



STATE OF MISSOURI
MISSOURI DEPARTMENT OF CORRECTIONS
CONTRACT AMENDMENT

RETURN AMENDMENT NO LATER THAN AUGUST 1, 2018 TO:

Steven W. Beeson
steven.beeson@doc.mo.gov
(573) 526-6590
(573) 522-1562 (Fax)
FMU/PURCHASING SECTION
P.O. BOX 236
JEFFERSON CITY, MISSOURI 65102

DATE	VENDOR IDENTIFICATION	CONTRACT NUMBER	CONTRACT DESCRIPTION
July 25, 2018	Journey to New Life 3120 Troost Ave Kansas City, MO 64109	Amendment 001 SDA48000907	Community Reentry Funding Western Region

CONTRACT SDA48000907 IS HEREBY AMENDED AS FOLLOWS:

Pursuant to paragraph 2.2.3 on page 7, the Missouri Department of Corrections desires to renew the above-referenced contract for the period of July 1, 2018 through June 30, 2019 in the amount of \$25,000.

All terms, conditions, and provisions of the previous contract period, including prices, shall remain and apply hereto.

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

IN WITNESS THEREOF, THE PARTIES HERETO EXECUTE THIS AGREEMENT.

Company Name: Journey To New Life

Mailing Address: 3120 Troost Ave

City, State, Zip: Kansas City, MO 64109

Telephone: (816) 960-4808 Fax: _____

MissouriBUYS SYSTEM ID: _____

Email: gkw.journeytonewlife@hotmail.com

Authorized Signer's Printed Name and Title: Georgia K Walker Executive Director

Authorized Signature: Georgia K. Walker Date: 7/26/18

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

Kenny Jones
Kenny Jones, Chairman, Board of Probation and Parole

8-6-18
Date

REQUEST FOR APPLICATION

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

**Buyer of Record:
Beth Lambert, Purchasing Manager
Telephone: (573) 526-6494
Beth.Lambert@doc.mo.gov**

RFA SDA480-009

**Community Reentry Funding
Western Region & Eastern Region**

**Contract Period: Date of Award through
June 30, 2018**

Date of Issue: May 26, 2017

Page 1 of 58 46

**Applications Must Be Received No Later
Than:**

2:00 p.m., June 22, 2017

Sealed applications must be delivered to the Missouri Department of Corrections, Purchasing Section, 2729 Plaza Drive, Jefferson City, MO 65109, or P.O. Box 236, Jefferson City, Missouri 65102. The applicant should clearly identify the RFA number on the lower right or left-handed corner of the container in which the application is submitted to the Department. This number is essential for identification purposes.

We hereby agree to provide the services and/or items, at the price quoted, pursuant to the requirements of this document and further agree that when this document is countersigned by an authorized official of the Missouri Department of Corrections, a binding agreement, as defined herein, shall exist. The authorized signer of this document certifies that the awardee (named below) and each of its principals are not suspended or debarred by the federal government.

Program Title: Journey to New Life Housing for Sexual Offenders

Company Name: Journey to New Life

Mailing Address: 3120 Troost Ave

City, State, Zip: Kansas City MO 64109

Telephone: 816-960-4808

Fax: 866-607-9127

Federal EIN #: 46-3435417

State Vendor #: _____

Email: aharrell@jtnl.org

Authorized Signer's Printed Name and Title: Georgia K. Walker, Executive Director

Authorized Signature: Georgia K Walker Application Date: 6/21/17

NOTICE OF AWARD:

In its entirety.

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

Contract No. SDA48000907

W-005

**Kenny Jones
Kenny Jones, Chairman, Board of Probation and Parole**

**11-14-17
Date**

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

REQUEST FOR APPLICATION

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

**Buyer of Record:
Beth Lambert, Purchasing Manager
Telephone: (573) 526-6494
Beth.Lambert@doc.mo.gov**

RFA SDA480-009

**Community Reentry Funding
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Email: aharrell@jtnl.org

Authorized Signer's Printed Name and Title: Georgia K. Walker, Executive Director

Authorized Signature: Georgia K Walker

Application Date: 6/21/17

NOTICE OF AWARD:

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

Contract No.

Kenny Jones, Chairman, Board of Probation and Parole

Date

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

Application Summary Form**COMMUNITY REENTRY FUND APPLICATION SUMMARY FORM**

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY AND SUBMITTED TO BE CONSIDERED FOR AWARD.

<i>Please select geographic area in accordance with the map attached: See Attachment 1</i>		<i>Amount of DOC Funds Requested:</i>
<input checked="" type="checkbox"/> Western Region	City/County <u>Kansas City/Jackson, Cass and Clay</u>	\$ 50,000
<input type="checkbox"/> Eastern Region	City/County	

Program Title: Journey to New Life Housing for Sex Offenders

Does this program complement another application? Yes ☐ No ☒ **Name:** _____

Provide a unique name descriptive of service or program for EACH application submitted

Applicant Agency and Address:

Journey to New Life
3120 Troost Ave
Kansas City MO 64109

Project Director Name, Phone, Fax & Email:

Rita Flynn
816-960-4808 (phone) 866-607-9127 (fax)
rmf.journeynewlife@hotmail.com

Georgia K Walker 6/21/17
Signature/Title Date

Anticipated Outputs: (number of offenders supervised by DOC to be served by the proposed project):
15

Estimated Cost per Offender:
\$ 3,333

of Paid Staff: 10
of Volunteers: 6

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

We propose to place 15 sex offenders in permanent housing. Using a "housing first" model which is called Rapid Re-Housing (RRH), we will secure housing for these offenders by paying the rental deposit and the first three months of rent. We will provide wrap around supportive sources for the intensive first three months and follow up with less intensive services for the next three months.

In-Kind Contributions: Applicant must identify all in-kind contributions which include "contributions other than cash." While these contributions usually add real value to a project, they do not require an additional cash outlay (e.g. donated labor, materials and services).

Full time Case Managers are provided by agency funds contributed by an Emergency Solutions Grant from City of Kansas City (\$30,000), Dunn Family Foundation (\$25,000), Jackson County Combat (\$50,000), HUD Grants, and Fendler Fdn (\$150,000). These are annual contributions; however, we receive funding from local foundations and private individuals.

Clothing, food, prescriptions, health care, glasses, dentures, work clothes/tools, etc... are provided by private donations.

Attach a page identifying in-kind contributions.

MATCHING RESOURCES TO BE SUPPLIED BY JOURNEY TO NEW LIFE**Labor Costs:**

0.40 FTE Case Manager	\$16,000
Benefits for Case Manager	\$ 4,000
In-Kind 0.25 FTE volunteer re-entry specialist	\$ 7,500
0.10 FTE Financial Administration of Grant & Data	\$ 5,000
0.10 FTE Program Manager	\$ 5,000
Provision of additional products and services to meet That will support the re-entry process	\$11,250
Values of classes and support groups provided	\$15,000
Space rental, liability & property insurance, utilities, etc	\$ 4,000
Total matching resources provided by applicant	\$67,750

Journey To New Life was founded September 1, 2013 by Rita Flynn, Sr. Rose McLarney and Georgia Walker because we believed that at least four major categories of former offenders were being underserved by the social services agencies in Kansas City for housing: sex offenders, veterans with chronic disabilities, women, and those with serious mental illnesses who also suffered from addictions. Our vision was to create a welcoming service center in the central city where all would be welcome for emergency assistance and as many as possible would be assisted in finding housing. Since our founding we have served 6300 emergency assistance clients and provided them with over \$ 600,000 worth of things such as food, clothing, prescription assistance, identification, personal hygiene, work related items such as uniforms, boots, tools, cell phones, and bus passes. At a cost of \$ 785,000, we have assisted 665 persons and their families attain and maintain permanent housing with financial resources and case-management. The proposed grant will target sex offenders to gain access to permanent housing.

RATIONALE FOR TARGETING SEX-OFFENDERS

There are specific reasons for developing a program to explicitly target sex-offenders for housing. First of all, a great many of the housing programs and the re-entry programs in Kansas City are unwilling or unable to serve this population adequately. Secondly, there is a significant reluctance of landlords to rent to sex offenders because of the stigma attached to sex offenders by other rental clients and neighbors. Therefore, the landlords fear that their properties will lose value if sex-offenders are permitted to occupy their rental units. Thirdly, there are so many areas of the city and properties that fall within the boundaries within which sex-offenders are excluded from living according to state and local laws. There are difficulties finding places sometimes which will meet these boundary exclusions. At any given time during the last two years, we have always had at least 20 to 30 sex-offenders on our housing case load. With the recent plans to close the Kansas City Community Release Center we have had a surge in demand for housing for all offenders who are being forced to find home plans as quickly as possible. But this is particularly true for the many sex offenders who have been housed at KCCRC for long periods of time because of inability to find a suitable home plan. Because of this closure, we have been receiving many calls from the various state institutions requesting home plans for persons due to be released. Finally, it does require some specialized expertise to handle a caseload of ex-offenders. While still at the Turnaround Program of Catholic Charities, Rita Flynn, Jeff Page and Georgia Walker all were accustomed to handling as many as 36 sex-offenders at a time. This expertise requires a willingness to provide acceptance and support for offenders who have seriously hurt very vulnerable victims. We feel that our staff has the willingness, sensitivity and cautious temperament to handle successful re-entry for this population. Rita Flynn, Program Director, will oversee this program and

supervise the staff efforts. Jeff Page will be the case manager for this project. Together the two of them each have decades of experience as parole officers and supervisors and as re-entry experts. In addition we have six very experienced volunteer re-entry specialists who will be assisting them.

