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

CONTRACT RENEWAL 005
CONTRACT NO. OSCA-11-029-20
TITLE: Drug/Alcohol Testing Equipment and Services
ISSUE DATE: April 26, 2016

CONTACT: Beth Rodeman
PHONE NO.: (573)522-2617
FAX NO.: (573) 522-6152
E-MAIL: osca.contracts@courts.mo.gov

RETURN PROPOSAL NO LATER THAN: May 26, 2016

RETURN RENEWAL VIA FAX OR E-MAIL TO THE CONTACT ABOVE, OR BY MAIL TO:

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

or

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

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

CONTRACT PERIOD: **JULY 1, 2016, THROUGH JUNE 30, 2017**

DELIVER SUPPLIES/SERVICES FOB DESTINATION TO THE FOLLOWING ADDRESS:

VARIOUS LOCATIONS THROUGHOUT THE STATE OF MISSOURI

The contractor 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 of the Request for Proposal. The contractor further agrees that the language of this RFP shall govern in the event of a conflict with his/her proposal. The contractor 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 contractor and the Office of State Courts Administrator.

SIGNATURE REQUIRED

AUTHORIZED SIGNATURE	DATE 6/29/16
PRINTED NAME Rebecca Hilton	TITLE Vice President
COMPANY NAME Court Probationary Services, Inc.	
MAILING ADDRESS P.O. Box 1163	
CITY, STATE, ZIP Lebanon, MO 65536	
E-MAIL ADDRESS rhilton@courtprobationaryservices.com	FEDERAL EMPLOYER ID NUMBER [redacted]
PHONE NUMBER 417-533-0887	FAX NUMBER 417-532-9728

NOTICE OF AWARD (OSCA USE ONLY)

ACCEPTED BY OFFICE OF STATE COURTS ADMINISTRATOR AS FOLLOWS: In its entirety as submitted		
CONTRACT NUMBER OSCA 11-029-20	CONTRACT PERIOD July 1, 2016, through June 30, 2017	
CONTRACTS MANAGEMENT ANALYST	DATE 6/30/16	DEPUTY STATE COURTS ADMINISTRATOR

OSCA 11-029-20, Contract Renewal 005

PRICING PAGE

SCRAM	$ 13.00	firm, fixed price per each unit/per day
SCRAM GPS Bracelets	$ 13.00	firm, fixed price per each unit/per day
Redwood Toxicology Laboratory Multi-drug Screen Six (6) Panel Test	$ 11.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Multi-drug Screen Twelve (12) Panel Test	$ 15.00	firm, fixed price per each unit
Redwood Toxicology Laboratory ETG Urine Testing	$ 30.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Drug Test Confirmation	$ 30.00	firm, fixed price per each
PHARM-CHEM Drug Patch	$ 50.00	firm, fixed price per each unit

Electronic Alcohol Monitoring

Pricing per participant

per day: $13.00

per week: $91.00

per month: $390.00

Is there a minimum number of days? NO

Deposit or Start Up fee required? YES How much? $50.00

Please list system requirements:

System Requirements:

- ✓ Phone line needed for RF monitoring
- ✓ 150 foot range for RF monitoring
- ✓ Power source
- ✓ No swimming or baths, shower is okay (bracelet is not to be submerged in water)

Please list counties you will provide this service:

- ✓ Camden
- ✓ Dallas
- ✓ Douglas
- ✓ Greene
- ✓ Laclede
- ✓ Ozark
- ✓ Phelps
- ✓ Pulaski
- ✓ Wright

SEE NOTE BELOW> This page added via amendment effective 9-28-16.

PRICING PAGE – RENEWAL 004

SCRAMx	$ 13.00	firm, fixed price per each unit/per day
SCRAM GPS Bracelets	$ 13.00	firm, fixed price per each unit/per day
Redwood Toxicology Laboratory Multi-drug Screen Six (6) Panel Test	$ 12.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Multi-drug Screen Twelve (12) Panel Test	$ 15.00	firm, fixed price per each unit
Redwood Toxicology Laboratory ETG Urine Testing	$ 13.00 - $30.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Drug Test Confirmation	$ 9.00 - $20.00	firm, fixed price per each
PHARM-CHEM Drug Patch	$ 50.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Synthetic Cannaboids Confirmation	$ 20.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Designer Stimulants Confirmation	$ 35.00	firm, fixed price per each unit
Redwood Toxicology Laboratory DMT Confirmation	$ 225.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Kratom Confirmation	$ 75.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Designer Fentanyl Confirmation	$ 9.00	firm, fixed price per each unit
Redwood Toxicology Laboratory Tramadol Confirmation	$ 9.00	firm, fixed price per each unit

NOTE: This amendment of Renewal 005, OSCA 11-029-20, includes all additional products and pricing on this page and is effective and available for use by the courts under this contract as of September 28, 2016, the date of receipt of written amendment request. BR

OSCA 11-029-20, Contract Renewal 005, PRICING PAGE, cont.

Pricing Page

Firm, fixed price for tracker services performed $ 25.00 per hour

For the following county and circuit:

County: Camden Circuit: 26th

County: Douglas Circuit: 44th

County: Laclede Circuit: 26th

County: Miller Circuit: 26th

County: Moniteau Circuit: 26th

County: Morgan Circuit: 26th

County: Ozark Circuit: 44th

County: Texas Circuit: 25h

County: Wright Circuit: 44th

Exhibit A

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 11-029-20

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 am a commissioned law enforcement officer by the state of Missouri.

