



**Office of State Courts Administrator  
P.O. Box 104480  
2112 Industrial Drive  
Jefferson City, Missouri 65110- 4480**

**AMENDMENT 001**

**RFP NO. OSCA 14-042  
TITLE: Specialized Treatment Provider  
for Treatment Court  
ISSUE DATE: March 5, 2014**

**CONTACT: Russell Rottmann**

**PHONE NO.: (573)522-6766  
E-MAIL: [osca.contracts@courts.mo.gov](mailto:osca.contracts@courts.mo.gov)**

**RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014**

**MAILING INSTRUCTIONS:** Print or type **RFP Number** and **Return Due Date** on the lower left hand corner of the envelope or package.

**RETURN PROPOSAL TO:**

**(U.S. Mail)  
Office of State Courts Administrator  
Attn: Contract Unit or  
PO Box 104480  
Jefferson City Mo 65110 - 4480**

**(Courier Service)  
Office of State Courts Administrator  
Attn: Contract Unit  
2112 Industrial Dr  
Jefferson City Mo 65109**

**CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015**

**DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:**

**VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI**

The vendor hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein and the Terms and Conditions Request for Proposal. The vendor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The vendor further agrees that upon receipt of an authorized purchase order or when this RFP is countersigned by an authorized official of the Office of State Courts Administrator, a binding contract shall exist between the vendor and the Office of State Courts Administrator.

**SIGNATURE REQUIRED**

AUTHORIZED SIGNATURE 		DATE 3/7/14
PRINTED NAME William Sean Prescott		TITLE CFO
COMPANY NAME New Beginnings Counseling Associates, inc.		
MAILING ADDRESS 318 N. Main Street		
CITY, STATE, ZIP Maryville, Missouri 64468		
E-MAIL ADDRESS nubeginningscc@gmail.com		FEDERAL EMPLOYER ID NO. 43-1837963
PHONE NO. (660) 562-3000	FAX NO. (660) 562-3002	

**NOTICE OF AWARD (OSCA USE ONLY)**

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: AS SUBMITTED		
CONTRACT NO. OSCA 14-042-23	CONTRACT PERIOD July 1, 2014 through June 30, 2015	
CONTRACTS COORDINATOR Herbert L. Connor	DATE 4-22-2014	DEPUTY STATE COURTS ADMINISTRATOR 



New Beginnings Counseling Center  
*A place for new beginnings*

New Beginnings Counseling Center LLC  
313 N. Main Street  
Maryville, MO 64468

March 11, 2014

Office of State Courts Administrator  
Attention: Mr. Russell Rottmann  
P.O. Box 104480  
Jefferson City, Missouri 65110-4480

Dr. Mr. Rottmann

We at New Beginnings Counseling Center are pleased to submit for your consideration the following proposal for the RFP OSCA 14-042 to provide treatment services for the 4<sup>th</sup> Judicial District Drug Court. We are a Department of Behavioral Health certified Level I, II, and III non-residential outpatient treatment provider for substance use and abuse issues. Our mental health program is currently providing contract services to the Department of Family Service's via a Children's Treatment Service contract. Our organization has moved to being a non-profit corporation in the State of Missouri and is continually striving to address the needs of those in the 4<sup>th</sup> Judicial District.

Our on-site drug testing services are provided under a CLIA certification, number 26D2049182, and administered by certified Department of Transportation collectors. We are contracted with a larger lab to provide off-site result conformation via GSM testing and to provide Medical Review of results.

