

**CONTRACT NO: DMS-17/18-023
BETWEEN
FLORIDA DEPARTMENT OF MANAGEMENT SERVICES
AND
MANAGEMENT AND TRAINING CORPORATION (MTC)
FOR THE
GADSDEN CORRECTIONAL FACILITY**

AMENDMENT NO: 2

This Amendment to Contract No: DMS 17/18-023 (the "Contract") is by and between the State of Florida, acting through the Florida Department of Management Services, Bureau of Private Prison Monitoring (the "Department"), and MANAGEMENT AND TRAINING CORPORATION (MTC), (the "Contractor") hereby collectively known as the "Parties".

WHEREAS, Article 11.15 of the Contract expressly for amendments;

WHEREAS, the 2020-2021 General Appropriations Act has been finalized and specific funding for Privately Operated Institutions Inmate Welfare Trust Fund and Shaping Success Programming has been identified; and

THEREFORE, the Parties agree to amend the Contract as follows:

1. Subject to sufficient funds in the Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF) and budget authority, Exhibit G is replaced as attached to this amendment and incorporated herein by reference.

The following Exhibit is replaced as follows:

- Exhibit D, Revised Staffing Plan
- Exhibit H, Contractor Program Summary
- Exhibit I, Contractor Program Pricing
- Exhibit J, Contractor Monthly Reports

2. Sub-section 7.1.3 is hereby added to the Contract as follows:

The Department shall pay the Contractor a total dollar amount not to exceed three hundred thousand (\$300,000.00) for the satisfactory performance, implementation, and delivery of commodities and services per Exhibit H, Contractor Program Summary. Payment is subject to monthly reconciliation as shown by the reconciliation reports. Services are strictly paid as cost reimbursement. No funds will be paid for services not provided.

3. The following sentence is hereby added to Sub-section 7.2.1.


The Contractor shall submit invoices, including Shaping Success, monthly. The Contractor shall submit with their monthly invoice and Exhibit J - Monthly Reports, a reconciliation of enhanced intervention and reentry services estimated budget and actual participation and resulting costs for the period. The Department shall deduct from that month's invoice any credits due to DMS where the Contractor pricing in Exhibit I has not been fully expended, as shown by the reconciliation report.

4. This Amendment and its Exhibits are hereby made a part of this Contract. All other terms and conditions of the Contract shall remain in full force and effect. Except as otherwise expressly set forth herein, the terms and conditions contained in the Contract and subsequent amendments are unchanged. This Amendment sets forth the entire understanding between the Parties with regard to the subject matter hereof.
5. This Amendment is effective on the last date of execution.
6. This Amendment remains subject to section 287.0582, Florida Statutes.

SIGNATURE PAGE IMMEDIATELY FOLLOWS

SO AGREED, by the Parties' authorized representatives on the dates noted below:

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

DocuSigned by:

3E1665B9DF8B411

Jonathan Satter, Secretary

6/30/2020 | 4:21 PM EDT

Date

MANAGEMENT AND TRAINING CORPORATION

DocuSigned by:

563129E0B1F8443

Scott Marquardt, President

6/30/2020 | 4:02 PM EDT

Date

**Department of Management Services
Private Prison Monitoring
Budget Summary**

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF) Program Request

Facility:	Gadsden Correctional Facility	Fiscal Year: 2020-2021	
Previous Year's Approved Budget:	\$ 250,017.54		
Previous Year's Total Expenditure:	\$ 148,143.32		
POIIWTF Final Budget Approval:	\$ 191,600.37		
		For Department Use Only	
Summary		Approval	Final Budget Approval
Cosmetology - Salary & Benefits		Approved	\$ 57,500.00
Cosmetology - Supplies		Approved	\$ 57,500.00
Cosmetology - Equipment		Approved	\$ 20,245.00
Cosmetology - Other (Exam & Fingerprinting Fees)		Approved	\$ 10,000.00
Cosmetology - Program Total			\$ 145,245.00
Recreation - Supplies		Approved	\$ 12,444.00
Recreation - Supplies (Elite Exercise Equipment)		Denied	
Recreation - Equipment		Denied	
Recreation - Program Total			\$ 12,444.00
Small Business - Supplies	\$ 7,495.00	Approved	\$ 7,495.00
Adult Education - Equipment		Denied	
CDL - Equipment (CDL Driving Simulator)		Denied	
CDL - Equipment (Semi Trailer Cab Assembly)	\$ 10,000.00	Approved	\$ 10,000.00
CDL - Other (Exam/Administration)	\$ 1,000.00	Approved	\$ 1,000.00
CDL - Program Total			\$ 11,000.00
Spanish I, II, III - Supplies		Approved	\$ 4,251.37
Spanish I, II, III - Program Total			\$ 4,251.37
Toastmasters - Supplies		Approved	\$ 6,115.00
Toastmasters - Other		Approved	\$ 5,050.00
Toastmasters - Program Total			\$ 11,165.00
Total POIIWTF Funds Requested:		Final POIIWTF Budget Approval	\$ 191,600.37