I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.

I am not a commissioned officer.

✓ I have provided a completed background check, and

✓ I have registered with the Family Care Safety Registry (FCSR), *and I have provided a copy of the results of the FCSR background screening results*

R. Newell		6-29-16
Collector Printed name	Signature	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.

	44th	6/30/16
Drug Court Judge/Coordinator	Circuit	Date

Exhibit

Office of State Courts Administrator

Volunteer Education Acceptance Form
[illegible] 11-024-30

I hereby [illegible] the Missouri Volunteer Guidelines. I further understand [illegible] pertinent [illegible] in the [illegible] of my [illegible] with the Office of State Courts Administrator and the court.

I am a commissioned law enforcement officer by the state of Missouri.

I understand that I will provide a copy of my POST verification to verify my law enforcement commission in the state of Missouri.

X *I am not a commissioned officer.*

✓ [illegible]

✓ [illegible] *and I have provided a copy of the results of the FCSR background screening results.*

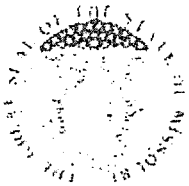
Rebecca Hilton — 6/29/16
Volunteer Printed name — Signature — Date

Law enforcement [illegible] approval does not mean the volunteer shall be liable for their actions or performance of these duties.

[illegible] — 44th — 6/30/16
Drug Court Judge/Designee — Circuit — Date

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form
OSCA 11-029-20

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 am a commissioned law enforcement officer by the state of Missouri.***

☐ ***I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.***

☒ ***I am not a commissioned officer.***

☒ I have provided a completed background check, and

☒ I have registered with the Family Care Safety Registry (FCSR), ***and I have provided a copy of the results of the FCSR background screening results***

Jill Admire-Sandy — Jill Admire-Sandy — 6/28/16

Collector Printed name — **Signature** — **Date**

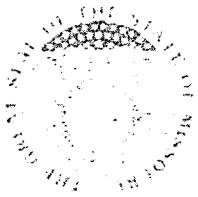
The treatment court approves this person as a collector for our circuit. This approval does not mean the judiciary shall be liable for their actions in performance of these duties.

[signature] — 44th — 6/30/16

Drug Court Judge/Coordinator — **Circuit** — **Date**

Exhibit A

Office of State Courts Administrator



Collector Guideline Acceptance Form
OSCA 11-029-20

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 am a commissioned law enforcement officer by the state of Missouri.***

☐ ***I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.***

☒ ***I am not a commissioned officer.***

☒ I have provided a completed background check, and

☒ I have registered with the Family Care Safety Registry (FCSR), ***and I have provided a copy of the results of the FCSR background screening results***

Calista Kirby	Calista Kirby	6/29/16
Collector Printed name	**Signature**	**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.

	44th	6/30/16
Drug Court Judge/Coordinator	**Circuit**	**Date**

Exhibit A

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 11-029-20

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 am a commissioned law enforcement officer by the state of Missouri.***

☐ ***I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.***

☒ ***I am not a commissioned officer.***

☒ I have provided a completed background check, and

☒ I have registered with the Family Care Safety Registry (FCSR). ***and I have provided a copy of the results of the FCSR background screening results***

Tammy Cantrell	Tammy Cantrell	6/29/16
Collector Printed name	**Signature**	**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.

	44th	6/30/16
Drug Court Judge/Coordinator	**Circuit**	**Date**

Exhibit A

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 11-029-20

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 am a commissioned law enforcement officer by the state of Missouri.***

☐ ***I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.***

☒ ***I am not a commissioned officer.***

☒ I have provided a completed background check, and

☒ I have registered with the Family Care Safety Registry (FCSR). ***and I have provided a copy of the results of the FCSR background screening results***

Marci Caudill	[signature]	06.29.16
Collector Printed name	**Signature**	**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.

[signature]	44th	6/30/16
Drug Court Judge/Coordinator	**Circuit**	**Date**

Exhibit A

Office of State Courts Administrator

Collector Guideline Acceptance Form
OSCA 11-029-20

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 am a commissioned law enforcement officer by the state of Missouri.***

☐ ***I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.***

☒ ***I am not a commissioned officer.***

☒ I have provided a completed background check, and

☒ I have registered with the Family Care Safety Registry (FCSR), ***and I have provided a copy of the results of the FCSR background screening results***

Stephen Hash — Stephen Hash — 6-29-16

Collector Printed name — **Signature** — **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.

[signature] — 44th — 6/30/16

Drug Court Judge/Coordinator — **Circuit** — **Date**

Exhibit A

Office of State Courts Administrator

[illegible]

Universal Consulting Acceptance Form
[illegible]

[illegible] Missouri Criminal Jurisdiction, I hereby understand [illegible] the requirements of the general [illegible] Missouri Courts Administrator's Rules.

I am a commissioned law enforcement officer in the state of Missouri.

I understand that I will provide a copy of my POST certification to verify my law enforcement commission in the state of Missouri.

X *I am not a commissioned officer.*

X [illegible]

X [illegible] *and I have provided a copy of the results of the FBI background screening results.*

SAM C. ALLEN — Sam C. Allen — 06/29/16

Collector Printed Name — Signature — Date

The undersigned [illegible] this form [illegible] for [illegible]. This approval does not mean the judiciary shall be liable for their actions or performance of their duties.

Drug Court Judge/Administrator — 44th — 6/30/16

Circuit — Date