In our pursuit to provide the best in care for those in the 4<sup>th</sup> Judicial District we look forward to working with the Drug Court Program. If there are further questions or a need of clarification feel free to contact me at (660) 562-3000 or via e-mail at [nubeginnings.sean@gmail.com](mailto:nubeginnings.sean@gmail.com)

Sincerely,

Sean Prescott, CADAC, MBA  
Chief Operation Officer

## Table of Contents

Table of Contents.....	Page 2
Signed RFP and RFP Amendment Cover Pages.....	Page 3
Pricing Page.....	Page 5
Renewal Options.....	Page 11
Exhibit A – Vendor’s References .....	Page 12
Exhibit B – Personnel Expertise Summary.....	Page 13
Exhibit C – Affidavit of Work Authorization.....	Page 14
Exhibit D – Miscellaneous Information.....	Page 15
Exhibit E – Debarment Certificate.....	Page 16
Collector Guideline Acceptance Form OSCA 14-042.....	Page 18



**Office of State Courts Administrator  
P.O. Box 104480  
2112 Industrial Drive  
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**RFP NO. OSCA 14-042**  
**TITLE: Specialized Treatment Provider  
for Treatment Court**  
**ISSUE DATE: February 24, 2014**

**CONTACT: Russell Rottmann**  
**PHONE NO.: (573)522-6766**  
**E-MAIL: osca.contracts@courts.mo.gov**

**RETURN PROPOSALS NO LATER THAN: MARCH 17, 2014**

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**CONTRACT PERIOD: DATE OF AWARD THROUGH JUNE 30, 2015**

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PHONE NO. (660) 562-3000	FAX NO. (660) 562-3002	

**NOTICE OF AWARD (OSCA USE ONLY)**

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS:		
CONTRACT NO.	CONTRACT PERIOD	
CONTRACTS COORDINATOR	DATE	DEPUTY STATE COURTS ADMINISTRATOR



**Office of State Courts Administrator  
P.O. Box 104480  
2112 Industrial Drive  
Jefferson City, Missouri 65110- 4480**

**AMENDMENT 001  
RFP NO. OSCA 14-042  
TITLE: Specialized Treatment Provider  
for Treatment Court  
ISSUE DATE: March 5, 2014**

**CONTACT: Russell Rottmann  
PHONE NO.: (573)522-6766  
E-MAIL: osca.contracts@courts.mo.gov**

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CONTRACT NO.	CONTRACT PERIOD	
CONTRACTS COORDINATOR	DATE	DEPUTY STATE COURTS ADMINISTRATOR

**PRICING PAGE**

The vendor must provide firm, fixed prices for the services identified below. Should a contract award be made based upon the vendor's proposal, the prices stated herein shall be legally binding for the entire contract period.

Service Description	Vendor Firm, Fixed Unit Price	Unit of Service
Assessment	<u>65.00</u>	Per assessment
Assessment option (Multi-axial)	<u>75.00</u>	Per assessment
Assessment update	<u>32.50</u>	Per assessment
Case Management/Community Support		Per ¼ hour
Communicable Disease Assessment/Education/Testing	<u>11.00</u>	Per ¼ hour
Day Treatment	<u>75.00</u>	Per day
Detoxification (Social Setting)		Per day
Detoxification (Modified Medical)		Per day
Early Intervention (Intake)	<u>11.00</u>	Per ¼ hour
Early Intervention (Group Education)	<u>5.00</u>	Per ¼ hour
Early Intervention (Motivational Interviewing-Individual)	<u>11.00</u>	Per ¼ hour
Extended Day Treatment		Per day
Family Conference	<u>10.00</u>	Per ¼ hour
Family Therapy	<u>11.00</u>	Per ¼ hour
Group Counseling (Associate SA Counselor)	<u>2.75</u>	Per ¼ hour
Group Counseling (QSAP)	<u>2.75</u>	Per ¼ hour
Group Counseling ( Collateral relationship)	<u>2.75</u>	Per ¼ hour
Group Education	<u>2.75</u>	Per ¼ hour
Group Education (Trauma Related)	<u>2.75</u>	Per ¼ hour
Individual Counseling	<u>11.00</u>	Per ¼ hour
Individual Counseling (Collateral Relationship)	<u>11.00</u>	Per ¼ hour
Individual Counseling (Co-Occurring Disorder)	<u>11.00</u>	Per ¼ hour
Individual Counseling (Trauma Related)	<u>11.00</u>	Per ¼ hour
Medication Services		Per ¼ hour
Medication: [Medication Assisted Treatment (MAT)]		Per prescription