OUR HOUSING AND RE-ENTRY MODEL

We are constantly seeking resources to expand our capacity to do the housing piece of our program. We are passionate about using what is known as "the housing first" model which is the evidence-based practice of putting people into safe and affordable housing as rapidly as possible and then providing wrap-around services based upon the assessment of risks and needs of the individual client. This is a proven model which leads to positive outcomes such as:

- decreased use of addictive substances,
- increased compliance with mental health treatment,
- lower levels of criminal recidivism,
- decreased use of expensive emergency room visits,
- higher levels of life satisfaction,
- better management of chronic health conditions and
- lower risk of returning to homelessness or to prison.

We are enthusiastic about this evidence-based model from the housing service sector and have found that it works extremely well along with evidence-based practices from community corrections in order to reduce recidivism.

ANTICIPATED TIMELINE FOR THE SERVICES

Upon first encountering an ex-offender who needs housing we utilize a HUD recommended assessment instrument which has proven to have high validity and reliability for predicting the best housing intervention strategy for a given individual or family. This instrument is called the Service Prioritization Decision Assistance Tool (SPDAT). This is a well-tested evidence-informed approach to assessing an individual's or family's acuity for attaining housing. Across multiple components, the tool prioritizes who to serve next and why, while concurrently identifying the areas in the person's life where support is most likely necessary in order to avoid housing instability. It fosters the development of a system of agency triage so that more resources are directed to those most in need rather than just serving everyone with the same array of costly services.

The score on the SPDAT predicts whether the individual needs permanent housing with one of three different levels of support. Some will need long term supportive services to wrap around them and long-term financial support for that

housing (this is called Permanent Supportive Housing). Many will only need short term supportive services to become able to support themselves in permanent housing within three months with the benefit of earned income or some form of government economic support such as Social Security disability, SSI or regular pension income (this is called Rapid Re-Housing). Many others will simply need assistance in obtaining employment services and to find landlords willing to rent to ex-offenders and then they are able to access housing with less intensive assistance. The current grant will target those who score in the middle range on the SPDAT and are predicted to need short-term case-management support from three to six months and rental assistance for no more than three months. We have clients which fit into each of these three categories and we now have some city and federal grants to support the delivery of the first two types of housing. The proposed grant is designed to expand our capacity to serve 15 additional sex-offenders who score at the level of needing the Rapid Re-Housing program.

On that first day we will explain our programs, assess and address the client's basic needs for identification, food, clothing, personal hygiene, transportation, cell phone, prescription assistance, etc. These are critical things any human being will need to get started again with their new life. Of course all of these things are the type of first concerns anyone might reasonably expect to obtain even prior to finding their housing. I think most of our clients would describe our provision of emergency services as generous and very supportive.

In the first seven days of entering this program, we will assess the risks and needs and the strengths and weaknesses of the client. We will get started immediately on determining what level of rent that they will ultimately be able to pay on their own and begin providing them with housing options based upon their preferences of area within the city and type of housing. We have spent a great deal of time cultivating landlord willingness to support housing options for sex-offenders. We have been successful in finding willing landlords because they know that we will stay connected and supportive of our clients to insure their success. By the third day a housing unit will be selected, it will be inspected for suitability using a rigorous Housing Quality Inspection regime required HUD and a rent reasonableness comparison to insure that the landlord will only be charging a fair market price for the housing. A lease will be signed and our agency will move furniture and household items in to the residence to make it habitable and the client will move into the unit. During the first week, the client typically will have 10 to 15 hours of contact with his or her case-manager and re-entry specialist.

Immediately after the individual is housed, case-management will begin working with the client using a trauma-informed, strength-based model to help the client develop both short and longer term goals and the strategies needed to accomplish those goals. Our case-managers use a motivational interviewing strategy to enhance intrinsic motivation in offenders and offer a great deal of positive reinforcement. We have a very

definite welcoming atmosphere in our office and pride ourselves on treating each individual with great respect and confidentiality. During this next phase the case-manager and re-entry specialist will begin advocating for the client to attain re-instatement or application for benefits for which the individual may be qualified to receive (i.e., food stamps, Medicaid, SSI or SSDI, TANF, etc). This might be accomplished on-line or by personal visit to the appropriate office.

During these early first days referral appointments are set up, as suggested by assessed client risks and needs, for such services as employment support (work readiness, job coaching, and other employment services), substance abuse treatment, mental health treatment, sex-offender treatment, and medical care. Furthermore, during these early days the case-manager explains various classes and groups that we have available in our office to facilitate their successful re-entry into society and sign them up for mentoring or any other of our services they may wish to try. All of this needs to be tailored to client preferences for what goals they wish to pursue first and how much time they may have available after addressing service assignments given to them by their parole officer.

We have been cautious to not create services that other agencies are doing quite well. However, we have expanded our services to include other useful programs that we have found helpful to support the successful re-entry of our clients and to help them maintain their housing. We have established a one-year, one-on-one mentoring program, offer a weekly relapse prevention support group, provide a five week course in anger management and conflict resolution using a restorative justice model, offer a six week budgeting and personal finance course and now will be starting a cognitive-behavioral psychological support group. We have an on-site ophthalmologist who comes weekly to perform eye exams and then provides our clients with a free pair of glasses. We partner with many other area organizations which offer employment readiness, medical care, psychological/psychiatric care, substance abuse treatment, and domestic violence support and advocacy. Because of our existing agency relationships, we are frequently able to get appointments set up quickly for our clients. Our primary agency relationship for men is Benilde Hall, which is our resource for substance abuse treatment, psychological counseling and psychiatric care.

During the first three months, the client will meet weekly with their case-manager and re-entry specialist. Typically, these meetings may be of one to two hours in length, depending on what is being accomplished. Frequently, there will be two to three phone contacts with the client and case-manager to help support the client. At least once per month, the meeting will take place within the home of the client and this will involve both the case manager and the re-entry specialist in the out of the office contacts. During the fourth thru the six month, the clients will meet one to two times per month with the re-entry specialist under the guidance and supervision of the case-manager. If any

problem or new issue arises during the second three-month period, the case manager will re-engage more closely and will be the one to remain in contact with the parole officer if any issue arises.

Part of the success of our agency has been due to the excellent employment services offered to ex-offenders by the Employment Program at Bishop Sullivan Center here in Kansas City. They have the best employment success we have experienced in getting people employed in the best jobs imaginable. Over the years, they have developed such a wide assortment of "felon-friendly" employers who are willing to give our clients a chance when they meet their high expectations for reliable, responsible work for a just wage. We absolutely require those who wish to be in one of our housing programs to work with Bishop Sullivan for attaining employment if they are able to work. We have had good success in getting people into employment relatively quickly so that they can reasonably be able to take over all of their own rental expenses on their own after three months.

For those with developmental or mental illness conditions, we often refer our clients to the Missouri Vocational Rehabilitation services offered by the State of Missouri. A number of our clients have been able to gain employment through the help provided by this service. For those who are judged by this agency to be unemployable we become advocates for gaining them access to mainstream benefits which will make it possible for them to financially support their own housing after three months. To speed up this process of getting re-instated with SSI or other program or to apply for the first time, our agency is working to develop the capacity through the SOAR program to facilitate the application process. In this program the case-manager does much of the leg-work to accumulate the medical records of the client and build the evidence for their need for assistance. This is proving to be a very successful program in Kansas City. This length of time required for certification for SSI has been reduced to an average of three months, the percentage of first-time claim denials have dramatically been reduced, and the need for hiring expensive legal representation has been reduced significantly. We will soon be providing this service for our clients at Journey To New Life.

The model we have developed includes case-management over the course of the first three critical months of approximately 45-50 hours of case-management time for direct visits, phone calls, and home visits and much of that time is matched by 25-30 hours of re-entry specialist time in the first three months. In the fourth thru sixth months the experienced re-entry specialist will spend another 15-20 hours of direct contact with the client by in person visits and phone visits. Furthermore, the client also has regular contact throughout the six month program with his or her mentor in one-on-one visits and in monthly mentor-mentee gatherings. We have several former offenders who are no longer on supervision who provide helpful support and guidance to our clients.

BUDGET REQUEST:

The primary request for money in this grant is to ask for \$ 9,750 to pay for rental deposits for 15 clients (\$ 650 X 15) and \$ \$29,250 to pay for 3 months of rent for 15 clients (\$ 650 X 3 X 15). Housing is the main service that we are offering to these clients. However, in addition this grant requests funding for what we consider to be three critical services: phone, monthly bus passes and food. Providing a cell phone is essential to maintain frequent contact between the staff and the client. Furthermore, it is almost impossible to get a job without a way for employers to contact you to set up interviews and/or make job offers. Therefore, we request \$ 150 per client to provide a cell phone to the client for the first three critical months. We also consider that the monthly bus passes are essential for attaining a job, for getting to appointments, and staying in contact with the case-management staff. Therefore, we request \$ 150 per client to purchase three monthly bus passes. Third, we believe that it is critical to have food in the first months when you lack the resources to pay for it. Therefore, we request \$ 433 to purchase food for the client for three months. So our request in this grant is for \$ 50,000 which would provide us with an average of \$ 3,300 per client to help them get started on the journey to a new life. While other services and products will be supplied to the clients during the time they are in the program at no cost to the grant. However, these five things we are budgeting for are so important to their success in the program that we are requesting grant funds in order to provide them to our clients.