Redacted pursuant to Sections 119.071.(1)(b)(2) and 814.045

Department of Management Services
Private Prison Monitoring
Attachment A: POIWTF Program Request and Narrative
 Privately Operated Institutions Inmate Welfare Trust Fund (POIWTF)

Facility:	GADSDEN CF	Fiscal Year:	2020 - 2021
Title of Program:	Cosmetology		
Program Instructor's Name:	[REDACTED]		
Program Instructor's Title/Position:	Cosmetology Instructor		
Total Hours of Program Participation Per Inmate Per Week:	30	POIWTF Funds Requested:	[REDACTED]
Target Inmate Population (Inmate Criteria):	Prefer GED or High School Diploma and TABE Level D Total Math 577, Language 572, and Reading 576, if not higher. Offender must also be disciplinary report free for 6 months and have at least one year left on her sentence.	Previous Year's Approved Budget:	\$123,510.70
OBIS Course Code:	D500100		

1. Program Narrative:
 [REDACTED]

2. Specific Activities:
 (Include information about service delivery and timelines.)
 [REDACTED]

3. How does this program have the potential to aid inmates' reintegration into society?
 [REDACTED]

4. What are the specific goals and objectives of this program?
 [REDACTED]

Redacted pursuant to Section 815.045

[Redacted]

5. Describe your evaluation plan for assessing how well the program met its goals and objectives.

[Redacted]

6. Staff Qualifications (Attach Job Description)

(Include biographical information or required minimum qualifications for any staff and volunteers):

[Redacted]

7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)

The warden or designee certifies that this POIWTF application is compliant with the DMS contract, DMS IWTF policy, and all laws and rules of the State of Florida.

Jerry Buscher

Electronic Signature

February 27, 2020

Date

Department of Management Services
Private Prison Monitoring
Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

The budget narrative provides a complete description of the costs associated with the program activities. As you prepare to assemble the budget, go back through the program narrative and make a list of all personnel and non-personnel items related to the operation of the program. The list of budget items and the calculations used to arrive at the dollar figures should be summarized below. All significant costs must be broken out within the subcategories and should include a detailed description. The following information will be used by the POIIWTF Committee to determine funding level. It should include the following areas:

1. Personnel

- a. Each individual should be identified by name and position.
- b. Time commitments should be included as hours or percentage of time stated for each position.
- c. The total charges for each person listed includes an explanation of how the costs have been calculated.
- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

- a. Identify which individuals are eligible for fringe benefits.
- b. Identify the elements that comprise the fringe benefits figures.
- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by POIIWTF.

3. Travel

- a. The narrative must include a detailed breakdown of estimated travel costs.
- b. All travel costs must comply with state policies and procedures.
- c. Reimbursement requests for travel must include a state travel voucher.
- d. For each trip, indicate destination, estimated mileage, method of travel, cost per mile and duration, number of travelers, per diem rate for meals and lodging.
- e. Detail the purpose of the proposed travel.
- f. For each item, include an explanation of how these charges are necessary for the successful completion of the program.

4. Supplies

- a. Supplies must be itemized by type of material and nature of expense.
- b. For general office or business supplies, the total charge must provide support for the program activities.
- c. For specific items, include the number of units, cost per unit and total cost.
- d. Explain how these charges are necessary for the successful completion of the program.

