

**STATE OF SOUTH DAKOTA
AMENDMENT TO CONSULTANT CONTRACT/LETTER OF AGREEMENT
FOR CONSULTANT SERVICES BETWEEN**

Name:	<u>City of Rapid City</u>	Department of Corrections
Address:	<u>300 6th Street</u>	500 East Capitol Ave
City/State:	<u>Rapid City, SD 57701</u>	Pierre, SD 57501-5070
	Referred to as Consultant	Referred to as State

The State and Consultant hereby agree to the following amendment:

I. The Consultant

- D. The Consultant agrees to provide the following services to the State:
The Consultant will provide one full time Local Site Coordinator to work with the SD Department of Corrections Adult Reentry Program. This Local Site Coordinator will facilitate transitional services for state adult offenders transitioning from state prison to the Rapid City area, coordinating services with the State, the City of Rapid City, the Rapid City Reentry Task Force and local service providers.

The Consultant will provide office space, office utilities and direct supervision of the Local Site Coordinator.

The Consultant will manage Local Reentry Task Force flexible funds, manage funding for housing assistance and place participants in mentorship programs and employability services consistent with the following provisions and the attached fund breakdowns. Individuals receiving services under this contract must be identified by the State as eligible participants in the State's Second Chance Act Grant funded Reentry Program. Aside from the pre-approved items, services in the amounts listed under the Local Reentry Task Force Flexible Funds, the Consultant must secure prior authorization from the State for the use of these funds through the use of a Disbursement Authorization Request (sample attached). The Consultant will inform the participant's assigned parole agent of referral for these services.

1. Local Reentry Task Force Flexible Funds: The Consultant may expend flexible funds for the items and services listed consistent with maximum amounts indicated. Use of local flexible funds for items or services not listed or in amounts exceeding the maximum requires prior authorization from the State.

2. Housing Assistance: The Consultant may expend housing assistance funds for utility deposit, security deposit and up to two month's rent and utility costs to assist a participant in establishing permanent housing. Participants receiving housing assistance shall be screened by the Consultant and determined to have provisions in place that there is a reasonable likelihood that the participant will be able to maintain the housing following the assistance. Typically, a participant should have a job or a means of support which will allow them to pay for their housing and housing expenses following the period of assistance.

3. Transitional Housing: The Consultant may expend funds for temporary housing for participants on an emergency, interim or short term basis pending the securing of permanent housing. Transitional housing typically will not exceed 90 days. Transitional housing may be in a halfway house, group home, shelter, motel or jail facility.

4. Mentorship Programs: The Consultant may expend funds for the placement of a participant in a mentorship program when it is determined, based on assessment, that mentorship services would be beneficial in supporting the participant's successful reentry and protect against recidivism. Mentorship programs must have written program guidelines and procedures reviewed and accepted by the Consultant and the State.

5. Employability Services: The Consultant may expend funds to allow a participant to participate in employability services in the areas of skill inventories, academic placement, testing, job readiness services and GED preparation and testing and participation in the national Career Readiness

Certification Program. Participants must be assessed as needing employability services as evidenced through work and education history, frequency and duration of unemployment, inadequate employment and difficulties in securing and maintaining employment.

II. The State

A. The State will make payment for services upon satisfactory completion not exceeding ~~\$54,749~~ \$177,719 see attached breakdown (full amount or \$ x.xx/hr).

C. Total Contract Amount (Not to Exceed) ~~\$54,749~~ \$177,719 see attached breakdown (total amount A plus B).

B. OTHER:

1. Any notice or other communication required under this Agreement shall be in writing and sent to the address set forth above. Notices shall be given by and to the undersigned below or such authorized designees as either party may from time to time designate in writing. Notices or communications to or between the parties shall be deemed to have been delivered when mailed by first class mail, provided that notice of default or termination shall be sent by registered or certified mail or if personally delivered, when received by such party.
2. In the event that any court of competent jurisdiction shall hold any provision of this Agreement unenforceable or invalid, such holding shall not invalidate or render unenforceable any other provision hereof.
3. All other prior discussions, communications and representations concerning the subject matter of this Agreement are superseded by the terms of this Agreement and except as specifically provided herein, this Agreement constitutes the entire agreement with respect to the subject matter hereof.