MATCHING RESOURCES SUPPLIED BY AGENCY

Journey To New Life will supply all of the labor and employee benefits for this program and no cost to the grant. The model requires the utilization of a 0.40 FTE case-manager at an average annual cost of \$ 16,000 plus an additional \$ 4,000 in benefits. The agency will also be supplying the expertise of a 0.25 FTE experienced volunteer re-entry specialist at an average annual value of \$ 7,500. During the months that these clients will be in our program, we can conservatively estimate that they will receive an additional array of products and services that total at least \$ 750 to pay for household furnishings, utilities, personal hygiene, medical and dental co-pays, prescriptions, and work-related things such as uniforms, tools, and work clothes/boots. These items will be expected to total at least \$ 11,250 in agency funds over the course of the year for 15 clients served in this program. The value of other classes and services provided by our agency will depend entirely on the needs of the clients and in which programs which they choose to participate. The cost of these services collectively will exceed \$ 15,000. When we add in the overhead of space rental, liability and property insurance, maintenance, utilities, etc; it is clear that the agency will more than match the \$ 50,000 we are requesting in this grant in what we are contributing to this project.

CORE PERFORMANCE MEASURES

Of course our primary desired outcomes are for each individual client to successfully complete their re-entry into society, not return to prison and maintain their placement in permanent housing beyond the grant project. However, there are a number of important performance measures that we will be tracking to help insure that individual clients will have the support they need to succeed. We utilize the Mid-America Assistance Coalition (MAAC) database to track the outcome indicators which we feel are important to measure. The following indicators are listed in Exhibit D:

Basic Needs and Emergency Services

Outcome: Attainment of basic needs and emergency services

Birth Certificate/ID	15 clients	100% will have basic needs met
Personal hygiene	15 clients	"
Food	15 clients	"

Employment

Outcome: Improved employment

Cell phone	10 clients	100% of the ten clients who are employable will find full-time work
Job readiness	10 clients	
Work clothes/tools	10 clients	

Housing

Outcome: Attainment of housing

Rental assistance	15 clients	100% will attain permanent housing 90% will maintain housing for 6 months
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Mental Health

Outcome: Reduced mental health risks

Sex offender treatment	15 clients	100% will receive assist with payment for sex offender tx & assessment
Anger management	10 clients	80% will complete courses in anger
Conflict Resolution	10 clients	Management & conflict resolution

Substance Abuse

Outcome: Reduced substance abuse

Relapse prevention	10 clients	70% of clients will complete 3 months of Weekly relapse prevent support groups
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Transportation

Outcome: Attainment of transportation

Monthly bus pass	15 clients	100% of clients will receive Transportation for three months
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APPLICANT'S EXPERIENCE AND EXPERTISE

Rita Flynn has 45 years of experience working with this population including 26 years with Missouri Department of Corrections Probation and Parole and retired in 2000 as District Administrator. Next she worked for two years as a Kansas City, KS parole officer. She then worked as a substance abuse counselor at WRDCC. She worked for 10 years as Program Manager at Catholic Charities Turnaround Program. She then co-founded Journey To New Life with Sr. Rose McLarney and Georgia Walker. For the past two years she has served at Program Director for Journey To New Life.

Jeff Page has 40 years of experience working with this population including 33 years with Department of Corrections in Connecticut and Iowa working in Probation and Parole and retired in 2006 as Division Manager of Iowa Probation and Parole. He then worked as Case Manager and Job Developer for Catholic Charities Turnaround Program for 7 years. For the past year he has been a Case-Manager for Journey To New Life.

Georgia Walker has 15 years experience working with this population. For 8 years she served in various positions at the Center for Women in Transition and for the last 4 years as the Assistant Director. With Sr. Rose McLarney she established a Residential Release Center for women in St. Louis with Department of Corrections funding. She helped co-found a coalition of St Louis re-entry agencies to serve persons who were released to the St Louis area after maxing out their sentences. She served as the administrator of a \$ 1,000,000/year grant from the Department of Corrections to serve 200 persons who had returned to St. Louis after they had 12-12'd . While in St. Louis she made monthly visits to Vandalia to conduct re-entry classes with women in the re-entry unit. When she moved to Kansas City she began working for two years with Catholic Charities Turnaround Program as a Case-Manager. There she made regular monthly visits to Chillicothe to the women's prison and to WMCC in Cameron to conduct re-entry classes for persons soon to be released to the Kansas City area. She then worked for 3 years as the Program Specialist for the Homeless Services Coalition of Greater Kansas City where she monitored the performance of more than 40 homeless agencies on their HUD grants. In that capacity she also provided technical support and education to those agencies and established a data quality control program for monitoring performance standards of the agencies throughout the metropolitan KC area. For the past two years she has been the Executive Director of Journey To New Life.

Sr. Rose McLarney has 15 years experience working with this population. For 10 years she was the Director of the Center for Women in Transition. During her tenure she

worked closely with Nancy McCarthy to develop a coalition of re-entry agencies and also founded the statewide organization called Missouri Restorative Justice Association. With Georgia Walker she founded a transitional housing program for women coming out of prison and the separate Release Center for Women. She then worked for 2 years at Catholic Charities Turnaround Program where she administered four \$ 100,000 Missouri Department of Corrections Re-Entry grants to establish mentor programs for offenders in four P&P Districts in the Western Region. In that capacity she worked closely with Tim Wolfe, Lisa Weisman, Sherry Morlang and Collin Smith. For the past two years she has been co-founder of the Journey To New Life and serves as the Chair of the Board of Directors.

All four of these principal employees of Journey To New Life have had extensive contact with persons in Jeff City Central Office, Regional Directors, District Administrators and Probation & Parole officers both in St Louis and Kansas City. All of us have been involved with Institutional Parole Officers and other institutional workers to help individuals transition to the outside. Our two other Case-Managers, Administrative Assistant and six experienced volunteer re-entry specialists have additional years of experience delivering social services. Two of the re-entry specialists are retired physicians, two of the specialists are former ex-offenders who have completed their time of supervision and two others are retired professionals.

Journey To New Life currently is sub-contractor on three HUD housing grants: one to serve Case-Management and Housing Placement in a Rapid Re-Housing Program and two to serve Case-Management and Housing Placement in Permanent Supportive Housing Programs for disabled persons. The clients in all three grants are ex-offenders and they are the only HUD grants in the Kansas City metropolitan area that are targeted to ex-offenders. In addition we are the recipient of a local City of Kansas City Emergency Solutions Grant (ESG) to Rapidly Re-House homeless ex-offenders.

PREFERENCES OF DEPARTMENT OF CORRECTIONS

We believe that that we should receive the total of 10 points for preferences. This grant request targets services for supported housing for sex offenders. Our Case Management follows the principles of "Trauma Informed Care" and all three of our Case Managers have received training in recognizing trauma as a core component in designing treatment services. Furthermore, all of our service delivery utilizes evidence-based principles both from the world of community corrections and the world of housing providers.

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	City of Kansas City
Address of Reference Company:	Mohart Center – 3200 Wayne Ave Kansas City MO 64109
Reference Contact Person Name:	Florence Wilson
Contact Person Phone #:	816-531-4515
Contact Person e-mail address:	Florence.Wilson@kcmo.org
Dates of Prior Services:	5/1/2017-4/30/18; 5/1/2016-4/30/2017; 5/1/2015-4/30/2016
Dollar Value of Prior Services:	\$92,360; \$92,360; \$92,360
Description of Prior Services Performed:	Emergency Services Grant (ESG) for Rapid ReHousing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting persons who have formerly been incarcerated or are on probation currently

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	City of Kansas City, MO
Address of Reference Company:	Mohart Center—3200 Wayne Ave Kansas City MO 64109
Reference Contact Person Name:	City of Kansas City MO: Kimberly Harris
Contact Person Phone #:	816-531-4516
Contact Person e-mail address:	Kimberly.Harris@kcmo.gov
Dates of Prior Services:	2/1/2017-01/31/2018; 2/1/2016-1/31/2017; 2/1/2015-1/31/2016; 2/1/2014-1/31/2015
Dollar Value of Prior Services:	2/17-1/18-\$185,230; 02/16-1/17- \$178,956 2/15-1/16 - \$176,954 subcontract JTNL \$56,708 Rent Assistance \$108,552 2/14-1/15 - \$174,578 subcontract JTNL \$56,708 Rent Assistance \$106,176
Description of Prior Services Performed:	HUD Rapid ReHousing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting persons who have formerly been incarcerated or are on probation currently

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	U.S. Department of Housing and Urban Development
Address of Reference Company:	Office of Community Planning & Development, 400 State Ave, Rm 200 Kansas City KS 66101
Reference Contact Person Name:	Jeffrey P. Heimerl
Contact Person Phone #:	913-551-5817
Contact Person e-mail address:	Jeffrey.P.Heimerl@hud.gov
Dates of Prior Services:	8/1/2017-7/31/2018; 8/1/2016-7/31/2017
Dollar Value of Prior Services:	\$267,980; \$267,980
Description of Prior Services Performed:	Grant for Rapid ReHousing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting veterans who have formerly been incarcerated by city, state or federal courts or are on probation currently from any court.

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	City of Kansas City MO
Address of Reference Company:	Mohart Center—3200 Wayne Ave Kansas City MO 64109
Reference Contact Person Name:	City of KC MO – Kimberly Harris
Contact Person Phone #:	816-531-4516
Contact Person e-mail address:	Kimberly.Harris@kcmo.gov
Dates of Prior Services:	9/1/2017-8/31/18; 9/1/2016-8/31/2017; 9/1/2015-8/31/2016; 9/1/2014-8/31/2015; 9/1/2013-8/31/2014
Dollar Value of Prior Services:	2017-18--\$142,402; 2016-17 - \$142,402; 2015-16 - \$142,402 2014-15 - \$140,427 subcontract JTNL \$28,158 Rent Assistance \$103,522 2013-14 - \$136,445 subcontract JTNL \$27,078 Rent Assistance \$100,620
Description of Prior Services Performed:	HUD Permanent Supportive Services grant; perform case management and housing placement services for persons with disabilities; targeting persons who have formerly been incarcerated or are on probation currently

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Sisters of St Joseph of Carondelet
Address of Reference Company:	6400 Minnesota Ave
	St. Louis 63111
Reference Contact Person Name:	Sister Maureen Freeman CSJ
Contact Person Phone #:	314-481-8800
Contact Person e-mail address:	mfreeman@csjstl.org
Dates of Prior Services:	6/1/2016-5/31/2017; 6/1/2015-5/31/2016; 6/1/2014-5/31/2015
Dollar Value of Prior Services:	2016-17 - \$25,000
	2015-16 - \$15,000
	2014-15 - \$25,000
Description of Prior Services Performed:	Emergency Assistance for persons released from prison: shoes, clothes, bus passes, personal hygiene, food, ID's, etc.

