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.

Amendment No: 2

Contract No: DMS-17/18-023 Page 1 of 3

- 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

Amendment No: 2

Contract No: DMS-17/18-023 Page 2 of 3

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

FLORIDA DEPARTMENT OF MANAGEMENT SERVICES

DocuSigned by:

Jonathan Satter, Secretary

6/30/2020 | 4:21 PM EDT

Date

MANAGEMENT AND TRAINING CORPORATION

-DocuSigned by:

Scott Marguardt

Scott Marquardt, President

6/30/2020 | 4:02 PM EDT

Date

Amendment No: 2

Department of Management Services Private Prison Monitoring Budget Summary

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

Facility:	Gadsden Correctional Facility			Fiscal \	/ear: 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 Dep	artment	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:					
	F	inal POIIWTF B	udget Approval	\$	191,600.37



Attachment A: POIIWTF Program Request and Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	GADSDEN CF		Fiscal Year:	2020	- 2021
	T				
Title of Program:	Cosmetology				
Program Instructor's Name:	Committee				
Program Instructor's Title/Position:	Cosmetology Instructor	20	DOUNTE Form de D	\	
Total Hours of Program Participation Per Inmate	e Per Week:	30	POIIWTF Funds R	requestea:	
Target Inmate Population (Inmate Criteria):	Prefer GED or High School Diplo Level D Total Math 577, Langu Reading 576, if not higher. Offer be disciplinary report free for 6 have at least one year left on h	age 572, and nder must also months and	Previous Year's A	Approved Budget:	\$123,510.70
OBIS Course Code:	D500100				
1. Program Narrative:					
	·				
2. Specific Activities:					
(Include information about service delivery and t	imelines.)				
3. How does this program have the potential to	aid inmates' reintegration into s	ociety?			
acc the program have the potential to	and ministed remediation into 3				
4. What are the specific goals and objectives of	this program?				

Redacted pursuant to Section 815.045

Amendment No.: 2, Exhibit G

5. Describe your evaluation plan for assessing how well the program met its goals and obje	ectives.
6. Staff Qualifications (Attach Job Description)	
(Include biographical information or required minimum qualifications for any staff and volun	teers):
7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)	
The warden or designee certifies that this POIIWTF application is compliant with the DMS co- Florida.	ntract, DMS IWTF policy, and all laws and rules of the State of
Jerry Buscher	February 27, 2020
Electronic Signature	Date

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

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.

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.

Attachment B: Budget Instructions

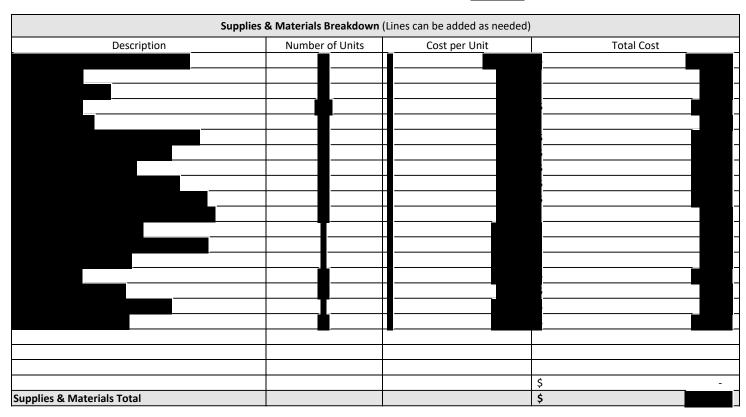
Attachment C: Budget Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Facility	Fiscal Year:	July 1,	2020 - June 30	
Title of Program:	Cosmetology	Program Instructor's Name:			