5. Equipment Rental/Purchase

- a. List each item of equipment with an explanation of how this item is necessary for the successful completion of the program.
- b. If the purchase is more than \$5,000, provide a description of how it will be used and disposed of after it is no longer needed or use
- c. For each item, include the number of units, cost per unit and total cost specified.
- d. For each item over \$5,000, a lease-versus-purchase analysis should be completed.
- e. For each item over \$5,000, a competitive procurement method should be indicated.

6. Other

- a. Items should be listed by type of material.
- b. Each item should include an explanation of how this item is necessary for the successful completion of the program.
- c. Each item should be allowable, allocable and documented.
- d. All costs will be reasonable.

**Department of Management Services
Private Prison Monitoring
Attachment A: POIWTF Program Request and Narrative**
Privately Operated Institutions Inmate Welfare Trust Fund (POIWTF)

Facility:	GADSDEN CF	Fiscal Year:	2020-2021
Title of Program:	Recreation		
Program Instructor's Name:	[REDACTED]		
Program Instructor's Title/Position:	Recreation Supervisor		
Total Hours of Program Participation Per Inmate Per Week:	[REDACTED]	POIWTF Funds Requested:	\$ [REDACTED]
Target Inmate Population (Inmate Criteria):	Open to all offenders	Previous Year's Approved Budget:	\$ 96,979.00
OBIS Course Code:	N/A		

1. Program Narrative:
[REDACTED]
2. Specific Activities: (Include information about service delivery and timelines.)
[REDACTED]
3. How does this program have the potential to aid inmates' reintegration into society?
[REDACTED]
4. What are the specific goals and objectives of this program?
[REDACTED]
5. Describe your evaluation plan for assessing how well the program met its goals and objectives.
[REDACTED]
6. Staff Qualifications (Attach Job Description) (Include biographical information or required minimum qualifications for any staff and volunteers):
[REDACTED]
7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)

The warden or designee certifies that this POIWTF application is compliant with the DMS contract, DMS IWTF policy, and all laws and rules of the State of Florida.

Jerry Buscher

Electronic Signature

February 27, 2020

Date

**Department of Management Services
Private Prison Monitoring**

Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

The budget narrative provides a complete description of the costs associated with the program activities. As you prepare to assemble the budget, go back through the program narrative and make a list of all personnel and non-personnel items related to the operation of the program. The list of budget items and the calculations used to arrive at the dollar figures should be summarized below. All significant costs must be broken out within the subcategories and should include a detailed description. The following information will be used by the POIIWTF Committee to determine funding level. It should include the following areas:

1. Personnel

- a. Each individual should be identified by name and position.
- b. Time commitments should be included as hours or percentage of time stated for each position.
- c. The total charges for each person listed includes an explanation of how the costs have been calculated.
- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

- a. Identify which individuals are eligible for fringe benefits.
- b. Identify the elements that comprise the fringe benefits figures.
- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by POIIWTF.

3. Travel

- a. The narrative must include a detailed breakdown of estimated travel costs.
- b. All travel costs must comply with state policies and procedures.
- c. Reimbursement requests for travel must include a state travel voucher.
- d. For each trip, indicate destination, estimated mileage, method of travel, cost per mile and duration, number of travelers, per diem rate for meals and lodging.
- e. Detail the purpose of the proposed travel.
- f. For each item, include an explanation of how these charges are necessary for the successful completion of the program.

4. Supplies

- a. Supplies must be itemized by type of material and nature of expense.
- b. For general office or business supplies, the total charge must provide support for the program activities.
- c. For specific items, include the number of units, cost per unit and total cost.
- d. Explain how these charges are necessary for the successful completion of the program.

5. Equipment Rental/Purchase

- a. List each item of equipment with an explanation of how this item is necessary for the successful completion of the program.
- b. If the purchase is more than \$5,000, provide a description of how it will be used and disposed of after it is no longer needed or useable.
- c. For each item, include the number of units, cost per unit and total cost specified.
- d. For each item over \$5,000, a lease-versus-purchase analysis should be completed.
- e. For each item over \$5,000, a competitive procurement method should be indicated.