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Health Care Foundation of Greater Kansas City
Address of Reference Company:	2700 East 18 th Street, Suite 220
	Kansas City, MO 64127
Reference Contact Person Name:	Bridget McCandless, M.D., President/CEO
Contact Person Phone #:	816-241-7006
Contact Person e-mail address:	Bridget.McCandless@hcfgkc.org
Dates of Prior Services:	02/01/17—01/31/18
Dollar Value of Prior Services:	\$ 60,000
Description of Prior Services Performed:	This provides us with the resources to pay an MSW to serve as a SOAR coordinator. This is a program of the Social Security Administration to encourage non-profit agencies to complete the total application and documentation process for persons to receive SSI and/or SSDI. With this grant we have hired and trained a full-time certified SOAR Coordinator to assist individuals secure streamlined funding for these disability programs.

Gloria K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Jackson County COMBAT
Address of Reference Company:	415 E. 12 th street, 9 th Floor
	Kansas City, MO 64106
Reference Contact Person Name:	Stacey Daniels-Young, PhD, Director
Contact Person Phone #:	816-881-3510
Contact Person e-mail address:	sdv@jacksongov.org
Dates of Prior Services:	06/01/2017—05/31/2018
Dollar Value of Prior Services:	\$ 50,000
Description of Prior Services Performed:	A new program we have begun to offer to our clients who are early in their recovery from addiction. The program is called a Peer to Peer Mentoring to provide recovery support services from a trained mentor who has many years of recovery experience with individuals who have just begun their recovery. A licensed Social Worker with addiction service credentials and experience recruits, trains, supports and matches peer mentors with clients who are mentees. This is a cutting edge program that is supported and encouraged by SAMHSA (U.S. Substance Abuse and Mental Health Services Administration) as a best-practice model for supporting long-term recovery as a supplement to substance abuse treatment in outpatient and/or inpatient settings.

Georgia K Walker
Authorized Signature of Applicant

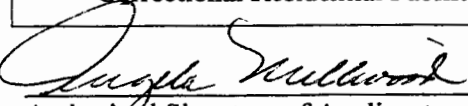
6/21/17
Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Volunteer Admin Asst</u>	
Name of Person:	Angela Millwood
Educational Degree (s): include college or university, major, and dates	HS Diploma – Bushwick High School
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	10 years working as Admin Asst in re-entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer, Admin Asst 2014 - present
Describe this person's responsibilities over the past 12 months.	Data Entry; Schedule Appts
Previous employer(s), positions, and dates.	Catholic Charities KCSJ, Accts Payable, 1992-2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	10 years Admin Asst
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	


 Authorized Signature of Applicant

6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u> Data Entry Coordinator </u>	
Name of Person:	Colleen P Simon
Educational Degree (s): include college or university, major, and dates	B.A. College of William & Mary, Govt & Philosophy, 1979; MEd 1978-81
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	MAAC Training, August 2013 MAAC Training, May 2015
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Approximately 2 years worked with ex-offenders in Medicine Cabinet/Food Pantry/Emergency Assistance Prison Ministry Program for Catholic Diocese of Richmond 2 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee
Describe this person's responsibilities over the past 12 months.	Data entry and Track clients through MAAC
Previous employer(s), positions, and dates.	Nov 2014-2015 Director of Senior Commodities Program, Cross Line Community Outreach; July-Oct 2014 Bitterman Candy Sales; July 2013-2014 St. Francis Xavier Pastoral Ssoc for Justice
Identify specific information about experience in:	
✓ Social Work	
✓ Reentry	2.5 years re-entry experience
✓ Counseling	July 2013 – May 2014 Emergency Assistance/counseling
✓ Criminal Justice	
✓ Correctional Residential Facilities	


Authorized Signature of Applicant

6/21/17
Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: <u>Operations Director</u>	
Name of Person:	Susie Roling
Educational Degree (s): include college or university, major, and dates	MSW, UMKC – 2006 BSW, UMKC - 2003
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Does not expire
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Trauma Informed Care Framework for Understanding Poverty Strength Based Case Management
Number of years experience in area of service proposed to provide. Experience in working with offenders?	17 years working with death penalty cases and offenders
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee Case Manager 2.5 years
Describe this person's responsibilities over the past 12 months.	Case Management; Social/Emotional Support; Admin Support; Connect clients to services – mental health, drug/alcohol treatment
Previous employer(s), positions, and dates.	Operation Breakthrough, Social Worker 2004-14; Chicato Legal Aid to Incarcerated Mothers 2003-04
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	12 years of Clinical Social Work
✓ Reentry	2.5 years Case Manager JTNL
✓ Counseling	12 years of Therapeutic Clinical Case Management
✓ Criminal Justice	17 years involvement w/death row offenders
✓ Correctional Residential Facilities	1 year

Susan A. Roling
Signature of Applicant

6-21-17
Date

Authorized

EXHIBIT B
SUBMISSION IS MANDATORY**EXPERTISE OF PERSONNEL**

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

Title of Position: <u>Volunteer Re-entry Specialist</u>	
Name of Person:	Kenneth Gates
Educational Degree (s): include college or university, major, and dates	Associates of Arts
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	SOAR Training
Number of years experience in area of service proposed to provide. Experience in working with offenders?	2.5 years – April 2015 – present (JTNL)
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	volunteer
Describe this person's responsibilities over the past 12 months.	Met w/offenders 16 hrs/wk to complete initial assessment and assist w/immediate needs. Makes requests for case management.
Previous employer(s), positions, and dates.	Learning Club of Kansas City KS, Assistant Director, 2006-2017 Holy Trinity School, Teacher's Aide, 2006-2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	Works with men and women coming out of prison to assess needs (JTNL)
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Kenneth J. Gates
Authorized Signature of Applicant

6-20-17
Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: <u>Program Director</u>	
Name of Person:	Rita Flynn
Educational Degree (s): include college or university, major, and dates	B.A. University of California – Long Beach
License(s)/Certification(s), Number(s), expiration date(s), if appl	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	35 years of training as probation & parole officer; Special Training in Defensive Tactics, Verbal Judo, Reality Therapy, Cocaine, Cognitive Thinking & Firearms
Number of years experience in area of service proposed to provide. Experience in working with offenders?	45 years re-entry work, 35 years in probation & parole in CA, MO & KS – retired MO District Administrator in 2000; 10 years Program Manager – Catholic Charities; 4 years as Program Director w/JTNL – managed 4 HUD grants, supervised staff of 15 – case managers, admin asst & volunteers; Co-Founder of JTNL in 2013
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Program Director – 4 years
Describe this person's responsibilities over the past 12 months.	Managed 4 HUD grants, supervised staff of 15 – case managers, admin asst & volunteers
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
✓ Social Work	
✓ Reentry	Catholic Charities, Program Mngr 2003-2013; JTNL, Program Director 2013-present
✓ Counseling	
✓ Criminal Justice	Riverside CA, Probation Ofcr 1970-71; Buchanan Co Juvenile 1971-77; LEAA 1978-80; MO Probation & Parole Officer 1980-2000; KS Parole Ofcr 2001-03; Substance Abuse Counselor WRDCC 2003
✓ Correctional Residential Facilities	


 Authorized Signature of Applicant

6-21-17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Volunteer Re-Entry Specialist</u>	
Name of Person:	Suzanne M. Garrett
Educational Degree (s): include college or university, major, and dates	BSN 1980 Dallas Baptist University MSW 2000 USC PsyD 2010 Newport Psychoanalytic Institute
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	LSCW; CA & MO
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	15 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; refer for case management services for long term needs
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
✓ Social Work	MSW 2000
✓ Reentry	JTNL 1 year
✓ Counseling	Private Practice
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Suzanne M. Garrett
Authorized Signature of Applicant

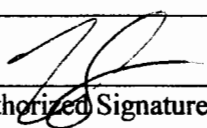
6-11-17
Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Case Manager</u>	
Name of Person:	Frederick Johnson
Educational Degree (s): include college or university, major, and dates	AA, Hawkeye Community College, 1999 BS, Public Administration, University of Iowa, 2009 MA, Counseling, Midwestern Baptist Theological Seminary, 2016
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Barber License, Sept 2017 Provisional License Professional Counselor
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Case Management Promoting Partnerships Veteran Benefits Labor & Employment
Number of years experience in area of service proposed to provide. Experience in working with offenders?	9 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee, since 6/2017
Describe this person's responsibilities over the past 12 months.	Case Manager
Previous employer(s), positions, and dates.	Catholic Charities Salvation 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
✓ Social Work	10 years
✓ Reentry	9 years
✓ Counseling	12 years
✓ Criminal Justice	15 years
✓ Correctional Residential Facilities	


Authorized Signature of Applicant

20 June 2017
Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: <u>Volunteer Re-Entry Specialist</u>	
Name of Person:	James Deeken
Educational Degree (s): include college or university, major, and dates	MD, Univ of MO – Medical School, 1967-70
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	n/a
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Residency in Dermatology University of Missouri, Med School, 1967-70
Number of years experience in area of service proposed to provide. Experience in working with offenders?	9 years of experience in re-entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer, Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; serve as mentor; refer for case management services for long term needs
Previous employer(s), positions, and dates.	Private Practice 1967-2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	9 years volunteering w/re-entry programs
✓ Counseling	
✓ Criminal Justice	

