED (victim, staff, other offender, compliant, anonymous, etc): ALLEGATION REPORTED BY:				
	gan dalam dan biran dan dalam dan dan dan dalam dan						
Alleged Victim:	DOC#:	Dat	te/Time	of Incident:			
DOB:	Race:						
Location of incident:							
			1 4 4 5				
Alleged Perpetrator:	·	DO	C#:				
DOB:	Race:						
EVENT:							
PROGRAM DIRECTOR RESPO	ONSIBILITIES:		,	Year of the second	AD MARIE TO ANALYSIS OF		
PERSON TO BE NOTIFIED	PERSON NOTIFIED	DATE	TIME	Penetration Events 92 hours or less	Penetration Events over 92 hours & Non-Penetration		
040 (5)			<u> </u>	<u> </u>	Events		
CAO of Residential				Immediate	Immediate		
Facility Law Enforcement				Immediate	Immediate when		
(when applicable)		}		nimiculate	appropriate		
Emergency Medical		-	-	Immediate	Only with		
(only with penetration)					penetration events		
Mental Health Provider			<u> </u>	Immediate	Next business		
CAO/Designee of liaison	·.	1	- 	Immediate	Next business		
District Office		1					
Regional Administrator				Immediate	Next business		
Department PREA Coordinator				Email	Email		
Location of Examination:							
Date and Time Client Left Fa	cility:						
Date and Time Victim Return	ned from Forensic Examinat	tion:					
SIGNATURE	- <u></u>			DATE			

<u>Vict</u>	<u>tim:</u>
1. W	Vhere did the incident/alleged incident occur?
	In the victim's room (if the victim and perpetrator share a room, count as the victim's room)
	In a dormitory or other multiple housing unit
	In a program service area (commissary, kitchen, storage, laundry, cafeteria, workshop)
	Outside the facility but on facility grounds
	Other – specify:
2. W	That time did the incident/alleged incident occur? (mark all that apply)
	Morning (6 a.m. to noon)
	Afternoon (noon to 6 p.m.)
	Evening (6 p.m. to midnight)
	Overnight (Midnight to 6 a.m.)
addit	umber of victims/alleged victims involved in the incident? (if there were more than one victim please not tional victims' age, gender and race in the comment section) emographic information of victims/alleged victims: (if more than one victim please note additional ographic information in the comment section)
	Age at the time of incident: Gender:
	Race/ethnic origin:
5. Di	id the victim/alleged victim sustain any physical injury during the incident?
	☐Yes ☐No ☐N/A
	☐Broken bones
	Anal or vaginal tearing
	Chipped or knocked out teeth
	Internal injuries
	☐Knocked unconscious
	Bruises, black eye, sprains, cuts, scratches, swelling, welts
	Other - specify:

6. If the victim/alleged victim received injuries, did the victim receive medical treatment for the injuries?							
□Yes □No □N/A							
7. Who reported the incident/alleged incident? (mark all that apply)							
☐Victim							
Another Offender (non-victim)							
Family of victim							
Residential staff							
Medical/healthcare staff							
Instructor/teacher							
Counselor							
Other – specify:							
8. After the incident was reported, were the victim/alleged victim: (mark all that apply)							
Given a medical examination							
Administered a rape kit							
Tested for HIV/AIDS							
Tested for other sexually transmitted diseases							
Provided with counseling or mental health treatment							
None of the above							
9. Are medical records pertaining to this incident included with the file material attachment in the master report folder?							
□Yes □No □N/A							
Type of offender sexual violence:							
Offender on Offender							
Nonconsensual Sexual Acts							
Abuse Sexual Contact							
Staff on Offender							
Sexual Misconduct							
Sexual Harassment							

Offender-on-Offender Sexual Violence:

	w many perpetrators/alleged perpetrators were involved in the incident? (if there were more than on trator, please note additional perpetrators' age, gender and race in the comment section)
2. W	hat was the perpetrator's alleged perpetrator's gender?
	☐ Male ☐ Female
3. De	mographic information of perpetrator:
	Age at the time of incident: Gender:
	Race/ethnic origin:
4. W	hat was the nature of the incident/alleged incident? (mark all that apply)
	Voluntary sexual contact between adults
	Unwanted touching for sexual gratification
	Pressure/coercion (without force) resulting in a nonconsensual sexual act
	Physical force (or the threat of force) resulting in a nonconsensual sexual act
	Other - specify:
	nat type of pressure or physical force was used by the perpetrator/alleged perpetrator on the victim? all that apply)
	Persuasion or talked into sexual activity
	Bribery or blackmail
	Gave victim drugs or alcohol
	Offered protection from other offenders
	Threatened with physical harm
	Physically held victim down or restrained in some way
	Physically harmed or injured victim
	Threatened with a weapon
	Other - specify:
	None

Staff-on-Offender Sexual Misconduct and Harassment: 1. What was the nature of the incident/alleged incident? (mark all that apply) Physical force resulting in a nonconsensual sexual act Pressure or abuse of power resulting in a nonconsensual sexual act Indecent exposure, invasion of privacy, or voyeurism for sexual gratification Unwanted touching for sexual gratification Sexual harassment or repeated verbal statements of a sexual nature by staff Sexual relationship between offender and staff that appeared to be willing Level of coercion unknown Other - specify: 2. How many staff were involved or alleged to have been involved in the incident? (if more than one staff was Involved in the incident note staff demographics in the comment section) 3. Demographic information of staff involved or alleged to have been involved in the incident: Age at the time of incident: _____ Gender: _____ Race/ethnic origin: 4. Was the staff involved or alleged to have been involved in the incident an employee of the facility, a contract or volunteer: (mark all that apply) Full or part-time paid employee Contracted employee or vendor Volunteer or intern Other - specify: 5. What was the primary position description of the staff involved or alleged to have been involved in the incident? (mark all that apply) Administrator, Supervision staff | |Clerical including secretaries, clerks, receptionists, and other administrative support Maintenance and other facility support staff, including groundskeepers, janitors, cooks, and drivers Education staff, including instructors, teachers, librarians, and education assistants Other program staff Other - specify:

Comments:

Offender Sexual Abuse includes the following

- 1. Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident; and
- 2. Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer.

Offender on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by another offender, detainee, or resident includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse

- 1. Contact between the penis and the vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and
- 4. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

Staff on Offender Sexual Abuse: Sexual abuse of an offender, detainee, or resident by a staff member, contractor, or volunteer includes any of the following acts, with or without consent of the offender, detainee, or resident.

- 1. Contact between the penis and vulva or the penis and the anus, including penetration, however slight;
- 2. Contact between the mouth and the penis, vulva, or anus;
- 3. Contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 4. Penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 5. Any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;
- 6. Any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in paragraphs 1 through 5 of this definition;
- Any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of an offender, detainee, or resident, and
- 8. Voyeurism by a staff member, contractor, or volunteer which is an invasion of privacy of an offender, detainee, or resident by staff for reasons unrelated to official duties, such as peering at an offender who is using a toilet in his or her cell to perform bodily functions; requiring an offender to expose his or her buttocks, genitals, or breasts; or taking images of all or part of an offender's naked body or of an offender performing bodily functions.

Offender Sexual Harassment:

- Repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a
 derogatory or offensive sexual nature by one offender, detainee, or resident directed toward another; and
- Repeated verbal comments or gestures of a sexual nature to an offender, detainee, or resident by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

*It is required to notify emergency medical personnel by phone for all allegations of sexual penetration defined as a sexual activity that involves the entry into the vagina, anus, and/or mouth, however slight, with a body part or an object. All other allegations of sexual abuse will be investigated and forwarded to the CAO of the liaison District.



MERS/Goodwill

State Halfway House Resident Handbook

1727 Locust Street 7th Floor St. Louis, MO 63103 314-231-6100 fax: 241-2597

MERS/Goodwill Halfway House Resident Handbook Table of Contents

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Residents are expected to abide by the MERS/Goodwill Halfway House Rules and successfully complete the Halfway House program.

Residents are expected to comply with any directives given by the Probation Officer, Court, and/or Parole Board and follow the plan developed by the MERS/Goodwill Case Manager.

Living Area

Staff will assign each resident a bed, hanging space, and a locker or footlocker to secure personal belongings. Residents may use ONLY the space assigned to them. Residents may not rearrange furniture. Residents may be moved from the initial room they were assigned to, or any time throughout their stay, at the discretion of the Program Director. Residents may not refuse to move if instructed to do so.

Staff will assign each resident a combination lock upon intake. If you choose to use your own lock, you must give the combination or extra key to the Security Monitor. Residents may not trade locks for any reason. If the combination to a lock is unknown by staff, the lock will be cut and removed.

Only two (2) appliances may be plugged into each outlet in the sleeping areas. Electrical items must be in good repair with no broken plugs or frayed wires. Any items found not meeting standards will be confiscated and discarded. The use of extension cords and/or multipurpose plugs is a major violation.

Residents must properly make their bed when they are not occupying the bed. The bedspread issued should always be used to cover the made bed. Residents are allowed one throw blanket that must remain underneath the pink flame-retardant blanket provided to you when away from your bed. Personal pillows are not allowed. Residents must clean the entire assigned living area daily before signing out of the facility, or by 7:45 a.m. every day if they do not sign out of the facility.

Living areas are to remain free of clutter and excessive property. Personal property should be stored away and cannot be stored under your bed or on the floor. Doing so may result in an infraction and the items may be confiscated. Cardboard boxes are prohibited and will be confiscated and discarded.

No food (of any kind) or drinks, except for water, are allowed in the rooms. This includes instant coffee, sugar, creamer, candy, gum, and cough drops. You can only eat and drink in the common area.

Personal belongings and decorations are permitted in your living area as long as such items and decorations do not cause fire or safety hazards or damage to walls. Nails and thumb tacks are not permitted.

If a resident enters a room they are not assigned to, that resident and everyone in the room at that time will receive a major violation. Residents may not be in or on someone else's bed, even if it is in their assigned room. Doing so will result in a major violation.

Residents may not use or store hair dryers, curling/flat irons, or razors in their room. Residents must use these items in the restrooms and then return them to the Monitor Station. If these items are found in a room, they will be confiscated and the resident in possession will receive a major violation.

No heating elements of any kind are allowed. If you are cold, you may request an additional blanket.

Residents are not allowed to open the windows in their room.

Residents must utilize the common area and restroom facilities of the program side they are assigned to. For example, if you are assigned to a state-side room, you may not use the common area or television on the federal-side of the facility.

State residents may only use the resident computers on the state-side of the facility. Using computers on the federal-side of the facility will result in an Infraction.

Personal Belongings

MERS/GOODWILL IS NOT RESPONSIBLE FOR LOST OR STOLEN PROPERTY.

RESIDENTS ARE ALLOWED THE FOLLOWING PERSONAL BELONGINGS:

7 pairs of pants, skirts, or dresses

7 shirts

7 sets of underwear

3 pairs of shoes (plus one pair shower shoes)

2 jackets/coats

3 sets of pajamas/ lounge wear

2 uniforms, 1 pair uniform shoes

1 robe

1 alarm clock/clock radio

1 TV (no larger than 13 inch)

Personal care items, as needed

Any personal items over this allotment will be confiscated and discarded.

