

Missouri Department of
SOCIAL SERVICES
Your Potential. Our Support.

JEREMIAH W. (JAY) NIXON, GOVERNOR • BRIAN KINKADE, INTERIM DIRECTOR

DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES
P.O. BOX 1082 • 221 WEST HIGH • JEFFERSON CITY, MO 65102-1082
573-751-2542 • 573-751-7598 FAX

October 18, 2011

RE: Contract ER16410022A

Dear Celestine L. Williams, Director:

Enclosed is Amendment # 002 to renew contract ER16410022A showing effective dates of service beginning October 1, 2011 and continuing in force through July 22, 2012 unless altered by mutually accepted written amendments.

All terms, conditions and provisions, including pricing of the current contract shall remain the same and apply hereto unless in conflict with terms, conditions and provisions included in this amendment.

This amendment authorizes you to provide HPRP services and to be reimbursed for HPRP allowable costs for such services for any remaining amount you were authorized to expend under the original contract period. There are no additional funds made available to you through this amendment. If you expressed an interest in receiving additional funds through a potential reallocation process and those funds are made available to you, we will notify you by a separate amendment. You should anticipate hearing additional information regarding a reallocation by the end of November 2011.

Please review the document, sign the necessary pages and return the complete document to:

**Department of Social Services
Community Support Unit
Attention: Janet McCubbin
PO Box 2320
Jefferson City, MO 65102
Janet.McCubbin@dss.mo.gov**

Sincerely,

Valerie Howard ^{DH}

Attachments

RELAY MISSOURI
FOR HEARING AND SPEECH IMPAIRED
1-800-735-2466 VOICE • 1-800-735-2966 TEXT PHONE

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FILED
JAN 06 2012
MARY JO SPINO
COUNTY CLERK

AMENDMENT #002 TO CONTRACT ER16410022A

CONTRACT TITLE: Jackson County Homeless Prevention and Rapid Re-Housing Program (HPRP)

CONTRACT PERIOD: October 1, 2009 through September 30, 2011

The State of Missouri hereby desires to amend the above referenced contract for the distribution of American Recovery and Reinvestment (ARRA) funding for the Homeless Prevention and Rapid Re-Housing Program as follows:

- The Department of Social Services (State) and Jackson County (contractor) hereby agree to renew the terms of contract ER16410023A for the period of October 1, 2011 thru July 22, 2012.
 1. Invoices for prior month services shall be submitted by the 20th of the following month. Example: invoices for November 2011 services shall be submitted to the State no later than December 20, 2011.
 2. Services provided under this contract extension shall end by May 31, 2012.
 3. Invoices for services provided through May 31, 2012, shall be submitted to the State by June 20, 2012. Invoices submitted after this date shall not be considered for reimbursement.
 4. Contractor may incur and bill for administrative costs to close out the contract from June 1, 2012, through June 20, 2012.
 5. If the State requires additional information to process an invoice, the Contractor shall provide required documentation by July 10, 2012 or the State may reject such invoice for payment.
 6. The State reserves the right to reallocate HPRP funds obligated under this amendment if at least 40% of the unbilled obligation under the original agreement as of September 30, 2011 has not been billed in services by January 20, 2012 (e.g., obligation under previous contract period = \$100,000; contractor has not billed \$20,000 of the \$100,000 obligation as of September 30, 2011; contractor must bill for at least \$8,000 in services by January 20, 2012 or State may reallocate obligation to another contractor).

Additionally, the State of Missouri desires to amend the contract in accordance with the following:

- Delete Exhibit C (Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions) in its entirety and replace with Exhibit C (Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions) as attached hereto and incorporated by reference as if fully set forth herein.
- Delete Exhibit D (Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization) in its entirety and replace with Exhibit D (Business Entity Certification, Enrollment Documentation, and Affidavit of Work Authorization) as attached hereto and incorporated by reference as if fully set forth herein.