James L. Deeken
 Authorized Signature of Applicant

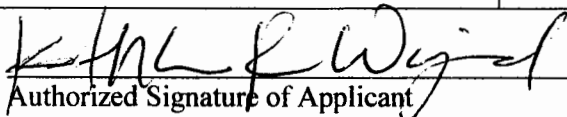
6-20-17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Case Manager</u>	
Name of Person:	Katie Wiegand
Educational Degree (s): include college or university, major, and dates	Xavier University, BSW, 2012-2016
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	1 year
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee, 1 year
Describe this person's responsibilities over the past 12 months.	Case management
Previous employer(s), positions, and dates.	Caracole, Inc, Case Manager Intern, August 2015 – April 2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	JTNL, Case Manager, 1 year
✓ Reentry	JTNL, Case Manager, 1 year
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	


Authorized Signature of Applicant

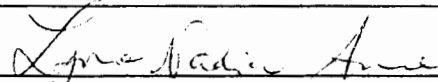
Date 6/21/17

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Case Manager</u>	
Name of Person:	Lynne Aime
Educational Degree (s): include college or university, major, and dates	Master of Social Work, UMKC, 2017
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Substance Use (Summer 2016) Trauma Informed Care (Fall 2016) SOAR (Spring 2017)
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Since 6/2017
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee since 6/2017
Describe this person's responsibilities over the past 12 months.	Case management, counseling, SOAR applications
Previous employer(s), positions, and dates.	KCPS Substitute Teacher Jewish Vocational Services Interpreter
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	Since 2017
✓ Reentry	Since 2017
✓ Counseling	30 years working with children, ADHD, OCD, Sexual or Physical Trauma and their families
✓ Criminal Justice	
✓ Correctional Residential Facilities	

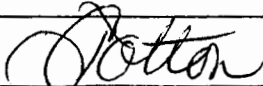

Authorized Signature of Applicant

06/21/17
Date

EXHIBIT B
SUBMISSION IS MANDATORY**EXPERTISE OF PERSONNEL**

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

Title of Position: <u>Volunteer Re-Entry Specialist</u>	
Name of Person:	Tom Cotton
Educational Degree (s): include college or university, major, and dates	B.A, Univ of Illinois 1962 MD, Univ of Illinois 1965
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	2008 - present
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer, Re-Entry Specialist Board Member
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; serve as mentor; refer for case management services for long term needs
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
✓ Social Work	
✓ Reentry	9 years volunteering w/re-entry programs
✓ Counseling	9 years mentoring ex-offenders
✓ Criminal Justice	
✓ Correctional Residential Facilities	



 Authorized Signature of Applicant

6/24/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY**EXPERTISE OF PERSONNEL**

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

Title of Position: <u>Volunteer Re-Entry Specialist</u>	
Name of Person:	Sandy Metzger
Educational Degree (s): include college or university, major, and dates	LPN – Penn Valley LPN/ICU - JCCC
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	LPH State of MO expires in 2017
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	3 years Volunteer – re-entry specialist
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; serve as mentor; refer for case management services for long term needs; Board Member
Previous employer(s), positions, and dates.	Catholic Charities, LPN Senior Housing 1997-2015
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	3 years Volunteer Re-Entry Specialist, JTNL
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Sandy Metzger
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: <u>Executive Director</u>	
Name of Person:	Georgia K. Walker
Educational Degree (s): include college or university, major, and dates	B.A.- Sociology, MU-Columbia; MA-Sociology, UMKC; M Phil Sociology-KU; PhD KU (A.B.D)
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	HUD Housing Quality Standards (HQS) Inspector Certification 2014
Number of years experience in area of service proposed to provide. Experience in working with offenders?	10 years re-entry Assistant Director Center for Women in Transition St. Louis; 2 years Case Manager Catholic Charities; 3 years Housing Program Specialist-Homeless Services Coalition; 4 years re-entry Executive Director Journey to New Life
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee – Executive Director – 4 years
Describe this person's responsibilities over the past 12 months.	Administrative; Direct Services of case managers and instructor for clients (various re-entry subjects)
Previous employer(s), positions, and dates.	CWIT, Asst Director, 8/00-8/08; CC-KCSJ, Case Mngr, 8/08-5/10; Serendipity Comm Srvc 5/10-5/11; Homeless Srvc Coalition, Program Spec 1/11-12/13
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	Managed residential facility for women; mentoring programs in STL for persons who 12-12ed; case management of sex offenders; housing placement for offenders of all types
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

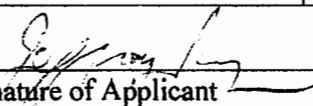
Georgia K Walker
 Authorized Signature of Applicant

6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY**EXPERTISE OF PERSONNEL**

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

Title of Position: Case Manager	
Name of Person:	Jeffrey Page
Educational Degree (s): include college or university, major, and dates	B.A, Human Relations – Univ of Miami, 1971 M.S, Guidance & Counseling – Southern Conn State College, 1973
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	CPR June 2015
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	40 years as parole officer and in re-entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee – Case Manager
Describe this person's responsibilities over the past 12 months.	Provide case management for clients – housing; employment assistance; treatment referrals
Previous employer(s), positions, and dates.	State of Conn-Adult Probation Ofcr 1973-75; State of IA-Adult Parole Ofcr 1975-77; Ofc Mngr 1978-95; Division Mngr 1996-2006
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	Catholic Charities – Case Manager 2007-2013
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	



Authorized Signature of Applicant

Date

6-20-17

EXHIBIT C

SUBMISSION IS MANDATORY

LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT

The applicant shall copy and complete this form for each legal action or cancellation of contract brought against the organization in the past 5 years. In addition, the applicant is advised that if such information is obtained by Department that is not included in the application, the application may not be considered.

Organization Name:	
Legal/Cancellation Actions Information From:	
Name of Company:	
Address of Company:	
Contact Person Name:	
Contact Person Phone Number:	
Contact Person e-mail address:	
Date(s) of Legal Action or Cancellation:	
Reason for Cancellation of Contract:	
Description of Legal Action:	
Resolution of Legal Action:	

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

Exhibit D
Performance Measures

Instructions for how to complete this form and a sample can be found the next page.

Total Number of Clients Agency Proposes to Serve: _____

Category	Service	Proposed Clients	Outcome	Indicator (How do you know you are achieving the outcome?)
Academic			Enhanced education	ALL PERFORMANCE INDICATORS ARE TRACKED IN MID-AMERICA ASSISTANCE COALITION DATABASE
Basic Needs and Emergency Services	Birth Cert/ID	15	Attainment of basic needs and emergency services	100% will have basic needs addressed
	Personal Hygiene	15		
	Food	15		
Employment	Cell Phone	10	Improved employment	100% of 10 employable clients will find full time employment
	Job Readiness	10		
	Work Clothes Tools	10		
Family			Increased family support	
Housing	Rental Assistance	15	Attainment of housing	100% of clients will attain permanent housing; 90% will maintain housing for 6 mo or more
Mental Health	Anger Management	10	Reduced mental health risks	100% will rcv pymt assistanc for sex offender tx & assessment; 80% will complete 5 week course in anger management and conflict resolution
	Conflict Resolution	10		
	Sex Offender Tx Access	15		
Substance Abuse	Relapse Prevention	10	Reduced substance abuse	70% of clients will complete 3 months of relapse prevention support groups
Transportation			Attainment of transportation	100% of clients will receive transportation services for 3 months
	Monthly Bus Pass	15		

35³⁷
36

RFA SDA480-009

Page 41

Vocational			Improved employment	

EXHIBIT E**SUBMISSION IS MANDATORY****TIMELINE**

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

Task or Event	Start Date	Date to be Completed	Assigned Personnel
Needs Assessment	8/1/2017	Ongoing	Jeff Page
Addressing Basic Needs	8/1/2017	Ongoing	Jeff Page
Housing Counseling	8/1/2017	Ongoing	Jeff Page
Find Desirable Housing	8/2/2017	Ongoing	Jeff Page
Perform Housing Inspection	8/3/2017	Ongoing	Jeff Page
Sign Lease	8/4/2017	Ongoing	Jeff Page
Move In Furniture	8/4/2017	Ongoing	Jeff Page
Supply HH Items	8/4/2017	Ongoing	Jeff Page
MH Eval Referrals	8/5/2017	Ongoing	Jeff Page
Benefits Referrals (SSI, Medicaid, Food Stamps)	8/5/2017	Ongoing	Jeff Page
Schedule Anger Mngt	8/6/2017	Ongoing	Jeff Page
Schedule Conflict Res	8/6/2017	Ongoing	Jeff Page
Schedule Relapse Prevention	8/6/2017	Ongoing	Jeff Page
Schedule med& MH appts	8/6/2017	Ongoing	Jeff Page
Schedule Sex Offender tx	8/6/2017	Ongoing	Jeff Page
Est Case Mngt schedule	8/6/2017	Ongoing	Jeff Page
Aug 1 thru Oct 31: 5 clients taken through 3 mo intensive program then monthly contact for 3 additional months		Nov 1 thru Jan 31: 5 new clients enter program	Feb thru Apr 30: 5 new clients enter program; finish program by July 31, 2018
Classes scheduled will vary depends on client needs	Timeline follows Housing First Model	Getting client into affordable housing	Quickly then wrap around services

	Subtotal	
Summary		
A. Personnel		
B. Fringe Benefits		
C. Staff Travel		
D. Direct Services	50000	50000
E. Equipment/Supplies (Direct Services Only)		
TOTAL PROJECT COSTS	50000	50000