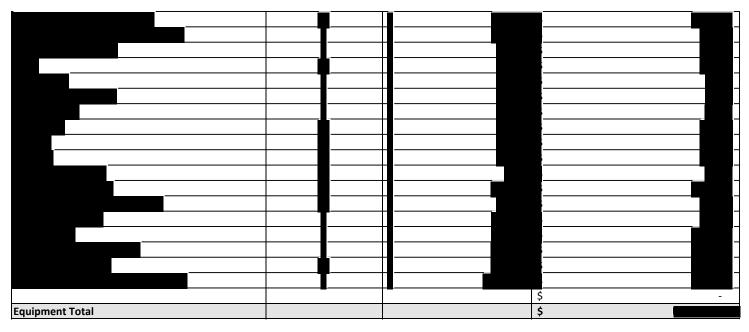
Previous Year's Approved Budget for This Program:	\$12	23,510.70
Previous Year's Expenditure for This Program:		
IWTF Funds Requested for this program:		

Budget Summary (Lines can be added as needed)						
Item	Quantity	Amount Requested	Narrative			
Staffing Salary			Annual salary paid to the instructer.			
Staffing Fringe Benefits		\$	25% of annual salary.			
Travel		\$ -	Not requested			
Supplies		\$	Supplies and materials necessarry to run the class and ensure that inmates recieve proper instruction.			
Equipment		\$	Tables are needed for additional seating and practical application.			
Other (Please Specify in Narrative)		\$	Exam and administration fees needed for certification			
Total		\$				



Equi	pment Breakdown (Lines	can be added as needed)	
Description	Number of Units		UMS Policy No. Private Prison Monitoring 08 103
	Managem	ent of the Privately Operated	Institutions Inmate Welfare Trust Fund (POIIWTF)

Amendment No.: 2, Exhibit G



Other Breakdown (Lines can be added as needed)					
Description	Number of Units	Cost per Unit	Total Cost		
S					
			<u> </u>		
Other Total		\$			

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

Attachment A: POIIWTF Program Request and Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	GADSDEN CF Fiscal Year: 2020-2021					
Title of Program:	Recreation					
Program Instructor's Name:						
Program Instructor's Title/Position:	Recreation Supervisor					
Total Hours of Program Participation Per Inmate	Per Week:		POIIWTF Funds	Requested:	\$	
			Previous Year's	Approved	\$	96,979.00
Target Inmate Population (Inmate Criteria):	Open to all offe	nders	Budget:		,	30,373.00
OBIS Course Code:	N/A					
1. Program Narrative:						
2. Specific Activities:						
(Include information about service delivery and ti	imelines.)					
3. How does this program have the potential to	aid inmates' reintegratio	n into society	·			
		,				
4. What are the specific goals and objectives of	this program?					
5. Describe your evaluation plan for assessing h	ow well the program met	its goals and	objectives.			
6. Staff Qualifications (Attach Job Description)						
(Include biographical information or required mir	nimum qualifications for a	ny staff and vo	lunteers):			
	'	,	,			
7. Attach Program Curriculum (e.g., Departmen	t of Education Auburn Ur	iverisity etc.)	1			
7. Attach i Togram curriculum (e.g., Departmen	t of Education, Addum of	iiverisity, etc.,				
The warden or designee certifies that this POIIW	TF application is compliant	with the DMS	Contract DMS IV	VTF nolicy and	d all laws and ru	iles of the
State of Florida.	application is compliant	are bivio		policy, and		
Jerry Buscher				February 2	27. 2020	
Electronic Signature				Dat		
Licetionic dignature				Dat	· -	

DMS Policy No. Private Prison Monitoring 08-103
Management of the Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)
Attachment A: IWTF Program Request and Narrative

Redacted pursuant to Section 815.045

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.