6. Other

- a. Items should be listed by type of material.
- b. Each item should include an explanation of how this item is necessary for the successful completion of the program.
- c. Each item should be allowable, allocable and documented.
- d. All costs will be reasonable.

**Department of Management Services
Private Prison Monitoring
Attachment A: POIWTF Program Request and Narrative**
Privately Operated Institutions Inmate Welfare Trust Fund (POIWTF)

Facility:	Gadsden Correctional Facility	Fiscal Year:	2020-21
Title of Program:	Small Business Class		
Program Instructor's Name:	Inmate; [REDACTED]	Program Specialist	
Program Instructor's Title/Position:	Inmate; [REDACTED]	Program Specialist	
Total Hours of Program Participation Per Inmate Per Week:	15	POIWTF Funds Requested:	[REDACTED]
Target Inmate Population (Inmate Criteria):	Prefer GED or High School Diploma or TABE scores of 10.0. Offender must also be disciplinary report free for 6 months and have at least one year left on her sentence. Interview with Mr. Kenny Brown and offender facilitator	Previous Year's Approved Budget:	\$ 7,270.00
OBIS Course Code:	N/A		

1. Program Narrative:

[REDACTED]

2. Specific Activities:
(Include information about service delivery and timelines.)

[REDACTED]

3. How does this program have the potential to aid inmates' reintegration into society?

[REDACTED]

4. What are the specific goals and objectives of this program?

[REDACTED]

5. Describe your evaluation plan for assessing how well the program met its goals and objectives.

[REDACTED]

6. Staff Qualifications (Attach Job Description)

DMS Policy No. Private Prison Monitoring 08-103

Management of the Privately Operated Institutions Inmate Welfare Trust Fund (POIWTF)

Attachment A: IWTF Program Request and Narrative

(Include biographical information or required minimum qualifications for any staff and volunteers):



7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)

The warden or designee certifies that this POIWTF application is compliant with the DMS contract, DMS IWTF policy, and all laws and rules of the State of Florida.

Jerry Buscher

Electronic Signature

February 27, 2020

Date

Department of Management Services
Private Prison Monitoring
Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

The budget narrative provides a complete description of the costs associated with the program activities. As you prepare to assemble the budget, go back through the program narrative and make a list of all personnel and non-personnel items related to the operation of the program. The list of budget items and the calculations used to arrive at the dollar figures should be summarized below. All significant costs must be broken out within the subcategories and should include a detailed description. The following information will be used by the POIIWTF Committee to determine funding level. It should include the following areas:

1. Personnel

- a. Each individual should be identified by name and position.
- b. Time commitments should be included as hours or percentage of time stated for each position.
- c. The total charges for each person listed includes an explanation of how the costs have been calculated.
- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

- a. Identify which individuals are eligible for fringe benefits.
- b. Identify the elements that comprise the fringe benefits figures.
- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by POIIWTF.

3. Travel

- a. The narrative must include a detailed breakdown of estimated travel costs.
- b. All travel costs must comply with state policies and procedures.
- c. Reimbursement requests for travel must include a state travel voucher.
- d. For each trip, indicate destination, estimated mileage, method of travel, cost per mile and duration, number of travelers, per diem rate for meals and lodging.
- e. Detail the purpose of the proposed travel.
- f. For each item, include an explanation of how these charges are necessary for the successful completion of the program.

4. Supplies

- a. Supplies must be itemized by type of material and nature of expense.
- b. For general office or business supplies, the total charge must provide support for the program activities.
- c. For specific items, include the number of units, cost per unit and total cost.
- d. Explain how these charges are necessary for the successful completion of the program.

5. Equipment Rental/Purchase

- a. List each item of equipment with an explanation of how this item is necessary for the successful completion of the program.
- b. If the purchase is more than \$5,000, provide a description of how it will be used and disposed of after it is no longer needed or use
- c. For each item, include the number of units, cost per unit and total cost specified.
- d. For each item over \$5,000, a lease-versus-purchase analysis should be completed.
- e. For each item over \$5,000, a competitive procurement method should be indicated.

6. Other

- a. Items should be listed by type of material.
- b. Each item should include an explanation of how this item is necessary for the successful completion of the program.
- c. Each item should be allowable, allocable and documented.
- d. All costs will be reasonable.