OSCA 14-042 Treatment Court Specialized Service Providers

Missouri Recovery Support Specialist (MRSS)		Per ¼ hour
Missouri Recovery Support Specialist Peer (MRSS-P)		Per ¼ hour
Relapse Prevention Counseling	<u>10.00</u>	Per ¼ hour
Residential Support		Per day
Treatment Court Day	<u>10.00</u>	Per ¼ hour
Virtual Counseling (Group)		Per ¼ hour
Virtual Counseling (Individual)		Per ¼ hour
Drug/Alcohol Testing: Sample Collection Only (Lab conf. only)		Per test
Sample Collection with 1-panel on-site provided by vendor		Per test
Sample Collection with 2-panel on-site provided by vendor		Per test
Sample Collection with 3-panel on-site provided by vendor		Per test
Sample Collection with 4-panel on-site provided by vendor		Per test
Sample Collection with 5-panel on-site provided by vendor		Per test
Sample Collection with 6-panel on-site provided by vendor		Per test
Sample Collection with 7-panel on-site provided by vendor		Per test
Sample Collection with 8-panel on-site provided by vendor		Per test
Sample Collection with 9-panel on-site provided by vendor	<u>10.00</u>	Per test
Drug Testing: Sample Collection and On-Site Test (Kit provided by Treatment Court)	<u>5.00</u>	Per test
Drug Testing: Breathalyzer (Equipment provided by vendor)		Per test
Drug Testing: Breathalyzer (Equipment provided by Treatment Court)	<u>2.00</u>	Per test

**Evidence Based Program and Practice curriculum being utilized:**

The Matrix Model, Interactive Journaling, Motivational Interviewing, Twelve Step Facilitation Therapy

**Which Cognitive Behavioral intervention staff is qualified to deliver:**

Moral Recognition Therapy, Rational Emotive Behavioral Therapy, Relapse Prevention Therapy,

**Please indicate if Medication Assisted Treatment (MAT) is provided. If you do not provide MAT, how and with whom MAT services are arranged and how all services are coordinated.**

MAT is not provided in house but is provided through the use of Memorandums of Understanding (1) St . Francis Hospital Services for Suboxone and naltrexone services (2) Colonial Management Group for methadone maintenance. Services are by referral that is monitored through releases of information to monitor the client's engagement and compliance with medications of need while in treatment services.

OSCA 14-042 Treatment Court Specialized Service Providers

Below is a list of the Judicial Circuits and Counties in the State of Missouri. Check either the applicable counties or the entire Judicial Circuit(s) that your agency shall provide services. Check the appropriate level of service and the applicable gender that shall be provided: DWI, Adult, Veterans, Family and Juvenile.

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
1	Clark							
1	Schuyler							
1	Scotland							
2	Adair							
2	Knox							
2	Lewis							
3	Grundy							
3	Harrison							
3	Mercer							
3	Putnam							
4	Atchison		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
4	Gentry		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
4	Holt		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
4	Nodaway		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
4	Worth		<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>	<u>X</u>
5	Andrew							
5	Buchanan							
6	Platte							
7	Clay							
8	Carroll							
8	Ray							
9	Chariton							
9	Linn							
9	Sullivan							
10	Marion							
10	Monroe							
10	Ralls							
11	St. Charles							
12	Audrain							
12	Montgomery							
12	Warren							
JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE

OSCA 14-042 Treatment Court Specialized Service Providers

13	Boone							
13	Callaway							
14	Howard							
14	Randolph							
15	Lafayette							
15	Saline							
16	Jackson							
17	Cass							
17	Johnson							
18	Cooper							
18	Pettis							
19	Cole							
20	Franklin							
20	Gasconade							
20	Osage							
21	St. Louis							
22	St. Louis City							
23	Jefferson							
24	Madison							
24	St. Francois							
24	Ste. Genevieve							
24	Washington							
25	Maries							
25	Phelps							
25	Pulaski							
25	Texas							
26	Camden							
26	Laclede							
26	Miller							

JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
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OSCA 14-042 Treatment Court Specialized Service Providers

26	Moniteau							
26	Morgan							
27	Bates							
27	Henry							
27	St. Clair							
28	Barton							
28	Cedar							
28	Dade							
28	Vernon							
29	Jasper							
30	Benton							
30	Dallas							
30	Hickory							
30	Polk							
30	Webster							
31	Greene							
32	Bollinger							
32	Cape Girardeau							
32	Perry							
33	Mississippi							
33	Scott							
34	New Madrid							
34	Pemiscot							
35	Dunklin							
35	Stoddard							
36	Butler							
36	Ripley							
37	Carter							
37	Howell							
37	Oregon							
37	Shannon							
JUDICIAL CIRCUIT	COUNTY	DWI	ADULT	FAMILY	VETERANS	JUVENILE	MALE	FEMALE
38	Taney							
38	Christian							

OSCA 14-042 Treatment Court Specialized Service Providers

39	Barry							
39	Lawrence							
39	Stone							
40	McDonald							
40	Newton							
41	Macon							
41	Shelby							
42	Crawford							
42	Dent							
42	Iron							
42	Reynolds							
42	Wayne							
43	Caldwell							
43	Clinton							
43	Daviess							
43	DeKalb							
43	Livingston							
44	Douglas							
44	Ozark							
44	Wright							
45	Lincoln							
45	Pike							

**RENEWAL OPTION**

The Office of State Courts Administrator shall have the sole option to renew the contract for in one (1) year increments or any portion thereof for a maximum total of five (5) additional years.

Prices for the renewal period shall be requested no later than 90 days prior the effective renewal.

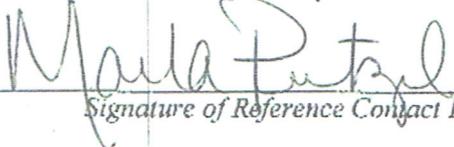
OSCA 14-042 Treatment Court Specialized Service Providers

**EXHIBIT A****PRIOR EXPERIENCE**

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

<b>Offeror Name or Subcontractor Name:</b> <u>New Beginnings Counseling Center</u>	
<b>Reference Information (Prior Services Performed For:)</b>	
Name of Reference Company:	<u>MO Division of Family Services</u>
Address of Reference Company: ✓ Street Address ✓ City, State, Zip	<u>301 East Summit Drive</u> <u>Marville, Missouri 64468</u>
Reference Contact Person Information: ✓ Name ✓ Phone # ✓ E-mail Address	<u>Victoria Lager</u> <u>(660) 562-8141</u> <u>Victoria.j.lager@dss.mo.gov</u>
Dates of Prior Services:	<u>October 1, 2012 to present</u>
Dollar Value of Prior Services:	<u>unknown</u>
Description of Prior Services Performed:	<u>Outpatient substance abuse treatment, clinical assessments, on-site urinalysis, adolescent assessment, adolescent/family therapy, case management.</u>

As the contact person for the reference provided above, my signature below verifies that the information presented on this form is accurate. I am available for contact by OSCA for additional discussions regarding my company's association with the offeror referenced above:

  
Signature of Reference Contact Person

3-12-14  
Date of Signature

**EXHIBIT B**

**PERSONNEL EXPERTISE SUMMARY**

(Complete this Exhibit for personnel proposed. Resumes or summaries of key information may be provided)