Attachment B: Budget Instructions

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Department of Management Services Private Prison Monitoring Attachment C: Budget Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden CF	Fiscal Year:	2020-2021
Facility: Fitle of Program:	RECREATION	Program Instructor's Name:	Recreation Supervisor
Title of Program:	RECREATION	Program instructor's Name:	Recreation Supervisor
Previous Year's Approved Budget for This Program:	\$ 96,979.00	٦	
	30,373.00	+	
Previous Year's Expenditure for This Program:	\$	-	
POIIWTF Funds Requested for This Program:	\$	_	
D. des	A C		
виаде	t Summary (Lines can be	added as needed)	
		T	
Item	Quantity	Amount Requested	Narrative
Staffing Salary			
Staffing Fringe Benefits			
Travel			
			The Gadsden Correctional
			Facility has a
			population of 1250 female
			offenders, and on average 800
			visit and participate in
Supplies			recreational activities
			regularly.
			Recreation serves as a
			motivation for inmates to
		1	enhance their physical
			A place for the inmates to
		<u> </u>	enjoy outside leisure time
Equipment			during inclement weather and
			a place to take a break from
			the sun and hold outdoor
Other (Please Specify in Narrative)			
Total			
Complian O. Ma	tadala Buadala da un 11ta a	b dd- d d- d\	
* *		s can be added as needed)	
	Number of Units	Cost Per Unit	Total Cost
			<u> </u>
		-	
		+	·
		+	
		+	`
			_
			\$ -
Supplies & Materials Total			\$ 26,443.00
Equipme	nt Breakdown (Lines can	be added as needed)	
Description	Number of Units	Cost Per Unit	Total Cost
			\$ -
		†•	13
		+	
		<u> </u>	
		1	\$ -
			\$ -
			\$ -
			\$ -
			\$ -
		<u> </u>	\$ -
		+	\$ -
		+	1
		+	
			\$ -
Equipment Total			

DMS Policy No. Private Prison Monitoring 08-103
Management of the Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)
Attachment C: Budget Narrative

Attachment A: POIIWTF Program Request and Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

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

1. Program Narrative:	
2. Specific Activities:	
(Include information about service delivery and timeline	
(morade mornation about our need denvery and amount	,
3. How does this program have the potential to aid in	mates' reintegration into society?
	·
4. What are the specific goals and objectives of this pr	ogram?
5. Describe your evaluation plan for assessing how we	Il the program met its goals and objectives.
6 Stoff Qualifications (Attack Lab Description)	DMS Policy No. Private Prison Monitoring 08-10:
6. Staff Qualifications (Attach Job Description)	Management of the Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF
1 Redacted pursuant to Section 815.045	Attachment A: IWTF Program Request and Narrativ

Attachment A: IWTF Program Request and Narrative

Redacted pursuant to Section 815.045

(Include biographical information or required minimum qualifications for any staff and volu	unteers):
7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)	
The warden or designee certifies that this POIIWTF application is compliant with the DMS of	contract, DMS IWTF policy, and all laws and rules of the
State of Florida.	
	- 1
Jerry Buscher	February 27, 2020
Electronic Signature	Date

Amendment No.: 2, Exhibit G

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:

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- 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.

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.

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- c. Each item should be allowable, allocable and documented.
- d. All costs will be reasonable.

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

Attachment C: Budget Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Fac.	Fiscal Year:	2020-2021
Title of Program:	Small Business Class	Program Instructor's Name:	2020-2021
The of Frogram.	Sitiali Busiliess Class	i rogram matructor a rume.	
Previous Year's Approved Budget for This Program:	\$ 7,270.00	٦	
Previous Year's Expenditure for This Program:	7,270.00		
POIIWTF Funds Requested for This Program:	\$	†	
Tomas requested for this trop.	Y	_	
В	udget Summary (Lines o	an be added as needed)	
_			
Item	Quantity	Amount Requested	Narrative
Staffing Salary	,		
Staffing Fringe Benefits			
Travel			
			Supplies and materials necessarry to run
			the class and ensure that inmates recieve
Supplies			proper instruction.
			proportion and the second
Equipment		\$ -	
Other (Please Specify in Narrative)		·	
Total			
Supplies	& Materials Broakdown	(Lines can be added as needed	1)
			1
Description	Number of Units	Cost Per Unit	Total Cost
		_	
		_	
·			
Faui	ipment Breakdown (Line	es can be added as needed)	
			Tatal Cast
Description	Number of Units	Cost Per Unit	Total Cost
	1		-
	1		\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			-
			\$ -
			\$ -
			\$ -
			\$ -
Equipment Total			\$ -

DMS Policy No. Private Prison Monitoring 08-103

Amendment No.: 2, Exhibit G

Attachment A: POllWTF Program Request and Narrative

	tely Operated Institutions Inmate	-			
Facility:	GADSDEN CF		Fiscal Year:	2020	- 2021
•	l				
Title of Program:	Commercial Vehicle Driving				
Program Instructor's Name:					
Program Instructor's Title/Position:	CDL Instructor				
Total Hours of Program Participation Per Inmate	Per Week:	30	POIIWTF Funds	Requested:	
Target Inmate Population (Inmate Criteria):	Offenders must be disciplinary r 6 months and have at least 6 m their sentence.		Previous Year's	Approved Budget:	\$0.00
OBIS Course Code:	1490205		•		
1. Program Narrative:					
Specific Activities: (Include information about service delivery and t	imelines.)				