Residents may not bring back clothing or any items from a destination (other than passes or wellness walks) unless given PRIOR approval from the Case Manager. If returning from treatment with clothing, the resident must ensure treatment staff speaks with the Case Manager in advance and advises of what items the resident will be returning with. Failure to comply will result in the items being confiscated and discarded.

Residents may not loan or sell any clothing or personal items to another resident or exchange personal favors or money for services. For example, paying a resident to complete your chores or do your hair.

All residents are strongly encouraged to lock-up any valuable property. We encourage you not to keep large sums of money at the facility and to mark all your personal items, including clothing, with your name.

If at any time personal radios/televisions become a problem, staff reserves the right to request that residents use a headset. If the problem continues, staff will confiscate the radio/television until your discharge.

Residents may not take radios, CD players, or music devices of any kind in the restrooms. Staff will confiscate any such device found in the restroom.

Upon entry into the program, a monitor will fill out the "Property Inventory Sheet" with you, listing all of your personal belongings. If you remove items or bring new items to the facility, it is your responsibility to update your "Property Inventory Sheet" with the monitors. When bringing in new items you may not go over your allotted amount of personal property. If you do so, the overage will be confiscated and you will have 7 days to remove the items, otherwise the overage will be discarded. **No exceptions.** As stated above, items brought in without prior approval or from passes or wellness walks will automatically be discarded.

The "Disposition and Release of Personal Property" form you fill out at orientation will be used to notify the person(s) you have designated to retrieve your property in the event you leave before completing the program. Only the person(s) you list on your form may retrieve your belongings and they must provide photo identification to receive the belongings. The person will have 30 days, starting from the day you left the program, to retrieve your property in person. MERS/Goodwill is not responsible for property left beyond 30 days of your exit date and will discard any property not retrieved within that time.

Linen

Upon arrival, staff will issue each resident linens and towels – one (1) bedspread, two (2) sheets, one (1) pillowcase, one (1) pillow, one (1) blanket, two (2) bath towels, and two (2) washcloths.

Residents will be responsible for linens issued to them upon admission and for the duration of their stay at MERS/Goodwill. Upon discharge from the program, you must turn in all linens and towels issued to you at the time of your arrival. You must wash all issued linens and towels before turning them in. You will be charged for any shortages or damaged items:

Sheets and Towels \$5.00 each Pillow case \$2.50 Wash cloth \$1.50 Pillow \$15.00 Blanket \$15.00 Bedspread \$25.00

Laundry

Laundry facilities and detergent are provided free of charge. Residents are required to wash their linens at least once each week. Failure to do so will result in an infraction.

MERS/Goodwill is not responsible for the loss or damage of property due to laundry facility use.

The laundry facilities are available for your use from 5:00 a.m. to 10:00 p.m. on your room's scheduled day (see schedule below). Your scheduled laundry day is posted in your bedroom.

Monday: 719

Tuesday: 717/710

Wednesday: 720

Friday: 722

Saturday: 721

Thursday: 718

Ironing

An iron is provided for your use in the laundry area. Always unplug the iron when not in use. Never leave the iron unattended.

Meals/Dining Room

Meals are served at the following times:

Breakfast Lunch Dinner

Monday- Friday: 6:30 a.m. to 7:00 a.m. 11:15 a.m. to 12:00 p.m. 5:00 p.m. to 5:45 p.m. **Weekend/ Holidays:** 9:00 a.m. to 9:45 a.m. 12:00 p.m. to 12:45 p.m. 4:00 p.m. to 4:45 p.m.

It is your responsibility to notify your Case Manager if you have any dietary restrictions due to religious, medical, or other reasons. You are required to provide a doctor's note detailing any medical restrictions.

You must wear shoes and be dressed appropriately when on MERS/Goodwill property, including for meals. Residents may not wear pajamas, nightgowns, slippers, robes, spaghetti straps, tank tops, halters, tube-tops, shirts showing cleavage or inappropriate dress. Shorts/skirts/dresses must be longer than the length of your fingertips when your arms are extended with hands to your side. Sheer/see-through clothing must have appropriate clothing underneath. You must remove curlers, headscarves/wraps, perms/conditioner/hair-dye prior to going to the cafeteria. If you are in the middle of a hair-care process, you are not allowed to go to the cafeteria and will receive a sack lunch. You must be fully dressed as if you were ready to exit the facility to dine in the cafeteria.

You cannot take food (of any kind) from the dining room, including beverages. NO EXCEPTIONS! You cannot stop at the cafeteria and grab something for breakfast on your way out of the facility. You must eat during the scheduled times or receive your food from the Security Monitors on the 7th floor.

If you will be away from the facility and will not return in time to dine in the cafeteria, but will return within 2 hours of meal time, you need to sign up for a saved hot meal. If you fail to do so, you will be given a sack lunch. If you will be out of the facility all day, you may sign-up to receive a sack lunch to take with you. Remember to request the sack lunch from the Security Monitor on your way out.

You must sign-up for all meals, including sack lunches, on the "Meal Sign-up Sheet" one day in advance. The monitors will place a new "Meal Sign-Up Sheet" in the Common Area every morning.

If you do not sign up to dine in the facility, you will not be allowed to go downstairs for that particular meal and you will not receive a saved hot meal. A sack lunch will be provided to you instead. You may not receive a sack lunch if you do not like what is being served in the cafeteria. Residents are allowed to order food to be delivered at their own expense, up to 8:00pm.

Saved meals are to be consumed after you have received it from the monitor. If you don't finish your meal, you cannot save it for later. DO NOT leave meals anywhere on the 7th Floor for later consumption. Note: Hot saved meals will be discarded two (2) hours after the scheduled mealtime.

Medical Care/ Sick Procedures

Medical care (both emergency and non-emergency) is the financial responsibility of the resident.

Residents should schedule all medical appointments ahead of time and submit a "Medical Add On" form in advance. This allows the Case Manager time to verify and approve the appointment.

In the event of an emergency, the Security Monitor will call 911. Residents going to the Emergency Room must call when they arrive at the hospital, every hour while there, and again when exiting the hospital. Residents admitted to the hospital must call every 3 hours, unless otherwise directed. All calls must be made from a hospital phone. Residents must bring back discharge paperwork that includes a list of all medication and drugs administered while they were there. Failure to make all required calls and/or failure to return with discharge paperwork will result in a major violation.

Residents returning from the hospital are placed on a 2-day rest to ensure their well-being. Residents on rest may not take wellness walks, attend smoke breaks, or take pass time and will eat their meals on the 7th floor. If a resident is on restriction, the restriction is suspended until the 2-day rest period is complete.

If a resident is too sick to work or attend treatment, they must be evaluated by a licensed medical professional and notify their Probation/Parole Officer. If a resident's illness prevents them from going to work or treatment, they will only be able to sign out of the facility for medical treatment. All passes and recreation during that time will be forfeit.

All residents going to the hospital, doctor, clinic, or any other medical appointment must take a "Prescription Medication Advisory Form" that must be completed by the medical provider. These forms are available in the state common room area and the monitor station. It is the resident's responsibility to remember to take the form with them. Residents must turn this form in to the monitors upon return along with any discharge paperwork. Failure to return with a completed Prescription Medication Advisory Form and discharge paperwork will result in a major violation.

Medication

All prescription and over the counter medication must be turned into staff upon arrival. If you return from a medical visit or pharmacy with new medication, the medication must be sealed/contained within the stapled pharmacy bag. You may not tamper with the medication and must turn the medication in to staff **BEFORE** you can take any of it. **Failure to do so will result in a major violation**.

Residents are not to use or bring any substances that contain alcohol (i.e. cough syrup, mouthwash, etc.) or narcotics into the facility. **Doing so will result in a major violation.**

Residents may not keep prescription or over the counter medication in their room or on their person, unless approved by the Director. Any medication found will result in a major violation.

We retain all medication at the Monitor's Station and administer only as prescribed at the posted times:

Monday- Friday: 5:00 a.m. to 6:30 a.m. 1:00 p.m. to 2:00 p.m. 7:30 p.m. to 9:00 p.m. Weekends/ Holidays: 7:30 a.m. to 9:00 a.m. 1:00 p.m. to 2:00 p.m. 7:30 p.m. to 9:00 p.m.

If the medication bottle does not designate dosage time(s), you may only take the medication at the scheduled medication time. For medication prescribed "as needed", you will not be able to take more medication than specified, in the timeframe specified.

Residents may not give medication to or take medication from another resident for any reason. The client must count the number of pills in each bottle of medication being taken at that time in front of a Security Monitor, prior to taking the medication.

Residents must bring a beverage (such as a cup of water) with them when taking medication. Residents may not walk away from the window until after swallowing all medication they are taking at that time. If at any time the monitor feels a resident still has the medication on their person, the resident must show the monitor the inside of their mouth, hands, and is subject to search.

Telephone

The use of the pay phone is a privilege and may be restricted or removed as a disciplinary action.

Residents can utilize the pay telephone 15 minutes at a time. Residents must wait at least 30 minutes between each phone call. This is to ensure fair access to the phones; however, this rule still applies if you do not see another resident waiting to use the phone. Failure to comply with the phone time limit and/or immediately end your call when a Security Monitor states "Phone Check" will result in an Infraction.

If there is a "phone problem" that cannot be resolved among residents, phone privileges will be taken from those in disagreement for the remainder of the day.

Residents may not give out ANY information regarding clients. The proper response to a caller looking for a client who is not currently in the house is "She is unavailable".

Staff will not take personal messages for residents. Emergency calls will be directed to the Monitor on duty, Program Director or the Case Manager and the message will be passed to the resident as soon as possible.

Residents may use the phone at the Monitor's Station for business calls only from 8:00 a.m. to 5:00 p.m., for no more than 15 minutes at a time unless reasonable circumstances exist. Business calls include calling your Probation and Parole Officer, scheduling appointments, contacting treatment centers, and inquiring about employment or housing. Residents must use the pay phones for all other calls. Residents must get the approval of the monitor on duty before using the phone. Residents may be required to wait to use the phone based on monitor duties and other outgoing/incoming calls.

Residents are not allowed to use the phone at the receptionist desk on the 1st floor under any circumstances. You must return to the 7th floor to make a call.

Smoking

MERS Goodwill is a smoke free facility! Cigarettes, lighters, matches, or any other smoking paraphernalia are not allowed in the residential facility and are only allowed in the resident's assigned entryway locker.

Any cigarettes, lighters, matches or smoking paraphernalia found in your possession or in your room inside the residential facility will be confiscated as contraband and discarded. A major violation will be issued and restriction will be applied.

			
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Entryway Lockers

Residents are provided with a key to one of the individual lockers in the entryway on the 7th floor by their Case Manager once they are orientated, or once a locker is available. These lockers are available for the safekeeping of your cigarettes, lighters, matches, cell phone, and cell phone charger ONLY. You may not keep rolling papers, loose tobacco, food, drinks, candy, nor items other than those listed above in the locker.

Residents may keep e-cigarettes in their locker, but may not bring e-cigarettes into the facility. E-cigarettes may not be used anywhere in the building.