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

Applicant Company Name Journey to New Life

Authorized Signature of Applicant ↑ Date 6/21/17

Printed Name Georgia K. Walker Georgia K Walker

EXHIBIT G**SUBMISSION IS MANDATORY****BUDGET NARRATIVE**

**Applicant must provide justification and detailed description of all budget items listed in Exhibit E.
NOTE: All expenses must be reasonable and necessary.**

A. Personnel**B. Fringe Benefits****C. Staff Travel****D. Direct Services to the Offenders**

Our rapid re-housing model includes the following direct services:

1. Case management for six months: first three months is intensive and is provided by experienced case managers. The second three months is provided by our experienced re entry specialists under the supervision of the case managers
2. Client need assessment using the HUD recommended assessment instrument called the Service Prioritization Decision Assistant Tool (S.P.D.A.T) This tool determines whether client needs: housing with long term supportive services (PSH, rapid rehousing with short term intensive support (RRH) or just primarily needs contacts with employers and landlords to get started in independent living. This assessment and housing counseling determines whether client is appropriate for this proposed RRH program that assumes that within three months the client will be able to pay their own rent through gainful employment or an economic assistance program like SSI or SSDI.
3. Basic needs: food, clothing, identification, shoes, transportation, phone, etc
4. Referrals to appropriate services (health care, mental health care, substance abuse treatment, employment readiness and placement services.
5. Referrals to appropriate mainstream benefit streams (Medicaid, food stamps, etc.
6. As appropriate for client needs, we offer on site programs in our office for anger management, conflict resolution, budgeting, relapse prevention support groups, and mentoring.

E. Equipment/Supplies (Direct Services Only)

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

The applicant must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm.
- BOX C:** To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management.

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A – CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- ☐ - I am a self-employed individual with no employees; **OR**
- ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFA Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT J, continued

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

BOX B – CURRENT BUSINESS ENTITY STATUS

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

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

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

- ☐ - Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

- ☐ - Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the applicant's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the applicant's name and the MOU signature page completed and signed, at minimum, by the applicant and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the applicant's name and company ID, then no additional pages of the MOU must be submitted;

AND

- ☐ - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT J, continued**AFFIDAVIT OF WORK AUTHORIZATION:**

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

Comes now Georgia Walker (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Journey to New Life (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Journey to New Life (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature

Printed Name

Title

Date

E-Mail Address

E-Verify Company ID Number

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

Signature of Notary

Date

EXHIBIT J, 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 - CURRENT BUSINESS ENTITY STATUS

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

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the applicant's name and the MOU signature page completed and signed by the applicant and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency or Public University*** to Which Previous E-Verify Documentation Submitted: Dept of Corrections

(*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

Date of Previous E-Verify Documentation Submission: 5/1/2015

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

Georgia K. Walker
Authorized Business Entity Representative's
Name (Please Print)

Georgia K Walker
Authorized Business Entity
Representative's Signature

Journey to New Life
Business Entity Name

6/21/17
Date

Gkw.journeytonewlife@hotmail.com

862686

E-Mail Address

E-Verify MOU Company ID Number

FOR DEPARTMENT USE ONLY

Documentation Verification Completed By:

Procurement Officer

Date

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

DEPARTMENT OF THE TREASURY

Date: JUL 18 2014

JOURNEY TO NEW LIFE INC
3144 TROOST AVE
KANSAS CITY, MO 64109-1844

Employer Identification Number:

46-3435417

DLN:

17053045357014

Contact Person:

JUANITA M HERALD

ID# 31979

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

August 31

Public Charity Status:

170(b)(1)(A)(vi)

Form 990 Required:

Yes

Effective Date of Exemption:

August 29, 2013

Contribution Deductibility:

Yes

Addendum Applies:

No

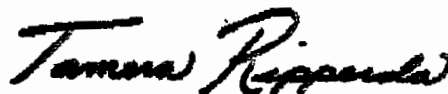
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

07/24/2014 3:44PM (GMT-04:00)

Turnover to New Life
submitted for grant requests
for RFA SDA 486-009

- ① Female offenders (47 pages)
- ② Mentally ill (47 pages)
- ③ Hardened treatment (47 pages)
- ④ Sex offenders (46 pages)

There was an error on Ex. B.
The form was mistakenly left out.
Further had an incorrect signature.
These errors were not caught until
after copies were made. The corrected
forms were attached at the end of
the packet.

All of the appendices are identical except
Ex. D & E. A copy of the original
appendices are included in the source folder.
Both folders held no this is acceptable if signatures
are the same.

Turner to the life
submitted for grant request
for RFA SDA480-009

① Female offenders (47 pages)

② Mentally ill (47 pages)

③ Handcuffed treatment (47 pages)

④ Sex offenders (46 pages)

There was an error on Ex. B.
One form was mistakenly left out.
Another had an incorrect signature.
These errors were not caught until
after copies were made. The corrected
forms were attached at the end of
the packet.

All of the appendices are identical except
Ex. D & E. If copy of the original
appendices are included in the source folder.

Both folders held no this is acceptable if signatures
are the same.

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For):	
Name of Reference Company:	City of Kansas City
Address of Reference Company:	Mohart Center – 3200 Wayne Ave
	Kansas City MO 64109
Reference Contact Person Name:	Florence Wilson
Contact Person Phone #:	816-531-4515
Contact Person e-mail address:	Florence.Wilson@kcmo.org
Dates of Prior Services:	5/1/2017-4/30/18; 5/1/2016-4/30/2017; 5/1/2015-4/30/2016
Dollar Value of Prior Services:	\$92,360; \$92,360; \$92,360
Description of Prior Services Performed:	Emergency Services Grant (ESG) for Rapid ReHousing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting persons who have formerly been incarcerated or are on probation currently

Georgia K Walker
Authorized Signature of Applicant6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	City of Kansas City, MO
Address of Reference Company:	Mohart Center—3200 Wayne Ave Kansas City MO 64109
Reference Contact Person Name:	City of Kansas City MO: Kimberly Harris
Contact Person Phone #:	816-531-4516
Contact Person e-mail address:	<u>Kimberly.Harris@kcmo.gov</u>
Dates of Prior Services:	2/1/2017-01/31/2018; 2/1/2016-1/31/2017; 2/1/2015-1/31/2016; 2/1/2014-1/31/2015
Dollar Value of Prior Services:	2/17-1/18-\$185,230; 02/16-1/17- \$178,956 2/15-1/16 - \$176,954 subcontract JTNL \$56,708 Rent Assistance \$108,552 2/14-1/15 - \$174,578 subcontract JTNL \$56,708 Rent Assistance \$106,176
Description of Prior Services Performed:	HUD Rapid ReHousing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting persons who have formerly been incarcerated or are on probation currently

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	U.S. Department of Housing and Urban Development
Address of Reference Company:	Office of Community Planning & Development, 400 State Ave, Rm 200 Kansas City KS 66101
Reference Contact Person Name:	Jeffrey P. Heimerl
Contact Person Phone #:	913-551-5817
Contact Person e-mail address:	Jeffrey.P.Heimerl@hud.gov
Dates of Prior Services:	8/1/2017-7/31/2018; 8/1/2016-7/31/2017
Dollar Value of Prior Services:	\$267,980; \$267,980
Description of Prior Services Performed:	Grant for Rapid ReHousing; perform case management and housing placement services for persons who need short term rental assistance (3-6 months); targeting veterans who have formerly been incarcerated by city, state or federal courts or are on probation currently from any court.

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	City of Kansas City MO
Address of Reference Company:	Mohart Center—3200 Wayne Ave Kansas City MO 64109
Reference Contact Person Name:	City of KC MO – Kimberly Harris
Contact Person Phone #:	816-531-4516
Contact Person e-mail address:	Kimberly.Harris@kcmo.gov
Dates of Prior Services:	9/1/2017-8/31/18; 9/1/2016-8/31/2017; 9/1/2015-8/31/2016; 9/1/2014-8/31/2015; 9/1/2013-8/31/2014
Dollar Value of Prior Services:	2017-18--\$142,402; 2016-17 - \$142,402; 2015-16 - \$142,402 2014-15 - \$140,427 subcontract JTNL \$28,158 Rent Assistance \$103,522 2013-14 - \$136,445 subcontract JTNL \$27,078 Rent Assistance \$100,620
Description of Prior Services Performed:	HUD Permanent Supportive Services grant; perform case management and housing placement services for persons with disabilities; targeting persons who have formerly been incarcerated or are on probation currently

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Sisters of St Joseph of Carondelet
Address of Reference Company:	6400 Minnesota Ave
	St. Louis 63111
Reference Contact Person Name:	Sister Maureen Freeman CSJ
Contact Person Phone #:	314-481-8800
Contact Person e-mail address:	mfreeman@csjstl.org
Dates of Prior Services:	6/1/2016-5/31/2017; 6/1/2015-5/31/2016; 6/1/2014-5/31/2015
Dollar Value of Prior Services:	2016-17 - \$25,000
	2015-16 - \$15,000
	2014-15 - \$25,000
Description of Prior Services Performed:	Emergency Assistance for persons released from prison: shoes, clothes, bus passes, personal hygiene, food, ID's, etc.

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Health Care Foundation of Greater Kansas City
Address of Reference Company:	2700 East 18 th Street, Suite 220
	Kansas City, MO 64127
Reference Contact Person Name:	Bridget McCandless, M.D., President/CEO
Contact Person Phone #:	816-241-7006
Contact Person e-mail address:	Bridget.McCandless@hcfgkc.org
Dates of Prior Services:	02/01/17—01/31/18
Dollar Value of Prior Services:	\$ 60,000
Description of Prior Services Performed:	This provides us with the resources to pay an MSW to serve as a SOAR coordinator. This is a program of the Social Security Administration to encourage non-profit agencies to complete the total application and documentation process for persons to receive SSI and/or SSDI. With this grant we have hired and trained a full-time certified SOAR Coordinator to assist individuals secure streamlined funding for these disability programs.