Department of Management Services
Private Prison Monitoring
Attachment A: POIWTF Program Request and Narrative
 Privately Operated Institutions Inmate Welfare Trust Fund (POIWTF)

Facility:	GADSDEN CF	Fiscal Year:	2020 - 2021
Title of Program:	Commercial Vehicle Driving		
Program Instructor's Name:	[REDACTED]		
Program Instructor's Title/Position:	CDL Instructor		
Total Hours of Program Participation Per Inmate Per Week:	30	POIWTF Funds Requested:	[REDACTED]
Target Inmate Population (Inmate Criteria):	Offenders must be disciplinary report free for 6 months and have at least 6 months left on their sentence.	Previous Year's Approved Budget:	\$0.00
OBIS Course Code:	1490205		

1. Program Narrative:
[REDACTED]
2. Specific Activities: (Include information about service delivery and timelines.)
[REDACTED]
3. How does this program have the potential to aid inmates' reintegration into society?
[REDACTED]
4. What are the specific goals and objectives of this program?
[REDACTED]

[Redacted]

5. Describe your evaluation plan for assessing how well the program met its goals and objectives.

[Redacted]

6. Staff Qualifications (Attach Job Description)

(Include biographical information or required minimum qualifications for any staff and volunteers):

[Redacted]

7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)

The warden or designee certifies that this POIWTF application is compliant with the DMS contract, DMS IWTF policy, and all laws and rules of the State of Florida.

Jerry Buscher
Electronic Signature

February 27, 2020
Date

Department of Management Services
Private Prison Monitoring
Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

The budget narrative provides a complete description of the costs associated with the program activities. As you prepare to assemble the budget, go back through the program narrative and make a list of all personnel and non-personnel items related to the operation of the program. The list of budget items and the calculations used to arrive at the dollar figures should be summarized below. All significant costs must be broken out within the subcategories and should include a detailed description. The following information will be used by the POIIWTF Committee to determine funding level. It should include the following areas:

1. Personnel

- a. Each individual should be identified by name and position.
- b. Time commitments should be included as hours or percentage of time stated for each position.
- c. The total charges for each person listed includes an explanation of how the costs have been calculated.
- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

- a. Identify which individuals are eligible for fringe benefits.
- b. Identify the elements that comprise the fringe benefits figures.
- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by POIIWTF.

3. Travel

- a. The narrative must include a detailed breakdown of estimated travel costs.
- b. All travel costs must comply with state policies and procedures.
- c. Reimbursement requests for travel must include a state travel voucher.
- d. For each trip, indicate destination, estimated mileage, method of travel, cost per mile and duration, number of travelers, per diem rate for meals and lodging.
- e. Detail the purpose of the proposed travel.
- f. For each item, include an explanation of how these charges are necessary for the successful completion of the program.

4. Supplies

- a. Supplies must be itemized by type of material and nature of expense.
- b. For general office or business supplies, the total charge must provide support for the program activities.
- c. For specific items, include the number of units, cost per unit and total cost.
- d. Explain how these charges are necessary for the successful completion of the program.

5. Equipment Rental/Purchase

- a. List each item of equipment with an explanation of how this item is necessary for the successful completion of the program.
- b. If the purchase is more than \$5,000, provide a description of how it will be used and disposed of after it is no longer needed or use
- c. For each item, include the number of units, cost per unit and total cost specified.
- d. For each item over \$5,000, a lease-versus-purchase analysis should be completed.
- e. For each item over \$5,000, a competitive procurement method should be indicated.

6. Other

- a. Items should be listed by type of material.
- b. Each item should include an explanation of how this item is necessary for the successful completion of the program.
- c. Each item should be allowable, allocable and documented.
- d. All costs will be reasonable.