You must remove all cigarettes from their original pack and place them into a plastic sandwich bag, obtained from the monitors without bringing your cigarettes past the facility door. Failure to remove your cigarettes from the original pack will result in the confiscation and discarding of the entire pack. Residents may not store extra cigarette boxes/ cartons in the monitor station.

You must turn your cell phone off before placing it in your locker. If your cell phone is heard ringing in your locker, you will receive a warning. If it is heard ringing again, the phone will be confiscated. You cannot charge your cell phone anywhere on MERS/Goodwill property. This will result in a major violation and confiscation of your cell phone. If your cell phone is confiscated for any reason, the phone will not be returned until your discharge from the facility.

If you enter the locked doors of the facility with a cell phone, cigarettes, lighter, matches, e-cigarette, or other smoking paraphernalia, the items will be confiscated and you will receive a major violation.

You may only access your locker when you are signing out or signing in from the facility. You may not access your locker at any other time unless authorized by your Case Manager or the Director. Failure to follow this rule will result in loss of your locker privilege and the contents of your locker for the rest of your stay and a major violation. Residents may not access their locker if going to the hospital by EMS. You cannot share your locker with any other resident. Sharing a locker will result in a possible violation and loss of locker privileges for both residents.

You are responsible for keeping track of your locker key. If you lose your locker key or leave the key in the lock, you will lose your locker privilege and items in your locker may be confiscated. You must return your locker key prior to discharging from the facility. Failure to return your locker key will result in a \$10 charge.

If you have lost your locker privilege or fail to return your locker key upon discharge or absconding and you are returned to the facility at a later date, locker privileges will be at the discretion of the Director.

Any contraband found in a locker will result in a major violation.

Visitation

Visiting hours: Saturday and Sunday (and Thanksgiving and Christmas) 5:30 P.M. to 8:30 P.M.

Residents must complete a "State Visitor Request" form each week. You must submit the completed form to your Case Manager before Tuesday evening, 10:00pm, prior to that weekend's visitation. The resident's PO must approve all visitations. This includes family or friends coming to the facility outside of normal visitation hours and the resident meeting with family or friends when signed out of the facility, other than during weekend pass time. Any visitor not approved will be denied access to the building.

A resident is allowed three (3) adult visitors over the age of 18, and their biological children. Visitors may only visit with the resident that they signed-in to visit. A visitor may not visit with more than one (1) resident at a time unless the resident is an immediate relative.

Visitors must show identification and sign in every time they visit. Residents with visitors will be paged to the cafeteria, where the visit will take place. Visitors are restricted to this area and may not wander around. An adult visitor must accompany small children. Children may not roam around the cafeteria. If a visitor decides to exit the building, the visit is considered terminated and the visitor will not be allowed back in the building. Once you return to the 7th floor, your visit is terminated with that person.

Packages may only be dropped off to the resident during scheduled visiting hours. All packages brought into the cafeteria will be searched prior to the resident receiving them.

Visitors may not enter the facility with weapons, alcohol, or drugs or under the influence of alcohol or drugs. Visitors will be searched by a handheld metal detector and their property will be searched by the monitor on duty. Please advise visitors of this before they arrive. Staff has the authority to inform a visitor with weapons, alcohol, or drugs in their possession and/or a visitor suspected to be under the influence to leave the facility immediately. Visitors may not use cell phones or cameras in the facility.

Visitors must appear in acceptable dress and to conduct themselves in an acceptable manner. Visitors dressed inappropriately will be denied entry to the building.

Residents must conduct themselves appropriately during visiting. THE USE OF SEXUAL LANGUAGE, SEXUAL CONTACT, ABUSIVE, OR FOUL LANGUAGE BY EITHER THE RESIDENT OR THE VISITOR WILL NOT BE TOLERATED. If the Security Monitor witnesses this behavior, the visitation will be terminated immediately. This includes hugging and kissing in an intimate manner. Neither the visitor nor the resident may sit on the other persons lap.

Visitation from authorized professionals must be pre-arranged by the Case Manager and can be scheduled at various times. This would include caseworkers, doctors, attorneys, etc.

Residents may not meet, visit, or socialize with family, friends, or any other individual while signed out from the facility other than during pass time, or unless otherwise specifically approved by the Probation and Parole Officer. This includes interactions with individuals on the way to a destination or at the destination, and receiving unapproved rides. Such interactions will result in a Major Violation for Unauthorized Visit.

Association

Residents cannot associate with any convicted felon or misdemeanant outside the confines of this facility. This includes all DOC residents of this facility. Residents may attend treatment and conduct wellness walks together. Exceptions are made with permission from the house Probation Officer.

Residents are not to receive any visits from any person who is under the supervision of the Department of Corrections. If it is discovered that you are receiving visits from an individual who is currently on probation or parole, your visiting privileges will be revoked for the remainder of your stay and you may receive a probation violation for association.

Case Manager

Residents are required to meet with their Case Manager once a week to review plans of action, treatment, status of fees, and problems/concerns. These meetings are not optional.

Residents must attend all meetings and appointments assigned by the Case Manager, Probation Officer, and DOC. Staff members are not required to remind you of your scheduled appointments. Failure to attend may result in disciplinary action.

Home plan forms are submitted to your Case Manager who will forward the form to the Probation and Parole Officer for investigation and approval. Residents must have the approval of the Probation and Parole Officer before entering into any contract, e.g. renting an apartment.

Weekly Schedule

Residents must complete and submit their weekly schedules for review by the Case Manager on Tuesday evenings by 10:00 p.m., one week in advance. This ensures your Case Manager has time to verify your appointments, check back with you with any questions, and ensure you are able to sign-out as needed.

Provide all required information on the schedule, including your name, destinations, dates, and times with am or pm. Realize that all schedule entries may not be approved. You will only be allowed to sign out for those activities that have been verified and approved by the Case Manager.

If you are working, and receive your work schedule after the designated submission date, you will need to submit a "revised schedule" to your Case Manager for approval. Your Case Manager will have to verify your added work hours, and sign off on them.

If you fail to submit your schedule in time for approval, you will only be allowed to sign out for work and treatment and will lose your weekend pass.

There will be **NO** same day add-ons added to your schedule. It is your responsibility to prepare for all appointments ahead of time.

Signing In/Out

You must sign-out at the monitor station prior to exiting the facility. Failure to do so will result in a major violation. Failing to sign-out properly may also place a resident in jeopardy of having a warrant issued for her arrest

Before signing-out, make sure that you have everything you need to exit the facility. You must exit the security doors after signing out. Once signed out, you are not allowed to go to your room, answer a phone call, or talk to other residents in the facility. You will not be allowed to reenter the facility to use the restroom, get your locker key, or for any other reason.

When you sign-out, you are acknowledging that you are going only to the destination listed and the time you are scheduled to return. You have not completely "signed-out" until the security monitor on duty reviews your information and initials your departure, giving you permission to leave. Exiting the facility doors without permission from the monitor will result in a major violation.

When you sign out to a particular destination, you must go directly to that destination. You may not go to any other destination. You may not make any stops on the way to or from the approved destination, even if it is on the same route as your destination. Doing so will result in a major violation for Out of Bounds.

Destinations are approved for a specific purpose and/or to meet a specific goal. When signed-out to a destination, you may only engage in activities that correspond with the intended purpose of the sign-out. For example, if you sign-out to destinations such as Schnucks or Walgreens for prescriptions, you may not make any additional purchases, unless pre-approved by your Case Manager. You may not purchase or receive items from any individual at the destination you are signed out to.

If you will be late returning from an appointment, you must call from the destination's phone. A call from your cell phone will not be accepted as proof you are at the approved destination.

If you depart your approved destination sooner than scheduled, you are to report **DIRECTLY** back to the facility. If not, you will be considered unaccounted for from the time you left the destination until the time you actually return to the house. You will be given a major violation for Unaccountability.

You must sign-in properly to the facility upon return. You must submit to a Breathalyzer test upon your return. Failure to sign-in properly and/or refusal to submit to a Breathalyzer test will result in a major violation.

Treatment

The program Probation and Parole Officer will determine whether or not you will attend a substance abuse assessment. If so, the Officer will notify your Case Manager of your assessment date. Your Case Manager will notify you of this date and will add the assessment to your weekly schedule.

You are required to attend treatment and treatment assessments as directed by your Probation and Parole Officer. You may not miss treatment for any reason, unless you are hospitalized or with prior approval from your Probation and Parole Officer.

Job Seeking

All residents eligible to job search must find employment. If not in treatment, eligible residents must secure full time employment, which consists of one or more jobs totaling thirty-five (35) hour per week or more.

The Case Manager and Probation Officer must approve a resident for job search. Residents in Level 1 treatment, that are receiving SSI/Disability income, that are pregnant, or that are awaiting interstate or out of district transfer generally do not qualify for job search.

Job search residents MUST have a working resume, photo identification, and interview appropriate clothing before seeking employment. All residents seeking employment will utilize the computers in the State Common area to look for job openings and fill out online applications. All Job Search clients must attend the mandatory Job Readiness Training class at 8:30 am every Friday morning.

Residents may sign-out to attend a scheduled interview, a job fair, or to submit an application if the Case Manager is able to confirm the location is hiring and only accepts applications in person. Provide your Case Manager with requested sign-out information in advance.

Residents signing-out for job search activities must be dressed in interview-appropriate attire, have a copy of their resume in their possession, and must return with proof of each employer visit.

After gaining employment, all employment information must be reported to and managed by your Case Manager. You must complete and submit an "Employment Verification Form" to your Case Manager immediately upon obtaining employment.

Bus Tickets

Bus tickets are issued to assist you in your reentry process and in meeting your supervision and case management goals. Bus tickets are not issued for recreation activities such as wellness walks and pass time. You will be issued 1-2 bus tickets when signing-out to destinations not in walking distance. As bus tickets include a 2 hour transfer, the amount of bus tickets issued is based on travel time and time allotted for you to be at the destination. When you are issued bus tickets, you will sign the Bus Ticket form to acknowledge receipt of the tickets.

Employed residents and those receiving SSI/Disability Income will be charged for bus tickets issued at the time of their savings submission. Residents not yet employed or not yet receiving SSI/Disability Income are expected to reimburse MERS/Goodwill for all bus tickets once they begin receiving income.

We strongly recommend that you apply for the Metro Reduced Fare card if you are eligible. This will allow you to buy tickets at a reduced rate. If you are not eligible for the reduced rate, but you receive income from employment, we recommend purchasing a monthly bus pass.

Driving Privileges

Permission to drive must be approved by the State Probation/Parole Officer. Resident must possess a valid operator's license, proof of insurance, legal registration of the vehicle they plan to drive, and a recent driving record from local police prior to driving or bringing their vehicle to the facility. Residents must complete an Authorization to Operate a Motor Vehicle Form.

Resident Savings Account

All residents receiving ANY income are required to submit 50% of the gross amount (amount before taxes and other deductions) to an individual savings account, established at MERS/Goodwill. This includes but is not limited to employment income, SSI/Disability Income, income from self-employment, and received restitution. The full savings balance will be rendered back to the resident upon discharge from the program.

Any and all income received must be reported to your Case Manager immediately upon receipt. Residents receiving SSI/Disability Income must submit their award letter for income verification. Employed residents must submit their actual pay stub to the Case Manager to verify work attendance and earnings no more than one day after receiving the paycheck. Employed residents receiving tips must report their cash earnings each day and must submit 50% of that amount to savings.