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

EXHIBIT A**SUBMISSION IS MANDATORY****PRIOR EXPERIENCE OF APPLICANT**

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

Organization Name:	Journey to New Life
Reference Information (Prior Services Performed For:)	
Name of Reference Company:	Jackson County COMBAT
Address of Reference Company:	415 E. 12 th street, 9 th Floor
	Kansas City, MO 64106
Reference Contact Person Name:	Stacey Daniels-Young, PhD, Director
Contact Person Phone #:	816-881-3510
Contact Person e-mail address:	sdv@jacksongov.org
Dates of Prior Services:	06/01/2017—05/31/2018
Dollar Value of Prior Services:	\$ 50,000
Description of Prior Services Performed:	A new program we have begun to offer to our clients who are early in their recovery from addiction. The program is called a Peer to Peer Mentoring to provide recovery support services from a trained mentor who has many years of recovery experience with individuals who have just begun their recovery. A licensed Social Worker with addiction service credentials and experience recruits, trains, supports and matches peer mentors with clients who are mentees. This is a cutting edge program that is supported and encouraged by SAMHSA (U.S. Substance Abuse and Mental Health Services Administration) as a best-practice model for supporting long-term recovery as a supplement to substance abuse treatment in outpatient and/or inpatient settings.

Georgia K Walker
Authorized Signature of Applicant

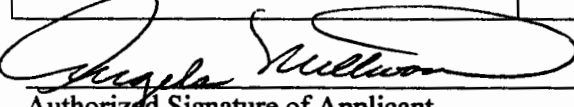
6/21/17
Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Volunteer Admin Asst	
Name of Person:	Angela Millwood
Educational Degree (s): include college or university, major, and dates	HS Diploma – Bushwick High School
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	10 years working as Admin Asst in re-entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer, Admin Asst 2014 - present
Describe this person's responsibilities over the past 12 months.	Data Entry; Schedule Appts
Previous employer(s), positions, and dates.	Catholic Charities KCSJ, Accts Payable, 1992-2014
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	10 years Admin Asst
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	


 Authorized Signature of Applicant

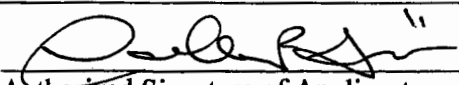
6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Data Entry Coordinator	
Name of Person:	Colleen P Simon
Educational Degree (s): include college or university, major, and dates	B.A. College of William & Mary, Govt & Philosophy, 1979; MEd 1978-81
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	MAAC Training, August 2013 MAAC Training, May 2015
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Approximately 2 years worked with ex-offenders in Medicine Cabinet/Food Pantry/Emergency Assistance Prison Ministry Program for Catholic Ciocese of Richmond 2 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee
Describe this person's responsibilities over the past 12 months.	Data entry and Track clients through MAAC
Previous employer(s), positions, and dates.	Nov 2014-2015 Director of Senior Commodities Program, Cross Line Community Outreach; July-Oct 2014 Bitterman Candy Sales; July 2013-2014 St. Francis Xavier Pastoral Ssoc for Justice
Identify specific information about experience in:	
✓ Social Work	
✓ Reentry	2.5 years re-entry experience
✓ Counseling	July 2013 – May 2014 Emergency Assistance/counseling
✓ Criminal Justice	
✓ Correctional Residential Facilities	


 Authorized Signature of Applicant

6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Case Manager	
Name of Person:	Jeffrey Page
Educational Degree (s): include college or university, major, and dates	B.A, Human Relations – Univ of Miami, 1971 M.S, Guidance & Counseling – Southern Conn State College, 1973
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	CPR June 2015
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	40 years as parole officer and in re-entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee – Case Manager
Describe this person's responsibilities over the past 12 months.	Provide case management for clients – housing; employment assistance; treatment referrals
Previous employer(s), positions, and dates.	State of Conn-Adult Probation Ofcr 1973-75; State of IA-Adult Parole Ofcr 1975-77; Ofc Mngr 1978-95; Division Mngr 1996-2006
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	Catholic Charities – Case Manager 2007-2013
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Authorized Signature of Applicant 

Date

6-20-17

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Case Manager	
Name of Person:	Katie Wiegand
Educational Degree (s): include college or university, major, and dates	Xavier University, BSW, 2012-2016
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	1 year
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee, 1 year
Describe this person's responsibilities over the past 12 months.	Case management
Previous employer(s), positions, and dates.	Caracole, Inc, Case Manager Intern, August 2015 – April 2016
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	JTNL, Case Manager, 1 year
✓ Reentry	JTNL, Case Manager, 1 year
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Kathleen R Wiegand
 Authorized Signature of Applicant

6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: <u>Operations Director</u>	
Name of Person:	Susie Roling
Educational Degree (s): include college or university, major, and dates	MSW, UMKC – 2006 BSW, UMKC - 2003
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Does not expire
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Trauma Informed Care Framework for Understanding Poverty Strength Based Case Management
Number of years experience in area of service proposed to provide. Experience in working with offenders?	17 years working with death penalty cases and offenders
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee Case Manager 2.5 years
Describe this person's responsibilities over the past 12 months.	Case Management; Social/Emotional Support; Admin Support; Connect clients to services – mental health, drug/alcohol treatment
Previous employer(s), positions, and dates.	Operation Breakthrough, Social Worker 2004-14; Chicato Legal Aid to Incarcerated Mothers 2003-04
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	12 years of Clinical Social Work
✓ Reentry	2.5 years Case Manager JTNL
✓ Counseling	12 years of Therapeutic Clinical Case Management
✓ Criminal Justice	17 years involvement w/death row offenders
✓ Correctional Residential Facilities	1 year

Susan A. Roling
 Signature of Applicant

6-2-17
 Date

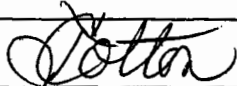
 Authorized

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Volunteer Re-Entry Specialist</u>	
Name of Person:	Tom Cotton
Educational Degree (s): include college or university, major, and dates	B.A, Univ of Illinois 1962 MD, Univ of Illinois 1965
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	2008 - present
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer, Re-Entry Specialist Board Member
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; serve as mentor; refer for case management services for long term needs
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
✓ Social Work	
✓ Reentry	9 years volunteering w/re-entry programs
✓ Counseling	9 years mentoring ex-offenders
✓ Criminal Justice	
✓ Correctional Residential Facilities	


Authorized Signature of Applicant

6/24/17
Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: Volunteer Re-Entry Specialist	
Name of Person:	James Deeken
Educational Degree (s): include college or university, major, and dates	MD, Univ of MO – Medical School, 1967-70
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	n/a
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Residency in Dermatology University of Missouri, Med School, 1967-70
Number of years experience in area of service proposed to provide. Experience in working with offenders?	9 years of experience in re-entry programs
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer, Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; serve as mentor; refer for case management services for long term needs
Previous employer(s), positions, and dates.	Private Practice 1967-2003
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	9 years volunteering w/re-entry programs
✓ Counseling	
✓ Criminal Justice	

James W. Deeken
 Authorized Signature of Applicant

6.20.17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Volunteer Re-Entry Specialist</u>	
Name of Person:	Sandy Metzger
Educational Degree (s): include college or university, major, and dates	LPN – Penn Valley LPN/ICU - JCCC
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	LPH State of MO expires in 2017
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	3 years Volunteer – re-entry specialist
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer Re-Entry Specialist
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; serve as mentor; refer for case management services for long term needs; Board Member
Previous employer(s), positions, and dates.	Catholic Charities, LPN Senior Housing 1997-2015
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	3 years Volunteer Re-Entry Specialist, JTNL
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Sandy Metzger
 Authorized Signature of Applicant

6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Volunteer Re-Entry Specialist	
Name of Person:	Suzanne M. Garrett
Educational Degree (s): include college or university, major, and dates	BSN 1980 Dallas Baptist University MSW 2000 USC PsyD 2010 Newport Psychoanalytic Institute
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	LSCW; CA & MO
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	
Number of years experience in area of service proposed to provide. Experience in working with offenders?	15 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Volunteer
Describe this person's responsibilities over the past 12 months.	Assess client immediate needs; refer for case management services for long term needs
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
✓ Social Work	MSW 2000
✓ Reentry	JTNL 1 year
✓ Counseling	Private Practice
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Suzanne M. Garrett
 Authorized Signature of Applicant

6-21-17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: Program Director	
Name of Person:	Rita Flynn
Educational Degree (s): include college or university, major, and dates	B.A. University of California – Long Beach
License(s)/Certification(s), Number(s), expiration date(s), if appl	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	35 years of training as probation & parole officer; Special Training in Defensive Tactics, Verbal Judo, Reality Therapy, Cocaine, Cognitive Thinking & Firearms
Number of years experience in area of service proposed to provide. Experience in working with offenders?	45 years re-entry work, 35 years in probation & parole in CA, MO & KS – retired MO District Administrator in 2000; 10 years Program Manager – Catholic Charities; 4 years as Program Director w/JTNL – managed 4 HUD grants, supervised staff of 15 – case managers, admin asst & volunteers; Co-Founder of JTNL in 2013
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Program Director – 4 years
Describe this person's responsibilities over the past 12 months.	Managed 4 HUD grants, supervised staff of 15 – case managers, admin asst & volunteers
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
✓ Social Work	
✓ Reentry	Catholic Charities, Program Mngr 2003-2013; JTNL, Program Director 2013-present
✓ Counseling	
✓ Criminal Justice	Riverside CA, Probation Ofcr 1970-71; Buchanan Co Juvenile 1971-77; LEAA 1978-80; MO Probation & Parole Officer 1980-2000; KS Parole Ofcr 2001-03; Substance Abuse Counselor WRDCC 2003
✓ Correctional Residential Facilities	