In Witness Whereof, the parties signify their agreement effective the date above first written by the signatures affixed below.

State

By: _____
Name

Title

Date

Consultant

By: _____
Name

Title

Date

State Agency Coding:
State Contact Person: Laurie Feiler 773-3478

2nd Chance Act Local Reentry Task Force Flexible Funds, Housing Funds, Mentorship and Employability Funds

Flexible Funds	1 time	Daily Limit	Maximum cumulative Amount per individual
Used Bicycle	Y		\$25
Bicycle Helmet	Y		\$40
Haircuts			\$40
Personal hygiene products			\$30
Transportation/bus passes/cab fare			\$100
Clothing including uniforms, steel toed boots, interview outfit			\$100
Work tools			\$200
Watch and/or Alarm Clock	Y		\$35
Medical assistance including optical, dental, co-pay, medication			\$500
Gasoline vouchers			\$100
Planners/calendars	Y		\$20
Identification credentials - state issued id, birth certificate	Y		\$25
Other use of Flexible Funds requires preauthorization			
Total Flexible Funds budgeted:			\$25,000
Housing Assistance <i>(requires authorization)</i>			
Start up Housing Assistance - utility deposit, security deposit and rent	Y		\$1,250
Start Up Housing budgeted:			\$25,000
Transitional Housing		\$25/day	\$2,250
Transitional Housing budgeted:			\$45,000
Mentorship Programs <i>(requires authorization)</i>			
Mentorship budgeted:			\$20,000
Employability Services <i>(requires authorization)</i>			
Skills inventory, academic placements, testing, job readiness			
GED preparation and Testing			
Employability Services budgeted:			\$5,000
Total budgeted:			\$120,000

Department of Corrections
 Adult Reentry Grant
 Rapid City Local Task Force
 Budget Reimbursement Request Form

Name	DOC #	Service	Service Provider (name, address, phone, email)	Service Dates	Amount	Preauthorized?	Date Preauth.

Attach documentation of proof of payment (receipts, invoices, agreements)

**Department of Corrections
Rapid City Adult Reentry Grant
Budget & Reimbursement Request Form**

Contractual Agency: City of Rapid City
300 6th Street
Rapid City SD 57701

Project Title: Rapid City Reentry Project
Budget Period: January 1, 2010 - December 31, 2010
Contract Amount: \$177,719.00

Contact Name:
Phone:
Email:

Period Claimed:

Budget Category	(#2) Approved Budget	(#3) Previous Drawdowns	(#4) Current Balance	(#5) This Request	(#6) New Fund Balance
Salary	\$32,699.00	\$0.00	\$32,699.00		\$32,699.00
Fringe Benefits	\$10,655.00	\$0.00	\$10,655.00		\$10,655.00
Travel (at state rates)	\$1,248.00	\$0.00	\$1,248.00		\$1,248.00
Equipment (computer/prniter)	\$1,500.00	\$0.00	\$1,500.00		\$1,500.00
Supplies (postage, supplies at actual cost)	\$1,897.00	\$0.00	\$1,897.00		\$1,897.00
Flexible Funds	\$25,000.00	\$0.00	\$25,000.00		\$25,000.00
Start Up Housing Allowance	\$25,000.00	\$0.00	\$25,000.00		\$25,000.00
Transitional Housing	\$45,000.00	\$0.00	\$45,000.00		\$45,000.00
Mentorship	\$20,000.00	\$0.00	\$20,000.00		\$20,000.00
Employability Services	\$5,000.00	\$0.00	\$5,000.00		\$5,000.00
Other (5%)	\$9,720.00	\$0.00	\$9,720.00		\$9,720.00
PROJECT TOTAL	\$177,719.00	\$0.00	\$177,719.00		\$177,719.00

The undersigned certifies that the cost of services reimbursable to the Provider up to the date of this certificate are not less than the total payments received as claimed by the Provider under this subcontract (including the payment as claimed herewith) and the Provider to the best of his/her knowledge and belief has fully complied with the terms and conditions of the subcontract.

Project Director Signature

Date