You may not cash any checks or spend any income received prior to submitting your required savings amount. Failure to comply with this requirement will result in a major violation.

The Case Manager will document your income to determine the appropriate savings submission. The Case Manager will also determine what amount you owe for bus ticket reimbursement. The amount residents are required to submit for bus tickets reimbursement is taken from the remaining Net balance after savings. This means the bus tickets reimbursement amount is paid on top of the 50% of the gross amount.

All payments must be in the form of a money order and must be made out to MERS/Goodwill. You will submit one money order for the savings amount and one money order for the bus ticket amount. You have 24 hours from the time you receive your check, to meet with your Case Manager and get your money orders in. (weekend and holiday hours not included). Failure to submit your payment within 24 hours will result in a major violation.

Regardless of the 50% gross amount due to savings and the amount of bus tickets owed, all residents will be left with no less than \$15 per week. If your income is not large enough to cover all bus tickets owed while leaving you with the \$15 per week, the remaining tickets due will be calculated into your next payment.

If at any time a resident fails to pay savings on any given occasion, MERS/Goodwill has the right to make arrangements with your employer for your future checks to be mailed to the facility until your discharge.

Only under specific and select circumstances (work uniforms, medication/medical expenses, rent deposits, court fees/ restitution) is a resident allowed to withdraw funds from their savings prior to discharge. Clients must complete a withdraw form and this must be approved by her Probation and Parole officer.

If the resident escapes/absconds, all savings will be transferred to the Department of Corrections.

If discharging to another DOC residential facility or arriving to MERS/Goodwill from another DOC residential facility, the resident must transfer any savings from the discharging DOC residential facility to their savings account at the receiving DOC residential facility.

Smoke Breaks

All residents not on restriction, or not on rest following a hospital visit, are allowed to go outside for designated accompanied smoke breaks. When on a smoke break you must stay with the accompanying monitor in the smoke area designated. If a resident on restriction or rest attends a smoke break, she will receive an infraction. The monitor also has the right to cancel the smoke break for all residents should a resident on restriction or rest attempt to attend the smoke break.

Smoke breaks are scheduled as follows:

Monday- Friday: 9:45a.m. - 10:00 a.m. 1:45p.m. - 2:00 p.m. 5:45p.m. - 6:00 p.m. **Saturday- Sunday:** 9:45a.m. - 10:00 a.m. 1:45p.m. - 2:00 p.m. 4:45p.m. - 5:00 p.m.

The monitors will attempt to stick to this schedule as much as possible. Please note that situations can arise that would delay the start of a smoke break. You must sign your name on the smoke list sheet in the common area prior to each smoke break in order to attend. You are responsible to be ready for smoke break. Staff is not responsible for finding you at smoke break time.

If at any time during a smoke break the monitor feels it is unsafe to continue the smoke break, all residents will be required to immediately put out their cigarettes and follow the monitor's instructions.

Wellness Walks

Clients have the privilege to earn two 30 minute wellness walks per week; Monday - Sunday. The resident must schedule their walks on separate days. You MUST put your walks on your schedule when schedules are due. This means Tuesday nights, by 10:00 p.m., a week in advance. Once scheduled, you may not make ANY adjustments, no matter what. They are set in stone.

The walks must be scheduled between 9:30am and 7:00pm during summer months (your walk must end by 7:00pm). During winter months, when it gets dark early, walks must end by 6:00 p.m. Notification will be posted when the change occurs.

Residents are not allowed wellness walks while on restriction or rest. If you are late from a wellness walk, no matter what the reason, you sacrifice your next walk, as well as receive an infraction or violation.

Pass Time and Pass Rules-See pass procedure chart

Passes may only be taken Fridays through Sundays. Pass time is earned based on treatment placement and employment/ SSI status. Passes are granted based on the resident's successful participation in programing and completion of case management plans and goals. Your Case Manager and Probation Officer will determine this plan, and outline the objectives with you.

You cannot combine pass times with wellness walks. Pass time cannot interfere with your treatment schedule. If you are scheduled to work and your pass will expire **BEFORE** you get off, you will need to sign in from your pass before going to work. You can only go to work while on pass if your pass time does not expire while you are at work. This rule applies to treatment as well.

You may not sign out for a pass until 6:00am. You must sign out for all passes before 9:00 p.m. on the day of your pass time departure and all passes must end by 9:00 p.m. on the day of your pass time return. If you return to the facility prior to the return time indicated on your pass, you forfeit the remainder of the pass.

Qualifying residents must submit a Weekend Pass Request to their Case Manager no later than the Tuesday evening by 10:00 p.m. prior to the pass exit date. Pass requests submitted after this deadline will be denied.

	MERS/ Goodwill State Halfway House Pass Procedure					
Level	Pass Time	Treatment	Employment/ SSI/ Disability	Programming		
Base	0	-None- New Arrival/ Orientation Week or -Current restriction due to major violation	N/A	-Not following program directives as determined by Probation Officer and Case Manager and/or -Currently on restriction from major violation.		
Bronze	6	-Level 1 treatment or not yet assessed (but assessment has been scheduled)	N/A	-Not following program directives (eg Anger Management, Community Service, Mental Health Treatment, etc)		
Silver	12	-Level 2 or 3 treatment or no treatment required (per assessment or PO)	-Not employed and -Not receiving SSI/ Disability -Has not provided doctor's note verifying inability to work	-Participating in required programming		
Gold	24	-Level 2 or 3 treatment or no treatment required	-Employed and working at least 8 hours/week (verified by paycheck) or -Receiving SSI/Disability or -Verified application for SSI and has provided doctor's note proving inability to work or -Attending school full-time (verified)	-Compliant with program requirements and -Medication compliant - Some exceptions at PO and CM's discretion based on programming		
Diamond	48	-Level 2 treatment for at least 4 weeks or -Level 3 treatment or no treatment required	-Employed and working at least 20 hours/week (per pay check stub) or -Receiving SSI/ Disability (verified) or -Applying for SSI (verified) and provided doctor's note or -Attending school full-time (verified)	-No violations or infractions for at least one month and -Pays savings regularly and -Medication compliant and -Meets case management goals		

^{*}All clients begin at the Base level. Following orientation week, you will be placed at the level that corresponds with your programming and treatment status. It is your responsibility to provide verification of all level requirements to your Case Manager. You will receive the specified pass time based on your level as of Tuesday night when passes are due. You cannot change your level after passes are signed.

^{*}If you receive a restriction for a major violation, you will return to the Base level. You must then spend one week at each level until you have returned to your programming level.

^{*}If you are at the Diamond level and receive one infraction, you will move down to the Gold level. You must reach four weeks with no infractions or violations to return to the Diamond level.

Residents may split their pass time between different days (Friday – Sunday), but can only receive one pass per day. All pass requests must add up to no more than the total number of hours your pass level allows.

Once your pass time has been approved, you cannot make changes. If you fail to sign out on time, your return time will not change. If you are late arriving from your pass, no matter what the reason, you will receive an infraction or violation. Calling to advise you will be late will not affect the outcome.

Your pass form must have all of the necessary information, or it will not be approved (e.g. destination name, address, phone number, exit and return times, signatures). Passes may not be taken at hotels/ motels.

If you would like to take a pass outside of St. Louis City and County you must submit a travel permit request form to your Case Manager a week in advance, Tuesday night by 10:00pm. Remember, these forms are due a week before the pass for that weekend is due.

If placed on restriction for a major violation, your pass time is cancelled for the week, and you will drop back to the Base level. You must work your way back up through the levels from the beginning.

Court/Medical Passes

Court/Medical appointments requiring a pass (anything over 3 hours) will need to be submitted one week in advance. Court/Medical passes are not awarded based on time or successful programming, and can be submitted to your Case Manager as needed. You should submit court/medical passes to your Case Manager no later than Tuesday evening prior to the pass exit date. Your Probation and Parole Officer must approve all passes prior to you taking them.

Client Holiday Time

Clients may receive additional pass time, if in program compliance, for Thanksgiving and Christmas. Holiday pass time may range from 6 to 24 hours, as determined by the Probation/ Parole Officer and must be taken on the day of the holiday. The Case Manager will notify you of this amount. Residents may not combine their holiday pass with a weekend pass.

Chores/ Facility Cleanliness

All residents are assigned one or more chores each week. The chore assignment and sign-off sheet is posted in the common room area. If you are allergic to or cannot be exposed to a specific cleaning supply, notify your Case Manager immediately. You may be required to submit medical documentation.

All chores must be complete by the designated times. Residents may begin morning chores any time after 5:00 a.m. If you have to leave early, you need to get up early enough to complete the chore prior to leaving. If you are employed and return to the facility late in the evening, you are still expected to have your chores done when you return to the facility.

When assigned mop detail, you must sweep prior to mopping. You must also place "Wet Floor" signs in the area you are mopping. Empty and put away the mop bucket when you finish.

You are required to complete your chore, return all cleaning supplies to their proper place, and sign-off indicating your completion of the chore(s). You may not sign-off indicating chore completion if you have not completed the chore. The Security Monitor will verify chore completion. If you fail to complete your assigned chore(s) and/or sign-off indicating completion of your chore(s), you will receive an Infraction.

All residents are required to maintain the cleanliness of their rooms. Failure to keep your area clean and bed made will result in an Infraction.

All residents are responsible for keeping the facility, including their bedroom, the common area, and the bathrooms, neat and clean. If you see something out of order or dirty, take the initiative to straighten or clean the area. Pick up all personal items; throw all cups, wrappers, containers etc. in the trash. Clean all spills immediately and place chairs under the tables where they belong. When you use the restroom, flush the toilet and make sure that all contents have been discarded before you leave the stall. Make sure the sink area is free of hair, used paper towels, toothpaste, and other debris. Remember, everyone here has to use the same facilities. Please be respectful and mindful of others.

Residents are responsible for keeping the coffee pot and the area around it clean. Residents are responsible for supplying their own coffee, sugar, creamer, cups and filters. If there are disputes over the use of these supplies or if the coffee pot is not kept clean the coffee pot will be removed indefinitely.

Residents may not store or leave food, drinks, or cups unattended in the common room area or outside of their room. All food and drinks must be consumed and/or disposed of prior to in-house curfew.

If at any time the Common Area or Bathrooms are left in disarray, an automatic 8:00 p.m. CURFEW WILL BE APPLIED TO ALL RESIDENTS FOR THREE DAYS. For every consecutive day the Common Area and or Bathrooms are left in disarray, the 8:00 p.m. curfew will be extended another three days.

Possible Arrest and Termination from the Program

If you commit an illegal act while in the facility, we will contact law enforcement and recommend your arrest. You will also receive a major violation. We will also recommend your termination from the program. The State of Missouri will make the final decision regarding your termination.

The following list includes possible reasons a recommendation for your arrest and/or termination may occur:

ANY PHYSICAL/ SEXUAL CONFRONTATION OR VERBAL THREATS TOWARDS A STAFF MEMBER OR RESIDENT.

POSSESSION OF FIREARMS OR ANY WEAPON DEFINED AS LETHAL OR DEADLY BY LAW.