Department of Management Services

Private Prison Monitoring

Attachment C: Budget Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Facility	Fiscal Year:	July 1, 2020 - June 30, 2021
Title of Program:	Commercial Vehicle Driving	Program Instructor's Name:	[REDACTED]

Previous Year's Approved Budget for This Program:	\$0.00
Previous Year's Expenditure for This Program:	
IWTF Funds Requested for this program:	[REDACTED]

Budget Summary (Lines can be added as needed)			
Item	Quantity	Amount Requested	Narrative
Equipment		[REDACTED]	Simulator and cab for demonstration of hands-on skills required for course completion.
Other (Please Specify in Narrative)		[REDACTED]	Exam and administration fees needed for partial licensure.
Total		[REDACTED]	

Equipment Breakdown (Lines can be added as needed)			
Description	Number of Units	Cost per Unit	Total Cost
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
			\$ -
Equipment Total			\$ [REDACTED]

Other Breakdown (Lines can be added as needed)			
Description	Number of Units	Cost per Unit	Total Cost
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Other Total			\$ [REDACTED]

**Department of Management Services
Private Prison Monitoring
Attachment A: POIWTF Program Request and Narrative**
Privately Operated Institutions Inmate Welfare Trust Fund (POIWTF)

Facility:	Gadsden Correctional Facility	Fiscal Year:	2020-2021
Title of Program:	Spanish I, II, III		
Program Instructor's Name:	Inmate Instructor		
Program Instructor's Title/Position:	Inmate		
Total Hours of Program Participation Per Inmate Per Week:	9	POIWTF Funds Requested:	[REDACTED]
Target Inmate Population (Inmate Criteria):	Offenders with a Total Battery of 9.0 or higher who seek to learn a foreign language.	Previous Year's Approved Budget:	\$ 15,232.84
OBIS Course Code:	N/A		

1. Program Narrative:
[REDACTED]

2. Specific Activities:
(Include information about service delivery and timelines.)
[REDACTED]

3. How does this program have the potential to aid inmates' reintegration into society?
[REDACTED]

4. What are the specific goals and objectives of this program?
(Describe the anticipated results of the program. Explain how the activities directly and/or indirectly address the issue or need and support achievement of these results.)
[REDACTED]

5. Describe your evaluation plan for assessing how well the program met its goals and objectives.
[REDACTED]

6. Staff Qualifications (Attach Job Description)
(Include biographical information or required minimum qualifications for any staff and volunteers):
[REDACTED]

7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)
[REDACTED]

The warden or designee certifies that this POIWTF application is compliant with the DMS contract, DMS IWTF policy, and all laws and rules of the State of Florida.

Jerry Buscher
Electronic Signature

February 27, 2020
Date

Department of Management Services
Private Prison Monitoring
Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

The budget narrative provides a complete description of the costs associated with the program activities. As you prepare to assemble the budget, go back through the program narrative and make a list of all personnel and non-personnel items related to the operation of the program. The list of budget items and the calculations used to arrive at the dollar figures should be summarized below. All significant costs must be broken out within the subcategories and should include a detailed description. The following information will be used by the POIIWTF Committee to determine funding level. It should include the following areas:

1. Personnel

- a. Each individual should be identified by name and position.
 1. Inmate Instructors
- b. Time commitments should be included as hours or percentage of time stated for each position.
 1. 9 hours
- c. The total charges for each person listed includes an explanation of how the costs have been calculated.
- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

- a. Identify which individuals are eligible for fringe benefits.
- b. Identify the elements that comprise the fringe benefits figures.
- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by POIIWTF.

3. Travel

- a. The narrative must include a detailed breakdown of estimated travel costs.
- b. All travel costs must comply with state policies and procedures.
- c. Reimbursement requests for travel must include a state travel voucher.
- d. For each trip, indicate destination, estimated mileage, method of travel, cost per mile and duration, number of travelers, per diem rate for meals and lodging.
- e. Detail the purpose of the proposed travel.
- f. For each item, include an explanation of how these charges are necessary for the successful completion of the program.

4. Supplies

- a. Supplies must be itemized by type of material and nature of expense.
- b. For general office or business supplies, the total charge must provide support for the program activities.
- c. For specific items, include the number of units, cost per unit and total cost.
- d. Explain how these charges are necessary for the successful completion of the program.

5. Equipment Rental/Purchase

- a. List each item of equipment with an explanation of how this item is necessary for the successful completion of the program.
- b. If the purchase is more than \$5,000, provide a description of how it will be used and disposed of after it is no longer needed or use
- c. For each item, include the number of units, cost per unit and total cost specified.
- d. For each item over \$5,000, a lease-versus-purchase analysis should be completed.
- e. For each item over \$5,000, a competitive procurement method should be indicated.