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

	_
5. Describe your evaluation plan for assessing how well the program met its goals and object	ives.
6. Staff Qualifications (Attach Job Description)	
(Include biographical information or required minimum qualifications for any staff and voluntee	ers):
7. Attach Program Curriculum (e.g., Department of Education, Auburn University, etc.)	
The warden or designee certifies that this POIIWTF application is compliant with the DMS contr Florida.	act, DMS IWTF policy, and all laws and rules of the State of
	- 1
Jerry Buscher	February 27, 2020
Electronic Signature	Date

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

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:

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- d. Indicate which individuals (if any) are volunteers.

2. Fringe Benefits

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- c. Indicate whether fringe benefits are in the same proportion to other salaries not funded by POIIWTF.

Travel

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- 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.

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- 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.

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

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:	

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

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

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

Other Breakdown (Lines can be added as needed)				
Description	Number of Units	Total Cost		
Other Total	\$			

Amendment No.: 2, Exhibit G

Attachment A: POIIWTF Program Request and Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Facility		Fiscal Year:	2020-2021	
Title of Program:	Spanish I, II, III				
Program Instructor's Name:	Inmate Instructor	imate Instructor			
Program Instructor's Title/Position:	Inmate				
Total Hours of Program Participation Per Inma	te Per Week:	9	POIIWTF Funds Requested:		
Target Inmate Population (Inmate Criteria):	Offenders with a Total Batter who seek to learn a forei	y or 3.0 or ringiter	Previous Year's Approved Budget:	\$	15,232.84
OBIS Course Code:	N/A				

1. Program Narrative:
2. Specific Activities:
(Include information about service delivery and timelines.)
3. How does this program have the potential to aid inmates' reintegration into society?
3. How does this program have the potential to aid initiates reintegration into society:
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.)
5. Describe your evaluation plan for assessing how well the program met its goals and objectives.
6. Staff Qualifications (Attach Job Description)
(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 POIIWTF application is compliant with the DMS contract, DMS IWTF policy, and all laws and rules of the State of Florida.

Jerry Buscher February 27, 2020 **Electronic Signature**

Date

DMS Policy No. Private Prison Monitoring 08-103

Attachment A: IWTF Program Request and Narrative

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

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.
 - 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.

Attachment B: Budget Instructions

Attachment C: Budget Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Fac.	Fiscal Year:	2020-2021
Title of Program:	Spanish I, II, III	Program Instructor's Name:	Inmate
	-		
Previous Year's Approved Budget for This Program:	\$ 15,232.84		
Previous Year's Expenditure for This Program:			
POIIWTF Funds Requested for This Program:			
	Budget Summary (Lines o	an be added as needed)	
ltem	Quantity	Amount Requested	Narrative
Staffing Salary Staffing Fringe Benefits			
Staffing Fringe Benefits Travel			
Supplies			Instructional materials
Equipment		\$ -	Ilisti uctional materials
Other (Please Specify in Narrative)		· ·	
Total		Ś	
	_	1	I-I
Sunnline	& Materials Breakdown	(Lines can be added as needed	4)
Description	Number of Units	Cost Per Unit	Total Cost
	 		
	 		
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	<u> </u>		
			
		-	
	 		
	T		
Supplies & Materials Total			
Equ	uipment Breakdown (Line	es can be added as needed)	
Description	Number of Units	Cost Per Unit	Total Cost
P 2 2			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Equipment Total			\$ -