THE USE OF ANY DRUGS OR ALCOHOL WITHIN THE FACILTIY.

DAMAGING or STEALING FACILITY, STAFF, OR OTHER RESIDENTS' PROPERTY.

Violations

If you receive a major violation, the Director will meet with you to discuss the incident. In the event the Director is unavailable, your Case Manager may be appointed to meet with you regarding the incident. You will be given an opportunity to respond to the violation at that time. The Violation and your response will then be forward to your Probation Officer.

Anyone receiving a Major Violation will be placed on Restriction for 1 week, with the exception of positive urinalysis or breathalyzer tests, which will result in a 2-week restriction.

The restriction consists of:

NO PASS TIME, WELLNESS WALKS, or SMOKE BREAKS

You may only go to work, treatment, medical appointments, and court/legal appointments while on restriction.

The Director and Probation and Parole Officer have the authority to increase the length of restriction based on the severity of the violation. "Total Restriction" may also be applied. Residents on Total Restriction will remain in the 7th floor facility during meal time. Your food will be brought to you.

If on restriction you receive a Major Violation, the restriction will be extended an additional week, and so on.

You are allowed visitation while on restriction; however, this privilege may be revoked due to continued violations or at the discretion of your Probation and Parole Officer.

The following is a list of activities that would warrant a major violation. This list is not 100% inclusive, but is designed to help you determine what activities are strictly forbidden in this facility. If you ever have any questions regarding any activity, please see a Staff Member.

- Fighting, including pushing and shoving another client or staff;
- Threats of violence against Staff or residents;
- Sexual misconduct;
- Forcible misconduct using force or threats of force to obtain compliance from another;
- Engaging in sexual activity, whether forced or consensual;
- Possession of firearms or any weapon defined as lethal or deadly by law;
- Possession of violent, racially inflammatory, or sexually explicit material;
- Possession of material that portrays drugs, alcohol, or any illegal activity;
- Entering a bedroom you are not assigned to or being on or in another resident's bed;
- Vandalism, theft, or destruction of property- either MERS/Goodwill, staff, or residents property;
- Tampering with video cameras or equipment;
- Disassembly or destruction of smoke alarms;
- Violation of the law being arrested;
- Refusal to allow your personal belongings, packages, purse, or person to be searched;
- Possession of alcohol, drugs, or "loose" pills in the facility, or on the property of MERS/Goodwill;
- Testing positive on a Urinalysis or Breathalyzer Test;
- Refusal to take a drug test (urine sample) or Breathalyzer test, or submitting a dilute urine sample;
- Failure to submit a urinalysis in the required 2-hour time frame;
- Smoking in the building. Bringing cigarettes, lighters, matches, or e-cigarettes into the facility;
- Possession of any contraband;
- Escape or unauthorized leave from the facility or failure to properly sign-out of the facility;
- Unaccountability or Out of Bounds- Changing destination without approval. Not going to destination signed out to. Returning late to the facility without appropriate notification/ approval;
- Failure to attend required treatment and or meetings;
- Refusing to go to work or quitting a job without permission;
- Unauthorized visits;
- Operating or riding in a motor vehicle without prior permission;
- Gambling;
- Failure to follow requirements outlined under "Medical Care/Sick Procedures" and "Medication";
- Failure to submit paycheck, savings, or bus ticket payment in given time frame;
- Entering an unauthorized area of the building, wrong floor, or "staff only" areas.
- Possession of a razor, hair dryer, curling iron, or flat iron in your room;
- Use of extension cords and/or multipurpose plugs;
- Tampering with heating and cooling system or thermostat;
- 6 infractions or more.

Infractions

If you receive an Infraction, the Director (or Case Manager if the Director is unavailable) will meet with you to discuss the incident. You will be given an opportunity to respond to the Infraction at that time. The Infraction and your response will then be forward to your Probation Officer.

Anyone receiving an Infraction will be placed on restriction as follows:

1st Infraction = 1 day of restriction

2nd Infraction = 2 days of restriction

- 3rd Infraction = 3 days of restriction
- 4th Infraction =4 days of restriction
- 5th Infraction = 5 days of restriction
- 6th or more Infractions will become Major Violation and treated as such.

The restriction consists of:

NO PASS TIME, WELLNESS WALKS, or SMOKE BREAKS

You may only go to work, treatment, medical appointments, and court/legal appointments on restriction.

If you are at the Diamond level and receive an infraction, you will move down to the Gold level. You must reach four weeks with no infractions or violations to return to the Diamond level.

The following is a list of activities that would warrant an Infraction. This list is not 100% inclusive. This list is designed to help you determine what activities are not allowed in this facility. If you ever have any questions regarding any activity, please see a Staff Member.

- Failing to complete/do assigned chore;
- Messy bedroom or unmade bed;
- Failing to wash linens for more than one week;
- Ignoring 15 min telephone limit;
- Attending smoke break while on restriction or rest;
- Late return;
- Using profanity;
- Inappropriate dress in the common area;
- Food or drink in the bedroom (water excluded);
- Being in the common area or bathroom before 5 a.m. or after curfew;
- Being in the common area or bathroom while the floor is "shut down";
- Accessing social media sites on the computers;
- Using computers designated for federal residents.

Use of Alcohol/Drugs

Alcohol or drugs, including prescription drugs and synthetic drugs (e.g. K-2, bath salts) may not be used, sold, traded, taken, or given away on or off the premises of MERS/Goodwill.

Residents must totally refrain from the use of drugs and alcohol. Residents may not consume alcohol in any form. This includes cough syrup, mouthwash, etc.

Staff reserves the right to administer a Breathalyzer test or take a urine sample at ANY TIME. Refusal of either test will result in a major violation.

If requested to give a urine sample, the resident will be seated in view of the Monitors Station and under the direct supervision of staff until an acceptable sample is collected. Failure to produce an acceptable urine sample within two (2) hours of the request will result in a Major Violation. The resident may not leave the common area or staff supervision until instructed by the Security Monitor. When submitting a urinalysis you must follow the Security Monitor's instructions.

Submitting a dilute or adulterated UA will result in a major violation. No exceptions.

Residents may request a drug test confirmation, if not already confirmed; however, drug test confirmation is at the expense of the resident. Any resident requesting drug test confirmation must submit this expense in the form of a money order to MERS/Goodwill before the confirmation request will be submitted.

Conduct (General)

Residents MAY NOT use verbally offensive or abusive language to any staff or resident. ANY aggressive behavior displayed by a resident to any staff member or resident will not be tolerated. This includes yelling at a staff member or resident, standing in the face of any staff member or resident in a confrontational manner, cursing at or to any staff member or resident, whether directly or indirectly, etc.

Sexual comments, harassment, or teasing directed towards, and touching of, staff or resident(s) is not tolerated.

Any resident who displays ANY of the above mentioned behaviors will receive a major violation.

Staff may "shut down" the floor as necessary to ensure the safety and security of residents. When the floor is "shut down", you must immediately go to your assigned room. You may not enter the common area or bathroom until the floor is re-opened by staff.

Intentionally inflicting physical harm or bodily injury upon oneself will not be tolerated.

Residents must report any new arrests or encounters with law enforcement authorities. Residents should resolve any pending warrants immediately. Residents must also notify staff if they have been victimized.

Residents may not borrow or loan money or clothing items to other residents. This also includes the selling of clothing or any other item. Residents cannot perform services for other residents for a fee. For example, doing someone's hair or nails for money. You cannot conduct business of any kind with another resident.

Proper dress and behavior are expected of residents at all times. Residents must wear shirts, pants, and shoes outside their sleeping area at all times. Residents may wear bathrobes when in route to or from the showers. Residents may not wear hats or any head coverings in the facility except when in bed. Residents may not wear sunglasses inside the facility. Clothing with any type of alcohol/drug related advertising, profanity or sexual pictures or comments are prohibited. Staff reserve the right to determine whether attire is appropriate.

Residents are expected to practice good personal hygiene and to keep their clothing neat and clean.

Residents are not allowed to visit any other floor of MERS without permission from staff. Residents may be in the dining room only during authorized meal times and visiting hours.

Residents may not utilize the fire escapes except during drills or emergencies.

Contraband

An Infraction or Major Violation will be issued if the below contraband is found on your person, in your property, in your room, or if your prior possession of the contraband is confirmed. Due to the vast number of items considered contraband, this list is not 100% inclusive. If you ever have any questions about something being contraband, ask a staff member.

Drugs, drug paraphernalia, or products containing alcohol

Drugs or "Loose Pills" Drug Paraphernalia Needles/ Syringes K-2 Type Substance
Bath Salts/ Synthetic Drugs Liquid Alcohol Cough Syrup Mouthwash of any kind
Nail Polish Remover (pads are allowed)

Any item that may be considered a weapon.

Guns Ammunition Knives of any kind Letter Openers Metal Nail Files Razor Blades Box Cutters Scissors Brass knuckles Ice Picks Mace/Pepper Spray Tazors Night Stick Baseball Bats Hammers Screwdrivers

Other Contraband

E-cigarettes Cell Phones/ Chargers Lap top computers Cigarettes/Lighters/Matches "Bootleg" DVDs Pagers Cameras Candles/Incense Aerosol Cans Pornographic Material Rope Razors Liquid Bleach Tattoo Guns or Devices Electric Blankets Irons Glass Items Hot plates/ Stingers Curling Irons/Hair Dryers Space Heaters

Gambling Equipment Musical Instruments Food/Drinks Dolls/ Stuffed Animals

The following materials are not allowed and will result in a major violation if discovered:

- 1. Material that promotes violence, disorder or the violation of state or federal law;
- 2. Material that is so racially inflammatory as to be reasonably likely to cause violence;
- Material that contains information that can be used to instill violence or hatred among the offender residents:
- 4. Material that contains information on the design, construction, use or purchasing of any item which could endanger others or security of the residential facility;
- 5. Material that portrays what appears to be illegal drugs or substances;
- 6. Material that portrays or describes recipes or processes for brewing alcoholic beverages or manufacturing drugs;
- 7. Material that encourages or instructs in the commission of criminal activity;
- 8. Personal photographs which exhibit nudity;
- 9. Material that depicts, describes or encourages activities which may lead to the use of physical violence or group disruption; and
- 10. Material that portrays explicit sex acts, sadistic sex acts, or sex acts in violation of state or federal law or sex acts:
 - a. Where one participant appears to be non-consenting;
 - b. Where one participant appears to be forceful, threatening, or violent;
 - c. Where one participant is dominating another;
 - d. Where one participant is degraded or humiliated;
 - e. Where one participant appears to be a child;
 - f. Where there appears to be any form of penetration;
 - g. Where any bodily excretory function is portrayed; or
 - h. Where the material portrays bondage, sadomasochistic behavior or bestiality;

Offenders may not to subscribe, purchase, receive, or possess publications, videos, pictures, or any other items, which promote violence, disorder or the violation of any state or federal law, or any pornographic material.

Residents may not possess EBT cards. They must turn in these cards, which will be returned upon discharge.

Residents may not possess any form of identification (such as id cards, social security cards, birth certificates, etc.), electronic financial cards (such as credit cards, debit cards, prepaid cash cards, etc.), or any such item containing the name of an individual other than the resident. If found, the resident will receive a Major Violation. Law enforcement may also be contacted.