 Authorized Signature of Applicant

Date

6-21-17

EXHIBIT B
SUBMISSION IS MANDATORY
EXPERTISE OF PERSONNEL

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

Title of Position: Executive Director	
Name of Person:	Georgia K. Walker
Educational Degree (s): include college or university, major, and dates	B.A.- Sociology, MU-Columbia; MA-Sociology, UMKC; M Phil Sociology-KU; PhD KU (A.B.D)
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	HUD Housing Quality Standards (HQS) Inspector Certification 2014
Number of years experience in area of service proposed to provide. Experience in working with offenders?	10 years re-entry Assistant Director Center for Women in Transition St. Louis; 2 years Case Manager Catholic Charities; 3 years Housing Program Specialist-Homeless Services Coalition; 4 years re-entry Executive Director Journey to New Life
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee – Executive Director – 4 years
Describe this person's responsibilities over the past 12 months.	Administrative; Direct Services of case managers and instructor for clients (various re-entry subjects)
Previous employer(s), positions, and dates.	CWIT, Asst Director, 8/00-8/08; CC-KCSJ, Case Mngr, 8/08-5/10; Serendipity Comm Srvc 5/10-5/11; Homeless Srvc Coalition, Program Spec 1/11-12/13
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	Managed residential facility for women; mentoring programs in STL for persons who 12-12ed; case management of sex offenders; housing placement for offenders of all types
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Georgia K Walker
 Authorized Signature of Applicant

6/21/17
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Volunteer Re-entry Specialist</u>	
Name of Person:	Kenneth Gates
Educational Degree (s): include college or university, major, and dates	Associates of Arts
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	SOAR Training
Number of years experience in area of service proposed to provide. Experience in working with offenders?	2.5 years – April 2015 – present (JTNL)
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	volunteer
Describe this person's responsibilities over the past 12 months.	Met w/offenders 16 hrs/wk to complete initial assessment and assist w/immediate needs. Makes requests for case management.
Previous employer(s), positions, and dates.	Learning Club of Kansas City KS, Assistant Director, 2006-2017 Holy Trinity School, Teacher's Aide, 2006-2012
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	
✓ Reentry	Works with men and women coming out of prison to assess needs (JTNL)
✓ Counseling	
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Kenneth J. Gates
Authorized Signature of Applicant

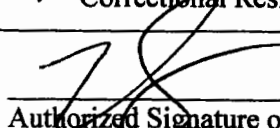
6-20-17
Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: Case Manager	
Name of Person:	Frederick Johnson
Educational Degree (s): include college or university, major, and dates	AA, Hawkeye Community College, 1999 BS, Public Administration, University of Iowa, 2009 MA, Counseling, Midwestern Baptist Theological Seminary, 2016
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	Barber License, Sept 2017 Provisional License Professional Counselor
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Case Management Promoting Partnerships Veteran Benefits Labor & Employment
Number of years experience in area of service proposed to provide. Experience in working with offenders?	9 years
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee, since 6/2017
Describe this person's responsibilities over the past 12 months.	Case Manager
Previous employer(s), positions, and dates.	Catholic Charities Salvation 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
✓ Social Work	10 years
✓ Reentry	9 years
✓ Counseling	12 years
✓ Criminal Justice	15 years
✓ Correctional Residential Facilities	


 Authorized Signature of Applicant

20 June 2017
 Date

EXHIBIT B
SUBMISSION IS MANDATORY

EXPERTISE OF PERSONNEL

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

Title of Position: <u>Case Manager</u>	
Name of Person:	Lynne Aime
Educational Degree (s): include college or university, major, and dates	Master of Social Work, UMKC, 2017
License(s)/Certification(s), Number(s), expiration date(s), if applicable:	
Specialized Training Completed. Include dates and documentation of completion for all required training identified in this document:	Substance Use (Summer 2016) Trauma Informed Care (Fall 2016) SOAR (Spring 2017)
Number of years experience in area of service proposed to provide. Experience in working with offenders?	Since 6/2017
Describe person's relationship to applicant. If employee, number of years. If subcontractor, describe other/past working relationships.	Employee since 6/2017
Describe this person's responsibilities over the past 12 months.	Case management, counseling, SOAR applications
Previous employer(s), positions, and dates.	KCPS Substitute Teacher Jewish Vocational Services Interpreter
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Social Work	Since 2017
✓ Reentry	Since 2017
✓ Counseling	30 years working with children, ADHD, OCD, Sexual or Physical Trauma and their families
✓ Criminal Justice	
✓ Correctional Residential Facilities	

Lynne Nadia Aime
 Authorized Signature of Applicant

Date 6/21/17

EXHIBIT C

SUBMISSION IS MANDATORY

LEGAL/CANCELLATION ACTIONS AGAINST APPLICANT

The applicant shall copy and complete this form for each legal action or cancellation of contract brought against the organization in the past 5 years. In addition, the applicant is advised that if such information is obtained by Department that is not included in the application, the application may not be considered.

Organization Name:	
Legal/Cancellation Actions Information From:	
Name of Company:	
Address of Company:	
Contact Person Name:	
Contact Person Phone Number:	
Contact Person e-mail address:	
Date(s) of Legal Action or Cancellation:	
Reason for Cancellation of Contract:	
Description of Legal Action:	
Resolution of Legal Action:	

Georgia K Walker
Authorized Signature of Applicant

6/21/17
Date

	Subtotal	
Summary		
A. Personnel		
B. Fringe Benefits		
C. Staff Travel		
D. Direct Services	50000	50000
E. Equipment/Supplies (Direct Services Only)		
TOTAL PROJECT COSTS	50000	50000

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

Applicant Company Name Journey to New Life

Authorized Signature of Applicant ↑ Date 6/21/17

Printed Name Georgia K. Walker Georgia K Walker

EXHIBIT G**SUBMISSION IS MANDATORY****BUDGET NARRATIVE**

Applicant must provide justification and detailed description of all budget items listed in Exhibit E.
NOTE: All expenses must be reasonable and necessary.

A. Personnel**B. Fringe Benefits****C. Staff Travel****D. Direct Services to the Offenders**

Our rapid re-housing model includes the following direct services:

1. Case management for six months: first three months is intensive and is provided by experienced case managers. The second three months is provided by our experienced re entry specialists under the supervision of the case managers
2. Client need assessment using the HUD recommended assessment instrument called the Service Prioritization Decision Assistant Tool (S.P.D.A.T) This tool determines whether client needs: housing with long term supportive services (PSH, rapid rehousing with short term intensive support (RRH) or just primarily needs contacts with employers and landlords to get started in independent living. This assessment and housing counseling determines whether client is appropriate for this proposed RRH program that assumes that within three months the client will be able to pay their own rent through gainful employment or an economic assistance program like SSI or SSDI.
3. Basic needs: food, clothing, identification, shoes, transportation, phone, etc
4. Referrals to appropriate services (health care, mental health care, substance abuse treatment, employment readiness and placement services.
5. Referrals to appropriate mainstream benefit streams (Medicaid, food stamps, etc.
6. As appropriate for client needs, we offer on site programs in our office for anger management, conflict resolution, budgeting, relapse prevention support groups, and mentoring.

E. Equipment/Supplies (Direct Services Only)

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

The applicant must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- | | |
|---------------|---|
| BOX A: | To be completed by a non-business entity as defined below. |
| BOX B: | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/files/programs/gc_1185221678150.shtm . |
| BOX C: | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing and Materials Management. |

Business entity, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

BOX A - CURRENTLY NOT A BUSINESS ENTITY

I certify that _____ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- ☐ - I am a self-employed individual with no employees; **OR**
- ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if _____ (Company/Individual Name) is awarded a contract for the services requested herein under _____ (RFA Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing and Materials Management with all documentation required in Box B of this exhibit.

Authorized Representative's Name (Please Print)

Authorized Representative's Signature

Company Name (if applicable)

Date

EXHIBIT J, continued

Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completed, Box B should include Box C.

BOX B – CURRENT BUSINESS ENTITY STATUS

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

Authorized Business Entity Representative's
Name (Please Print)

*Authorized Business Entity
Representative's Signature*

Business Entity Name

Date

E-Mail Address

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

- ☐ - Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/files/programs/gc_1185221678150.shtm; Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
- AND
- ☐ - Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the applicant's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the applicant's name and the MOU signature page completed and signed, at minimum, by the applicant and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the applicant's name and company ID, then no additional pages of the MOU must be submitted;
- AND
- ☐ - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT J, continued**AFFIDAVIT OF WORK AUTHORIZATION:**

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

Comes now Georgia Walker (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Journey to New Life (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Journey to New Life (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature

Printed Name

Title

Date

E-Mail Address

E-Verify Company ID Number

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

Signature of Notary

Date

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

DEPARTMENT OF THE TREASURY

Date: JUL 18 2014

JOURNEY TO NEW LIFE INC
3144 TROOST AVE
KANSAS CITY, MO 64109-1844

Employer Identification Number:
46-3435417
DIN:
17053045357014
Contact Person:
JUANITA M HERALD ID# 31979
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
August 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 29, 2013
Contribution Deductibility:
Yes
Addendum Applies:
No

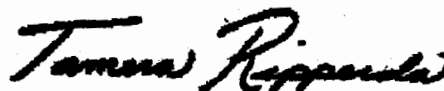
Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Sincerely,



Director, Exempt Organizations

Letter 947

07/24/2014 3:44PM (GMT-04:00)