Amendment No.: 2, Exhibit G

Attachment A: POIIWTF Program Request and Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Facility		Fiscal Year:	2020-2021			
Title of Program:	Toastmasters Internation	al					
Program Instructor's Name:	Volunteer Toastmasters						
Program Instructor's Title/Position:	Toastmasters Driven by D	oastmasters Driven by Destiny Club					
Total Hours of Program Participation per Inma	Hours of Program Participation per Inmate per Week: 3						
Target Inmate Population (Inmate Criteria):	literacy level. Offender free for 6 months and h	ool Diploma or high-functioning must also be disciplinary report have at least one year left on her sentence.	Previous Year's Approved Budget:	\$7,200			
OBIS Course Code:	N/A						

1. Program Narrative:	
2. Fregram Nutrative.	
	·
	•
2. Specific Activities	
(Include information about service delivery and timelines.):	
3. How does this program have the potential to aid the inmate's reintegration into society?	
- The state of the program was an	
4. What are the specific goals and objectives of this program?	_
5. Describe your evaluation plan for assessing how well the program met its goals and objectives.	
Page 1	
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Redacted pursuant to Section 815.048 Amendment No.: 2, Exhibit G

6. Staff Qualifications (Attach Job Description)	
(Include biographical information or required minimum qualifications for any staff and volunteers)	:
P Redacted pursuant to Section 615.045	
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, DN Florida.	AS IWTF policy, and all Laws and Rules of the State of
Jerry Buscher	February 27, 2020
Electronic Signature	Date

DMS Policy No. Private Prison Monitoring 09-103

Management of the Privately Operated Inmate Welfare Trust Fund (IWTF)

Attachment A: IWTF Program Request and Narrative

Page 2

Redacted pursuant to Section 815.045

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

Attachment B: Budget Instructions

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

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.

23 of 25

- c. Each item should be allowable, allocable, and documented.
- d. All costs will be reasonable.

Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

Attachment C: Budget Narrative

Privately Operated Institutions Inmate Welfare Trust Fund (POIIWTF)

Facility:	Gadsden Correctional Facility	Fiscal Year:	2020-2021
Title of Program:	Toastmasters International	Program Instructor's Name:	Citizen Toastmasters Volunteers

Previous Year's Approved Budget for This Program:	\$	7,200.00
Previous Year's Expenditure for This Program:	N/A	
IWTF Funds Requested for this program:		

Budget Summary (Lines can be added as needed)						
Item	Quantity	Amount Requested	Narrative			
Staffing Salary						
Staffing Fringe Benefits						
Travel						
Supplies			Supplies and materials necessarry to run the class and ensure that inmates recieve proper instruction.			
Equipment		\$ -	Tables are needed for additional seating and practical application.			
Other (Please Specify in Narrative)			Exam and administration fees needed for certification			
Total						

Supplies & Materials Breakdown (Lines can be added as needed)						
Description	Number of Units	Total Cost				

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

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

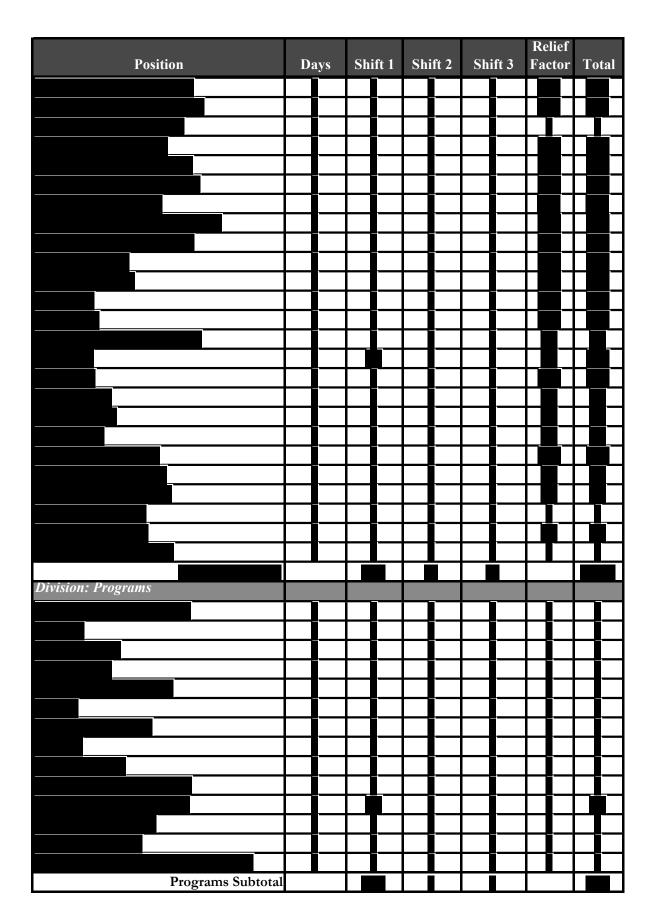
Other Breakdown (Lines can be added as needed)						
Description	Description Number of Units Cost per Unit Total Cost					
<u>-</u>						
Other Total	-		\$			