Curfew

Curfew hours are from 9:00 p.m. until 6:00 a.m. Unless on an overnight pass, departing, or arriving from work, a resident must be in the facility between these hours.

In house curfew is from 10:00 p.m. to 5:00 a.m., at which time residents must clear the common area, including bathroom.

After 10:00 p.m., if any one roommate would like the lights out, the lights must be turned out immediately. If there is conversation in the rooms, it is to be moderate. If at any time it disturbs ANY of your roommates, all

conversation must stop. This also includes the use of TV's and radios. Radios and/or televisions played in violation of this rule will be confiscated until the resident can remove them from the facility. Once the radio/television is confiscated, the resident will forfeit their right to have a personal radio and/or television.

If you enter the facility after curfew and need to wash your work uniform, you must get permission from the monitor on duty.

Searches

MERS/Goodwill reserves the right to conduct body searches, including metal detection, pat-downs and strip searches, of any and all residents when deemed necessary. Your personal property, sleeping area, and the facility are subject to search at all times. Staff will search all packages, bags, and purses brought into or taken out of MERS/Goodwill. Your presence is not required during search of your property or sleeping area. Due to time restraints, staff will not necessarily place your property back to the way it was found. You do not have the right to refuse search of your person or belongings.

Grievances

The Halfway House program is operated by MERS/Goodwill as contracted by the State of Missouri Department of Corrections. Concerns regarding program rules, policies, and procedures should be directed to the Program Director. Any concerns regarding your probation and/or parole supervision should be directed to Probation and Parole.

Should you have any concerns or complaints regarding decisions made or actions taken by staff, you are encouraged to first present your concerns to the staff member directly. This is to encourage self-advocacy and helps clarify misunderstanding. If your concern cannot be resolved at that level, you are encouraged to discuss your concern with the Security Monitor Supervisor or Program Director.

If for any reason you feel you have been discriminated against or your rights have been violated by a MERS/Goodwill employee, you may file a grievance.

If you feel that you have been sexually harassed by staff or other residents, you may file a grievance, contact the Director, or contact the Unit Supervisor of Probation and Parole.

You may obtain a grievance form from the Program Director, your Case Manager, a Security Monitor, or from the "form wall". After completing the Offender Grievance Form, you may turn it in to the Program Director or place in the grievance mailbox by the elevators on the 7th floor. The Program Director will respond within five (5) calendar days.

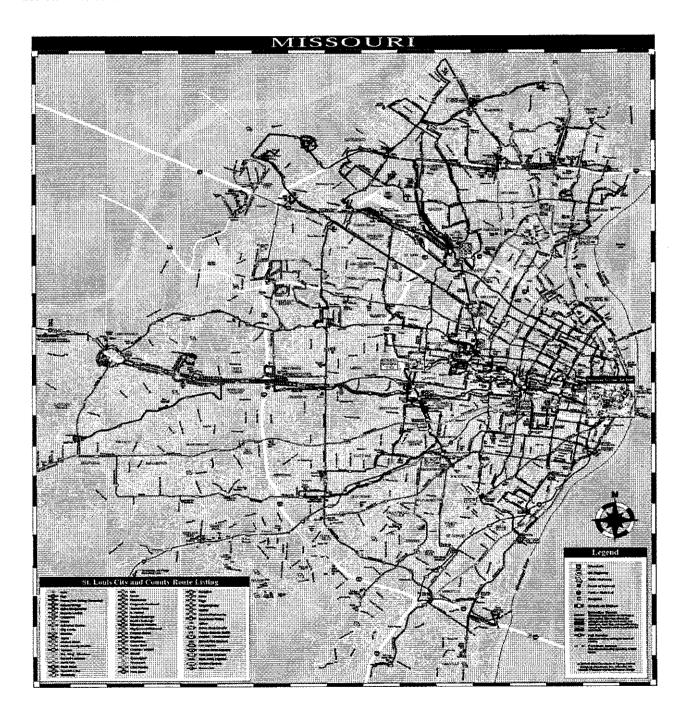
If for whatever reason you are not satisfied with the response given by the Program Director, you have a right to appeal it to the State Regional Coordinator.

Grievances against the liaison officer should be submitted to the liaison officer's supervisor.

Local Client Outreach Ser	vices	
Medical Clinics		
Comprehensive Health	5471 Martin Luther King	314-367-5820
Grace Hill	1717 Biddle	314-814-8700
Grade (IIII	1717 Blood	314-814-8585
Planned Parenthood	4251 Forest Park	314-531-7526
Emergency Room		
Barnes Hospital	1 Barnes Jewish Hospital Plaza	314-362-9123
St. Louis University Hospital	3635 Vista Ave.	314-577-8000
bu Bould Chirt Vibity 1105phul	3025 (15.W 127 C)	
Mental Health	<u> </u>	
St. Alexius Hospital	6150 Oakland Ave.	314-865-7000
BJC Mental Health	1430 Olive	314-206-3700
BHR	Crisis Hotline	314-469-4908
		(24-Hour Hotline)
Substance Abuse Treatment		214.267.8000
New Beginnings	3901 Union	314-367-8989
BASIC	3028 Locust	314-531-0511
Queen of Peace	325 N. Newstead	314-531-0511
Dentist		
Comprehensive Health	5471 Martin Luther King	314-367-5820
Grace Hill Dental	2600 Hadley	314-539-9640
Prescriptions		
Schnucks Culinaria	315 N. 9th Street	314-436-7491
Walgreens	4218 Lindell	314-371-4286
Grace Hill	1717 Biddle	314-898-1061
Social Security/ Disability		
Social Security Office	171 N. 16 th Street	314-621-2704
Double Doubley Office	27.211.40 04000	1-800-772-1213
Birth Certificate/Identification	on	
St. Louis City Hall	1200 Market Street	314-622-4000
St. Francis Xavier Church	.3628 Lindell	314-977-7308
Clothing Assistance	·	
St. Patrick Center	800 North Tucker	314-802-0700
Larry Rice Ministry	1411 Locust	314-421-3020
Sexual Assault Crisis Suppor	t/ Victim Advocacy	
YWCA	3820 W. Pine	314-531-RAPE (7273)
IWCA	3020 W.1 IIIC	(24-Hour Crisis Hotline)
Safa Campactions	2165 Hampton Ava	314-531-2003
Safe Connections	2165 Hampton Ave	(24-Hour Crisis Helpline)
Sexual Assault Nurse Exami	ner (SANE)	(24-trout Crisis Horpitie)
St. Louis University Hospital	3635 Vista Ave.	314-577-8777
•		314-362-9123
arnes Hospital 1 Barnes Jewish Hospital Plaza		J14*J04*714J

Area Public Transportation

A complete list of bus and Metrolink schedules is available on the Metro Transit website (www.metrostlouis.org). You may also create a detailed trip itinerary using the Metro Transit website or Google maps (maps.google.com). Computers are available for your use and staff are available to assist. Bus schedules are also available in the common room.



Local Client Outreach Ser	vices	· · · · · · · · · · · · · · · · · · ·
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St. Alexius Hospital	6150 Oakland Ave.	314-865-7000
BJC Mental Health	1430 Olive	314-206-3700
BHR	Crisis Hotline	314-469-4908
~		(24-Hour Hotline)
Substance Abuse Treatment		214 267 9090
New Beginnings	3901 Union	314-367-8989 314-531-0511
BASIC	3028 Locust	
Queen of Peace	325 N. Newstead	314-531-0511
Dentist	CATING AND A TOTAL	214 267 5920
Comprehensive Health	5471 Martin Luther King	314-367-5820
Grace Hill Dental	2600 Hadley	314-539-9640
Prescriptions		· · · · · · · · · · · · · · · · · · ·
Schnucks Culinaria	315 N. 9th Street	314-436-7491
Walgreens	4218 Lindell	314-371-4286
Affinia	1717 Biddle	314-898-1061
Social Security/ Disability		
Social Security Office	171 N. 16 th Street	314-621-2704
Thinks Ci. 118. 4. /Td 48 42	6 <u>.</u>	1-800-772-1213
<u>Birth Certificate/Identificati</u> St. Louis City Hall	1200 Market Street	314-622-4000
St. Francis Xavier Church	3628 Lindell	314-977-7308
St. 1 failers Aaviel Church	JOZO LIMON	317 717 7300
Clothing Assistance		214 002 0500
St. Patrick Center	800 North Tucker	314-802-0700
Larry Rice Ministry	1411 Locust	314-421-3020
Sexual Assault Crisis Suppo	rt/ Victim Advocacy	
YWCA	3820 W. Pine	314-531-RAPE (7273)
		(24-Hour Crisis Hotline)
Safe Connections	2165 Hampton Ave	314-531-2003
Sexual Assault Nurse Exami	nor (SANE)	(24-Hour Crisis Helpline)
		314-577-8777
St. Louis University Hospital	3635 Vista Ave.	314-362-9123
Barnes Hospital	1 Barnes Jewish Hospital Plaza	314-302-7123

MERS/Missouri Goodwill Industries Disaster Recovery Plan

Project Organization

Department: MIS

Scope and Objectives:

The overall objectives of the MERS/Missouri Goodwill Industries Disaster Recovery Plan (DRP) are to protect resources and employees, to safeguard the organization's vital records, and to ensure the ability of MERS/Missouri Goodwill Industries to function effectively in the event of a severe disruption. The primary role of the DRP is to document the MERS/Missouri Goodwill Industries plan for response, recovery, resumption, restoration, and return after severe disruption.

The Plan is a systematic guide from disaster to recovery. The basic approach, general assumptions, and sequence of events that need to be followed will be stated clearly in the documentation that follows. The Plan will be distributed to all key personnel, and they will receive periodic updates. The general approach is to make the plan functional regardless of what type of disaster occurs.

Assumptions:

- Recovery from anything less than complete destruction at the Aftergut Center and Belleville Center will be achievable by using the plan.
- Some staff members may be rendered unavailable by a disaster or its aftermath, or may be otherwise unable to participate in the recovery.
- 3. Procedures are sufficiently detailed that someone other than the person normally responsible for the work can follow them.

Overview:

In the event that the Aftergut Center becomes unusable, operations will be moved to the Belleville office. Any salvageable servers will be physically moved to that location, tested, and put into production. Servers that are damaged beyond repair will be restored to a virtual host (additional virtual hosts may be added as required) from images that have been stored on a removable hard disk which is housed in a safe at the Belleville office. The restored virtual servers will then be updated with the most recent file backups that have been retained on the EMC node at the Belleville office. Dell will provide required server hardware. CDW will provide peripherals. Once all systems are running as virtual machines in a temporary capacity, permanent hardware replacements for resource-intensive applications will be acquired.