6. Other

- a. Items should be listed by type of material.
- b. Each item should include an explanation of how this item is necessary for the successful completion of the program.
- c. Each item should be allowable, allocable and documented.
- d. All costs will be reasonable.

6. Staff Qualifications (Attach Job Description)

(Include biographical information or required minimum qualifications for any staff and volunteers):

P [Redacted] Redacted pursuant to Section 815.045

7. Attach Program Curriculum (e.g. Department of Education, Auburn University, etc.)

The warden or designee certifies that this IWTF application is compliant with the DMS contract, DMS IWTF policy, and all Laws and Rules of the State of Florida.

Jerry Buscher

Electronic Signature

February 27, 2020

Date

Department of Management Services
Private Prison Monitoring
Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POI IWTF)

The budget narrative is to provide a complete description of the costs associated with the program activities. As you prepare to assemble the budget, go back through the program narrative and make a list of all personnel and non-personnel items related to the operation of the program. The list of budget items and the calculations used to arrive at the dollar figures should be summarized below. All significant costs must be broken out within the subcategories and provide a detailed description. The following information will be used by the IWTF Committee to determine funding level. It should include the following areas:

1. Personnel

- a. Each individual should be identified by name and position.
 1. Citizen Toastmasters Volunteers
- b. Time commitments should be included as hours or percentage of time stated for each position.
- c. The total charges for each person listed includes an explanation of how the costs were calculated.
- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

- a. Identify which individuals are eligible for fringe benefits.
- b. Identify the elements that comprise the fringe benefits figures.
- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by IWTF.

3. Travel

- a. The narrative must include a detailed breakdown of estimated travel costs.
- b. All travel costs must comply with state policies and procedures.
- c. Reimbursement requests for travel must include a state travel voucher.
- d. For each trip indicate destination, estimated mileage, method of travel, cost per mile and duration, number of travelers, per diem rate for meals and lodging.
- e. Detail the purpose of the proposed travel.
- f. For each item, include an explanation of how these charges are necessary for the successful completion of the program.

4. Supplies

- a. Supplies must be itemized by type of material and nature of expense.
- b. For general office or business supplies the total charge must provide support for the program activities.
- c. For specific items, include the number of units, cost per unit and total cost.
- d. Explain how these charges are necessary for the successful completion of the program.

5. Equipment Rental/Purchase

- a. List each item of equipment with an explanation of how this item is necessary for the successful completion of the program.
- b. If over \$5,000 provide a description of how it will be used and disposed of after it is no longer needed or useable.
- c. For each item, include the number of units, cost per unit and total cost specified.
- d. For each item over \$5,000, a lease versus purchase analysis should be completed.
- e. For each item over \$5,000 a competitive procurement method should be indicated.

6. Other

- a. Items should be listed by type of material.
- b. Each item should include an explanation of how this item is necessary for the successful completion of the program.
- c. Each item should be allowable, allocable, and documented.
- d. All costs will be reasonable.

			\$	-
			\$	-
			\$	-
Equipment Total			\$	-

Other Breakdown (Lines can be added as needed)				
Description	Number of Units	Cost per Unit	Total Cost	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
Other Total			\$	[REDACTED]

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

4. Additional Software Subscriptions, Maintenance, and Support

- [REDACTED]
- [REDACTED]

EXHIBIT I - CONTRACTOR PROGRAM PRICING

	Description	Cost
1	Staff [REDACTED]	\$ 70,000
		\$ 30,000
2	Tablets and Software Subscriptions, Maintenance, and Support	\$ 91,700
	Total:	\$ 191,700

Redacted pursuant to Section 815.045

Amendment No.: 2, Exhibit I
Contract No.: DMS-17/18-023

EXHIBIT J

Monthly Shaping Success Program Report

Gadsden Correctional Facility

For the month ended _____, 20__.

Total # of Participants: _____

of Inmates Receiving Hard Copy Reentry Plan: _____

Dates of Community Meetings Held: _____