<b>Personnel</b>	<b>Background and Expertise of Personnel and Planned Duties</b>
1. <u>William Sean Prescott</u> (Name) <u>Counselor, Operations Officer</u> (Title) <u>Service Provider</u> (Proposed Role/Function)	CADAC, MBA, BS in Psychology. Has been a substance abuse counselor for 7 years. Will be providing and is qualified to provide all listed services in the RFP. Is a DOT certified collector, DOT certified SAP, SATOP certified provider in OMU, OEP, and WIP and is credentialed as a SATOP Qualified Professional.
2. <u>Michelle Ann Jones</u> (Name) <u>Counselor, Program Supervisor</u> (Title) <u>Service Provider</u> (Proposed Role/Function)	CRADC, OMHP, LMSW, BSW. Has been in the mental health and treatment field for 17 years in various capacities. Will be providing and is qualified to provide all listed services in the RFP.
3. <u>Carla E. Edwards</u> (Name) <u>PhD</u> (Title) <u>Licensed Psychologist</u> (Proposed Role/Function) <u>Service Provider</u>	PhD. Has been in the mental health and substance abuse treatment field for over 20 years in various capacities. Will be providing and is qualified to provide all listed services in the RFP.
4. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
5. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	
6. _____ (Name) _____ (Title) _____ (Proposed Role/Function)	

**EXHIBIT C**

**AFFIDAVIT OF WORK AUTHORIZATION**

Comes now Wm. Sean Prescott as CFO first being duly sworn on my oath  
(NAME) (OFFICE HELD)  
 affirm New Beginning Counseling is enrolled and will continue to participate in a federal work  
(COMPANY NAME)  
 authorization program in respect to employees that will work in connection with the contracted services  
 related to 14-042 for the duration of the contract, if awarded, in accordance with  
(RFP NUMBER)  
 RSMo Chapter 285.530 (2). I also affirm that New Beginnings Counseling does not and will not knowingly  
(COMPANY NAME)  
 employ a person who is an unauthorized alien in connection with the contracted services related to  
14-042 for the duration of the contract, if awarded.  
(RFP NUMBER)

*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 285.530, RSMo).*

[Signature]  
 Signature (person with authority)  
CFO  
 Title

Wm. Sean Prescott  
 Printed Name  
3/6/14  
 Date

Subscribed and sworn to before me this 6<sup>th</sup> of MARCH. I am  
(DAY) (MONTH, YEAR)  
 commissioned as a notary public within the County of NODAWAY State of  
(NAME OF COUNTY)  
MISSOURI, and my commission expires on 8-21-17.  
(NAME OF STATE) (DATE)



Linda Davenport  
 Signature of Notary

3-6-14  
 Date

**EXHIBIT D**

**MISCELLANEOUS INFORMATION**

**Outside United States**

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

Are products and/or services being manufactured or performed at sites outside the continental United States?	Yes <u>      </u>	No <u>  X  </u>
Describe and provide details:		

**EXHIBIT E**

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

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 whom 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.

Certification Regarding

Debarment, Suspension, Ineligibility and Voluntary Exclusion

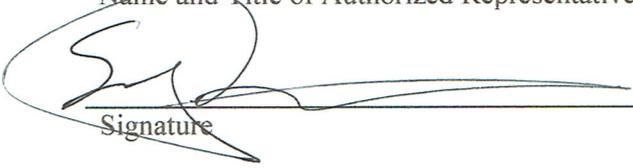
Lower Tier Covered Transactions

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.

Wm. Sean Prescott CFO  
Name and Title of Authorized Representative

  
Signature

3/7/14  
Date

# Office of State Courts Administrator



## Collector Guideline Acceptance Form OSCA 14-042

I verify I have read and will abide by the Missouri Collector Guidelines. I further understand failure to follow these guidelines may result in the termination of my contract with the Office of State Courts Administrator and the court.

I understand I will provide a completed background check at my expense, which shall include, but may not be limited to: employment history and references, fingerprint checks for open and closed federal and state criminal records and Sex Offender Registry. I will also register with the Family Care Safety Registry.

Wm. Sean Prescott  
Collector Printed name

Handwritten signature of Wm. Sean Prescott in black ink.

Signature

3/6/14  
Date

The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

Handwritten signature of the Drug Court Judge/Coordinator in blue ink.

Drug Court Judge/Coordinator

4<sup>th</sup>  
Circuit

3/10/14  
Date