	Crisis Management Officer		
	Primary	Alternate	Worst case
Name	Dawayne Barnett	David Kutchback	Jay Summerville
Phone	314-302-6373	314-402-4835	314-342-8077
Email	dbarnett@mersgoodwill.org	dkutchback@mersgoodwill.org	jsummerville@armstrongteasdale.com
Title	Chief Financial Officer	Assistant CEO	Chairman, Board of Directors
Responsibilities	Decision to Declare or Stand Down		
			
	Technical Recovery Team Manager		
Name	Nathan Sides	Chris Eichhorn	Don Vaisvil
Phone	314-707-9258	314-449-0622	314-302-8767
Email	nsides@mersgoodwill.org	ceichhorn@mersgoodwill.org	dvaisvil@mersgoodwill.org
Title	Director of Network Administration	Systems Administrator	Director of SCSEP
Responsibilities	Evaluate the damage to MIS equipment	t; order all necessary new equipment f	or restoring MERS/Missouri Goodwill
	Industries network operations.		
	T		
Name	Server RecoveryAgent		
<u>rame</u>	Jeff Lawson	Ed Southall	Inflexion
==		Ed Southall 314-568-8985	Inflexion 314-655-5553
Phone	Jeff Lawson		
Phone Email	Jeff Lawson 314-306-9191	314-568-8985	314-655-5553
Phone Email Title Responsibilities	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org	314-568-8985 esouthall@mersgoodwill.org IT Tech	314-655-5553 jkennedy@inflexionllc.com
Phone Email Title	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org Senior Network Administrator	314-568-8985 esouthall@mersgoodwill.org IT Tech	314-655-5553 jkennedy@inflexionllc.com
Phone Email Title	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org Senior Network Administrator	314-568-8985 esouthall@mersgoodwill.org IT Tech	314-655-5553 jkennedy@inflexionllc.com
Phone Email Title Responsibilities	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org Senior Network Administrator Setup and install server software for ne	314-568-8985 esouthall@mersgoodwill.org IT Tech	314-655-5553 jkennedy@inflexionllc.com
Phone Email Title	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org Senior Network Administrator Setup and install server software for ne	314-568-8985 esouthall@mersgoodwill.org IT Tech ew servers	314-655-5553 jkennedy@inflexionllc.com Consultant
Phone Email Title Responsibilities Name	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org Senior Network Administrator Setup and install server software for ne Data Recovery Agent Chris Eichhorn	314-568-8985 esouthall@mersgoodwill.org IT Tech ew servers Uriah Moss	314-655-5553 jkennedy@inflexionlle.com Consultant Inflexion
Phone Email Title Responsibilities Name Phone	Jeff Lawson 314-306-9191 jlawson@mersgoodwill.org Senior Network Administrator Setup and install server software for ne Data Recovery Agent Chris Eichhorn 314-4490622	314-568-8985 esouthall@mersgoodwill.org IT Tech ew servers Uriah Moss 314-346-7222	314-655-5553 jkennedy@inflexionllc.com Consultant Inflexion 314-655-5553

	Enterprise Support Group (in no par	ticular order)	
Name	Nathan Sides	Jeff Lawson	Chris Eichhorn
Phone	314-707-9258	314-306-9191	314-4490622
Email	nsides@mersgoodwill.org	jlawson@mersgoodwill.org	ceichhorn@mersgoodwill.org
Title	Director of Network Administration	Senior Network Administrator	Systems Administrator
Name	Ed Southall	Keith Pendleton	Uriah Moss
Phone	314-568-8985	314-502-0359	314-346-7222
<u>Email</u>	esouthall@mersgoodwill.org	kpendleton@mersgoodwill.org	umoss@mersgoodwill.org
Title	IT Tech	IT Tech	IT Tech
Name	Don Vaisvil	Inflexion	
Phone	314-302-8767	314-655-5553	
<u>Email</u>	dvaisvil@mersgoodwill.org	jkennedy@inflexionllc.com	
Title	Director of SCSEP	Consultant	

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Business Unit Managers

Primary Contact Point

Name	Dept/Div	Phone	Title	E-mail	Recovery Location
Lewis Chartock	Central Admin	314-578-0246	CEO	Ichartock@mersgoodwill.org	Lippman
David Kutchback	Central Admin	314-402-4835	COS/Asst CEO	dkutchback@mersgoodwill.org	Lippman
Dawayne Barnett	Accounting	314-302-6373	CFO	dbarnett@mersgoodwill.org	Belleville
Mark Arens	E&T	314-713-5322	Executive VP E&T	marens@mersgoodwill.org	Lippman or Nearest
Mark Kahrs	Retail	314-610-3847	Executive VP Retail	mkahrs@mersgoodwill.org	Lippman
Jeff Cartnal	Program Devel	314-691-3405	VP for Program Devel	icartnal@mersgoodwill.org	Lippman
Marvin Washington	Contracts	314-713-5250	Executive VP Contracts	mwashington@mersgoodwill.org	Lippman

Alternate Contact Point

Name	Dept/Div	Phone	Title	E-mail	Recovery Location
David Hankins	Accounting	618-444-1256	Grant Acct Manager	dhankins@mersgoodwill.org	Belleville
Hilary Wagner	E&T	314-304-8691	VP of E&T	hwagner@mersgoodwill.org	Lippman or Nearest
Beth Brown	E&T	314-713-5079	VP of E&T	bbrown@mersgoodwill.org	Lippman
Kristy Tourville	Retail	618-558-5199	VP of Retail	klance@mersgoodwill.org	Lippman
Jason Spaetti	Program Devel	314-610-1600	Grants Coordinator	jspactti@mersgoodwill.org	Lippman
Diane Cannon	Contracts	314-713-5057	Day Operations Manager	deannon@mersgoodwill.org	Lippman

MERS/Missouri Goodwill Industries Disaster Recovery Plan

This document contains the Disaster Recovery Plan for MERS/Missouri Goodwill Industries. It is intended to serve as the centralized repository for the tasks that would be necessary to facilitate the MERS/Goodwill decision-making process and a timely response to any extended interruption of the MIS department's normal business operations. These guidelines are especially important if the cause of the interruption is such that a prompt resumption of operations cannot be accomplished by employing normal daily operating procedures.

Technical Recovery Team Mobilized:

The Technical Recovery Team has total control over all disaster recovery efforts during a disruption. Members of the team will approve all expenditures related to the recovery of the damaged network equipment as well as authorizing expenses related to recovery. They will also approve changes in day-to-day activities and prioritize scheduling for recovery (and acquisition, where required) of resources and services. All departmental/business unit requests must be channeled through the Technical Recovery Team. The Technical Recovery Team will establish and operate from an Emergency Command Center at a temporary local facility (Belleville Center) that is close to the damaged facility for the management of recovery efforts.

In the event that the entire Technical Recovery Team is unable to respond, password and configuration information is stored on media in a safe at the Belleville office. The keys for this safe are stored at the Aftergut Center, the Springfield E&T office, and in the retail manager's office in Belleville.

The Technical Recovery Team will be responsible for data, voice and network connectivity for the Emergency Command Center. This team will assist in establishing connectivity of the business recovery site with the data center.

Damage Assessment Team Mobilized:

The Damage Assessment Team will consist of members of the Enterprise Support Group of MIS. They will evaluate the conditions of the interior facility, servers, workstations, files and peripherals.

- The Technical Recovery Team Manager will contact the Enterprise Support Group.
- It may be necessary to have alternate personnel to contact if sufficient numbers of the assessment team are not available.
- The Damage Assessment Team will be advised to report to the damaged facility.

The Technical Recovery Team Manager shall advise the Damage Assessment Team to follow these procedures during the initial evaluation stage in order to facilitate salvage operations:

- A white sticker will be placed on equipment that appears to have no damage.
- A green sticker will be placed on equipment that appears to be functional but has minor damage such as dents and scratches.
- A red sticker will be placed on heavily damaged equipment.

Begin Damage Assessment:		_		
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If the police, the local fire department or a public utility releases the building for temporary re-entry, The Damage Assessment Team may be authorized to re-enter the facility. Emergency services will not release the facility for re-entry unless it is safe to do so.

- · The Damage Assessment Team Leader will see that power is turned off to the facility
- Receive formal notification from the local fire marshal of power shut off. Do not, under any circumstances, enter the facility until this is verified.
- Reenter the facility and document with photos and on paper the extent of damage to the computer hardware, vital records and facility.
- Assess for any potential of further damage and deterioration.
- Do not attempt to identify source of disaster or financial loss. That is the job of the Insurance Adjusters. They will use the documentation that is collected from damage assessment.
- Damage Assessment Forms, clipboards, markers, labels, disposable cameras and flashlights will be in the assessment bag.
- Essential documentation is important to determine hardware that may be reclaimed for purposes of recovery capability and reporting of insurance claims.
- Undamaged equipment will be salvaged and available for use at the recovery center, if needed.
- There is generally a limitation to the amount of time allowed for initial entry to the facility. An escort by emergency services
 personnel may be required.
- Assess the level(s) of physical disruption. Keep in mind, different floors and different parts of the building may have different levels of disruption.
- Assess health and safety related risks within the damaged facility.
- A combined inventory of usable equipment will be compiled following the assessment.

Establish the Emergency Command Center:

The Technical Recovery Team will prepare the site, publish a list of those authorized to access the Emergency Command Center and update as required.

Business Unit Team Leaders and Alternates will be instructed to Standby:

The Technical Recovery Team advises the Business Unit Team Managers and/or Directors of the disruption and instructs them to stand by for additional details following the damage assessment and for a decision to either move to the business recovery site or recover in the damaged facility. When advised to do so, business units will initiate recovery according to their own plans and strategies.

Update Telephone Message Lists:

- This is the responsibility of the Technical Recovery Team
- Transfer Aftergut phone system to the Lippman Center phone system
- Leverage external resources (AT&T) to help facilitate a smooth transition.

Decision to Declare or Stand Down:

The Technical Recovery Team will obtain reports from the local fire and police department and public utilities. It will evaluate the information to determine if primary data processing operations will be supported from the data center or the business recovery site.

Decision to Stand Down:

If the decision is not to declare, members of the Technical Recovery Team will notify team leaders of the various teams of their decision.

- Teams will stand down and wait for a Recovery Time Objective.
- The business recovery site will be advised by the Technical Recovery Team that the "Standby" is rescinded.
- This will occur immediately or within 4 hours, depending on damage to the facility.

Decision to Declare:

The ranking member of the Technical Recovery Team will notify the business recovery site that it is exercising its right of Disaster Declaration.

- Advise the Business Unit Managers of the decision to relocate to the business recovery site.
- Advise the Business Unit Managers they will be contacted at the appropriate time for their recovery.
- There will be high priority work that must be completed in order to satisfy the recovery objectives; lower priority tasks can be completed during the evening or brought on-line later based on the equipment available.

Forward Recovery Team Mobilized:

The team is responsible for seeing that the business unit applications are effectively supported with both data and communications.

- Consists of members of Enterprise Support Group.
- Will be notified by the Technical Recovery Team.
- Team members will be assigned to work with business units.

Coordinate Orientation Meeting with Team Leaders/Alternates:

This is the meeting the Technical Recovery Team will have with the Recovery Team Leaders and Alternates

- Define Strategy for Recovery based on the current information available.
- Modify with follow-up meetings as situation changes or more is learned.
- Determine times for teams to report to the business recovery site and workstation assignments.
- Advise teams to have only skeleton teams to report pending recovery.

Evaluate the Adequacy of Inventory of Hardware in the Belleville Center Recovery Site:

Determine if resources current resources will support Recovery Time Objective. If necessary, obtain approval to order additional hardware to support recovery.