All other terms, conditions and provisions, of the previous contract period shall remain the same and apply hereto except for where the terms, conditions and provisions listed in this amendment shall supersede such terms, conditions and provisions in previous contract period.

In witness thereof the parties hereto execute this agreement.

Michael D. Sanders

Jackson County Contractor Michael D. Sanders
County Executive

11/15/11

Date

Alyson Campbell

Authorized Representative of
Family Support Division

12-8-11

Date

Jennifer K. Tidball *gmt*

Authorized Representative of
Department of Social Services

12-20-11

Date

APPROVED AS TO FORM:

By

W. Stephen Nixon
W. Stephen Nixon
County Counselor

ATTEST BY:

Mary Jo Spino

Mary Jo Spino
Clerk of the County Legislature


EXHIBIT C

Certification Regarding
Debarment, Suspension, Ineligibility and Voluntary Exclusion
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name and Title of Authorized Representative	
Michael D. Sanders JACKSON COUNTY EXECUTIVE	 December 15, 2011
Signature	Date

Instructions for Certification

1. By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of Federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Nonprocurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.

RELAY MISSOURI

FOR HEARING AND SPEECH IMPAIRED

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EXHIBIT D

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

BUSINESS ENTITY CERTIFICATION:

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

- BOX A:** To be completed by a non-business entity as defined below.
- BOX B:** To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at http://www.dhs.gov/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

N/A
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 _____ (Contract Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, then, prior to the performance of any services as a business entity, _____ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Missouri Department of Social Services 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 D, 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 Jackson County, MO (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo, pertaining to section 285.530.

Joanne Mossie
Authorized Business Entity Representative's
Name (Please Print)

Joanne Mossie
Authorized Business Entity
Representative's Signature

Jackson County, MO
Business Entity Name

12-14-11
Date

jmossie@jacksongov.org
E-Mail Address

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

- 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 contractor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the contractor's name and the MOU signature page completed and signed, at minimum, by the contractor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the contractor's name and company ID, then no additional pages of the MOU must be submitted; AND
- Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

EXHIBIT D, continued

AFFIDAVIT OF WORK AUTHORIZATION:

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

Comes now Joanne Mossie (Name of Business Entity Authorized Representative) as Director of HR (Position/Title) first being duly sworn on my oath, affirm Jackson County, MO (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 Jackson County, MO (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.)

<u>Joanne Mossie</u> Authorized Representative's Signature	<u>Joanne Mossie</u> Printed Name
<u>Director of Human Resources</u> Title	<u>12-14-11</u> Date
<u>jmossie@jacksongov.org</u> E-Mail Address	<u>208144</u> E-Verify Company ID Number

Subscribed and sworn to before me this 14 of December 2011 am
(DAY) (MONTH, YEAR)
commissioned as a notary public within the County of Clay, State of P.M.M.
(NAME OF COUNTY)
Missouri, and my commission expires on 9/16/2012.
(NAME OF STATE) (DATE)

Patricia Marie Murillo
Signature of Notary
December 14, 2011
Date



PATRICIA MARIE MURILLO
My Commission Expires
September 16, 2012
Clay County
Commission #00400001

EXHIBIT D, 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

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

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the contractor's name and the MOU signature page completed and signed by the contractor 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: _____

(*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: _____

Previous Bid/Contract Number for Which Previous E-Verify Documentation Submitted: _____

(if known)

Authorized Business Entity Representative's Name (Please Print)

Authorized Business Entity Representative's Signature

E-Verify MOU Company ID Number

E-Mail Address

Business Entity Name

Date

FOR STATE USE ONLY

Documentation Verification Completed By:

Buyer

Date



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 208144

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

Employer: Jackson County	
Randy R Reyes	
Name (Please Type or Print)	Title
<i>Electronically Signed</i>	04/22/2009
Signature	Date
Department of Homeland Security - Verification Division	
USCIS Verification Division	
Name (Please Type or Print)	Title
<i>Electronically Signed</i>	04/22/2009
Signature	Date