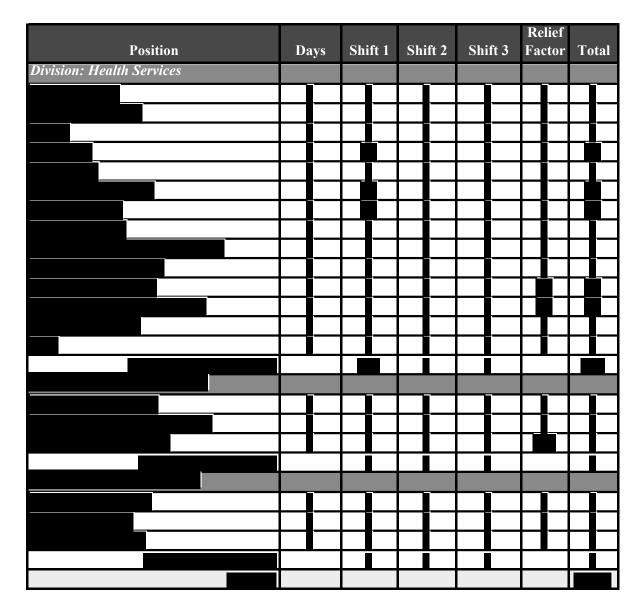
Amendment No.: 2, Exhibit G Contract No.: DMS-1718-023

Gadsden Correctional Facility 1,250 Beds EXHIBIT D Revised Staffing Plan

					Relief
Position	Days	Shift 1	Shift 2	Shift 3	Factor Total
Division: Administration					
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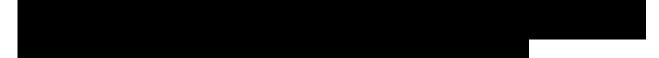


SUMMARY

Exhibit H – Contractor Program Summary

Shaping Success for Women Gadsden Correctional Facility

1. Project Goal

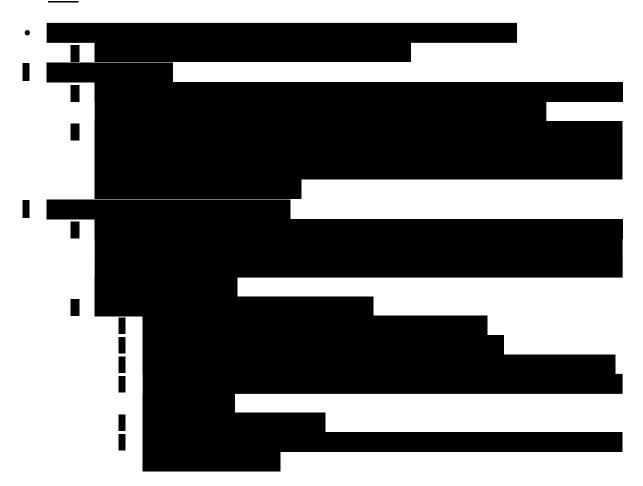


2. Summary



3. Deliverables

1. Staff





2. Software Account Configuration



3. Assessment Development



4. Additional Software Subscriptions, Maintenance, and Support

•	

EXHIBIT I - CONTRACTOR PROGRAM PRICING							
	Description		Cost				
1	Staff	\$	70,000				
		\$	30,000				
2	Tablets and Software Subscriptions, Maintenance, and Support	\$	91,700				
	Tota	l: \$	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:		

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