Evaluate the Need for additional Hardware for the Business Recovery Site:

Determine if there are a sufficient number of PCs and peripherals. If necessary, obtain approval from the Technical Recovery Team to order additional hardware to support recovery.

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Establish Functional Business Recovery Site:

Responsible for establishing the Business Recovery Site:

- The Enterprise Support Group is responsible for insuring the business units have voice and data connectivity to the disaster recovery data center.
- The Technical Recovery Team is responsible for systems integrity.
- Business Unit Managers are responsible for obtaining all supplies needed by the recovery sites.

Coordinate Restoration Operations:

Immediately following the decision to execute the plan to move to business and data recovery sites, a plan for the restoration of the home site or an interim site should begin.

- Form a committee headed by a senior or executive officer to evaluate the condition of the damaged facility.
- Determine if the facility can be restored within two to four weeks.
- Establish a list of alternate facilities that could be converted to a full temporary facility.

Notify Regulators of Business Disruption:

The Technical Recovery Team will assign a member of senior management to notify regulators of the disruption in business process.

Business Unit Teams Members Receive Details and Move to their Business Recovery Site:

Technical Recovery Team leaders/alternates will advise team members of the current situation and instruct them to notify their teams of the location of the Business Recovery Site.

Initiate Recovery Strategy Plan:

The recovery strategy involves attaining the Recovery Time Objectives (listed later in this document), defining those applications that support the Critical Business Processes, and validating the sequence in which they will be recovered.

- The Technical Recovery Team will review the List of Critical Business Processes as defined in current version of the Applications Priority List.
- Assign Individual Critical Business Processes to recovery team members as required.
- Contact Business Unit Managers as required.

Define Applications needed to recover Each Critical Business Process:

- Coordinate with Business Unit Managers to identify Critical Business Processes.
- Compare the Applications Priority List to Critical Business Processes.
- Coordinate the need for Business Applications with the Technical Recovery Team.

Communicate Requirements to Vendors and Service Bureaus:

- Teams determine what vendor assistance is required to support recovery response.
- What support or service is required (This will depend on the extent of the interruption)?
- What expectations are there with regard to the timing for support, service, and training requirements?
- Provide vendors with up-to-date contact information.
- What impact is a disruption in processing procedures going to have on records backup procedures?
- Advise vendors and service bureaus of hours of operations.
- Vendors and service bureaus should not be given any more information than is necessary.

Restore Business Recovery Infrastructure at Recovery Site:

- Technical Recovery Team will establish priority of business applications.
- Restore the business recovery site infrastructure.
- Contact outside service suppliers needed to support recovery of infrastructure.
- Business unit team leaders and alternates should determine if staff is sufficient for recovery; refer to the staff contact list in
 off-site storage box if necessary.

Restore Workstation Applications and Data Files at Business Recovery Site:

- Restore OS and application systems software to workstations.
- · Restore "off-the-shelf" software on local workstations.
- Restore access rights.
- Employees will not have "assigned seats." They will work from available pooled workstations daily.
- Employees involved in recovery will have access to recovery site 24/7.
- Work with the Technical Recovery Team members in establishing connectivity to servers (network connectivity).
- Insure all team leaders/alternates involved with recovery are aware of the Recovery Time Objectives as well as the Recovery Point Objective.
- Problems associated with workstation recovery should be directed through a member of the Technical Recovery Team.

Report Recovery Status to the Technical Recovery Team:

At least twice daily, the team leaders and alternates from every team should meet with the Technical Recovery Team to discuss outstanding problems, resource requirements, and issues that prevent a full and timely recovery. The Technical Recovery Team should document all issues and provide an update at the following meeting.

Verify Status of Processing Systems:

- The Technical Recovery Team and Enterprise Support Group will work with the Business Unit Managers.
- Verify the availability and accuracy of the restored applications.
- Determine the extent of the operational impacts on all "Critical" processing systems.
- Determine processing system interruption and communicate to Business Unit Managers.
- Determine when "Critical" processing system(s) will be restored.
- Be mindful of the fact that there is a priority sequence of critical processes.
- Support user testing of restored applications.
- Ensure members of the Enterprise Support Group are prepared to render assistance to support restoration of processing systems.

• Escalate the problem solving efforts to the Technical Recovery Team when priorities are in conflict or if the disruption cannot be resolved within the RTO.

Verify Status of Network Capabilities:

- The Technical Recovery Team and Enterprise Support Group will communicate the status of the LANS and WANS to the Business Unit Managers.
- Verify access to Internet and email services.
- Support testing of restored applications.
- Escalate the problem-solving efforts to the Technical Recovery Team when priorities are in conflict or if the disruption cannot be resolved within the RTO.

Verify Status of Telecommunications:

The Technical Recovery Team will work to:

- Restore connectivity of voice communications.
- Communicate realistic timeframe estimates for connectivity to the Enterprise Support Group and Business Unit Managers.
- Call local and long distance carriers for support, if necessary.
- Escalate the problem solving efforts to the Technical Recovery Team when priorities are in conflict or if the disruption cannot be resolved within the RTO.

Validate Connectivity & Accessibility for those using VPN:

- Resolve if there is a problem.
- Report Status to Technical Recovery Team.

Support Data Synchronization:

- Assist in synchronization of data necessary before beginning forward recovery process.
- Do not begin Forward Recovery if the first three stages of Functional Restoration Processes have not been completed and the impact of that will impede ongoing processing.

Support Forward Recovery:

- Initiate procedures to ensure systems are ready and business units can begin to process incoming transactions.
- Hardware and software should be in place to allow for generation of data, documents, printed media, and all other forms
 of output.
- All teams should be available to participate in Forward Recovery.

Evaluate Operational Status:

- Technical Recovery Team must assess current operational capabilities and determine if additional hardware, software, and personnel resources are required.
- Business units should be advised to communicate requirements to the Technical Recovery Team.

Support Facility Restoration:

The Technical Recovery Team should enlist members of the staff not participating in mission critical recovery efforts to assist in the following:

- · Prepare full inventory of damaged facility.
- Representatives from each business unit may be called upon to support some level of restoration of the damaged facility.
- Evaluate equipment for damage (i.e., workstations, phones, printers and related hardware and software).
- Assign a member from the Technical Recovery Team to work with claims adjusters and investigators to coordinate insurance claims.
- Use photos, original damage assessment forms and expenditures forms and invoices for documentation.
- A member of the Technical Recovery Team should begin this project on the day the unplanned event occurs.
- Details will be provided and recovery of the facility will be coordinated by the Technical Recovery Team.

Support Salvage Operations of Damaged Facility:

- Coordinate salvage operations through building security and property management.
- The Technical Recovery Team will assign a team member to oversee salvage and restoration procedures.

Coordinate the Development of Crisis-to-Normal Transition Plan:

- Organize a Post-Interruption Review meeting with the department heads and directors.
- Document lessons learned.
- Prepare a Post-interruption Review Report for senior management.
- Update documentation and reports.

Critical Systems Ranking and Recovery Time Objectives

1 - Critical (RTO 8Hrs)

2 – essential (RTO 1-2 Days) 3 – Necessary (RTO 3-5 Days) 4 – Desirable (RTO 1+ Weeks)

System/Function	Rank
Email	1
Financial Edge	1
SharePoint/Gateway Web Site	1
DNS & Domain Controllers	1
File & Print Servers	2
Database Servers	2
Document Imaging	3
M15 Server	3
Blackberry Server	3
Fundware/ADP Archives	4
Syslog Server	4
Antivirus and File Integrity Servers	4

Vendor Contact Information

System/Application/Hardware	Component used in Normal or Alternative Process?	Vendor	Vendor Phone	Vendor Local Contact/Rep	Contingency agreement in place with this vendor?
Dell Server (Virtual Host)	Normal	Dell	512-513-2497	ANNALISA_SALYARDS@Dell.com	Yes
Miscellaneous Hardware (switches, power strips, etc.)	Normal	CDW	877-325-2912	amanbis@cdw.com	Yes
Internet, phone, DNS	Normal	AT&T	314-505-1654	cathy.zych@att.com	Yes
Technical Services	Alternative	Inflexion	314-655-5553	jkennedy@inflexionllc.com	Yes

Onsite and Offsite Backup and Recovery Data App Assure Servers

Onsite Backup Aftergut Control Center	Offsite Backup Belleville Control Center	
Daily backup of critical files from departmental servers and Rehab servers. Week full backup of critical files from departmental servers and Rehab servers. Monthly full backup of critical files from departmental servers and Rehab servers. Complete daily replication of critical files from departmental servers	Virtual machine images stored on a SATA hard disk and stored on-site. Daily replication of critical files from departmental servers and Rehab servers. 2Week full replication of critical files from departmental servers and Rehab servers. Monthly replication of critical files from departmental servers and Rehab servers.	

Onsite and Offsite Backup and Recovery Data Procedure

Upon declaring disaster to the Aftergut Center Building follow these recovery procedures

Onsite Aftergut Main Control Center Backup Server	Offsite Believille Secondary Control Center Replication Server
 Will need to enter building if possible to access damage to MIS department equipment. Transport usable equipment to the Belleville Center. Equipment suppliers to be notified, equipment ordered as emergency and air freighted to the Belleville Control Center. Move complete operations to the Belleville Control Center. Direct staff to work from Lippman Center. Follow recovery procedure at the Belleville Control Center. 	 Technical Recovery Team to setup and direct staff to appropriate workstation locations. Technical Recovery Team to install new equipment and start Recovery procedures. Edit and redirect DNS to Belleville server. Recreate the Aftergut network on the Firebox at Belleville. Update satellite offices with the new VPN gateway address. Start the new virtual Exchange Server machine and restore the mailbox databases. Verify message processing. Start the virtual Web server for the Gateway web site. Verify that the web site is accessible and working properly. Post the recovery status on the home page. Forward all phones to Lippman Center or mobile phones as available. Install ESXI 5.0 onto the new virtual host. Copy all of the virtual machine image files to the new ESXI datastore. Start the virtual Financial Edge machine, and restore the most recent backup. Verify connectivity. Start the virtual SQL server and restore the most recent backup. Verify SQL connectivity for all Databases. Start the virtual accounting domain controller. Restore the most recent backup. Restore user network folders to the server(s) nearest where staff has been relocated. Update group memberships to reflect the change. Folders for staff working from locations without an active file server should be restored to Belleville. Start the virtual database server and restore the most recent backup. Verify accessibility and functionality. Start the virtual document imaging, MIS, and Blackberry servers and restore the most recent backup permit.

Add'i Item Field

Supplier Name

Price/Unit Add'l Item Field 1 Add'l Item Field 2 Add'l Item Field 3

Eastern Region
 ORIGINAL CONTRACT PERIOD PRICE PER RESIDENTIAL SLOT

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	And common and the incommon of (Fir	st Renewal (Second Renewa	i (Third Renewal Number of Slots)
arme in a la desarra de	dustries \$ 79.20 Per	iod) \$83.16 Period) \$87.12	Period) \$91.08 Min. 25 Max: 25
MERS Missouri Goodwill Inc	JUSUJES & 13.4V FEI	inni and in Leimni ani ir	