



November 21st, 2016

**Camden County Senate Bill 40 Board
(dba) Camden County Developmental
Disability Resources**

Open Session Board Meeting

Agenda

Camden County Senate Bill 40 Board
D/b/a Camden County Developmental Disability Resources
100 Third Street
Camdenton, MO 65020

Tentative Agenda for Open Session Board Meeting on November 21st, 2016, 4:00 PM

This Board Meeting will be held at:

255 Keystone Industrial Park Drive

Camdenton, MO 65020

Call to Order/Roll Call

Approval of Agenda

Approval of Open Session Board Meeting Minutes for October 17th, 2016

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Reports
- LAI Monthly Reports
- Support Coordination Report
- CARF Reports
- Agency Economic Report
- September 2016 Credit Card Statement
- Resolutions 2016-41, 2016-42, 2016-43, 2016-44, 2016-45, 2016-46, & 2017-47

Public Comment

Pursuant to **ARTICLE IV**, "Meetings", Section 5. Public Comment:

"The Board values input from the public. There shall be opportunity for comment by the public during the portion of the Board agenda designated for "Public Comment". Public comment shall be limited to no more than 3 minutes per person to allow all who wish to participate to speak. It is the policy of the Board that the Board shall not respond to public comment at the Board meeting."

"Only comments related to agency-related matters will be received, however such comments need not be related to specific items of the Board's agenda for the meeting. The Board shall not receive comments related to specific client matters and/or personnel grievances, which are addressed separately per Board policies and procedures."

Speakers/Guests

- Robert Stiles, CEO, Central Ozarks Medical Center

Discussion and Conclusion of Resolution:

1. Resolution 2016-46: Approval of MOU - Ozarks Rural Health Network

Monthly Reports

- Arc of the Lake
- Lake of the Ozarks Developmental Center (LODC)
- Children's Learning Center (CLC)
- Lake Area Industries (LAI)

Old Business for Discussion

- NONE

New Business for Discussion

- NONE

October Support Coordination Report

October CARF Reports

October Agency Economic Report

September 2016 Credit Card Statement

Discussion and Conclusion of Resolutions:

1. Resolution 2016-41: Amended Compliance Manager Job Description
2. Resolution 2016-42: Amended Accounting Manager Job Description
3. Resolution 2016-43: Amended Director of Services and Supports Job Description
4. Resolution 2016-44: Approval of Amended Policy #10
5. Resolution 2016-45: Approval of Amended Policy #29
6. Resolution 2016-47: New Policy 42 - Electronic Signatures

Closed Session Pursuant to RSMo 610.021, Subsections (8) & (14)

Board Education Session – CCDDR Budgets Update

Adjournment

The news media may obtain copies of this notice by contacting:

Ed Thomas, CCDDR Executive Director

5816 Osage Beach Parkway, Suite 108, Osage Beach, MO 65065

Office: 573-693-1511 Fax: 573-693-1515 Email: director@ccddr.org

October 17th, 2016
Open Session Minutes

CAMDEN COUNTY DEVELOPMENTAL DISABILITY RESOURCES
Open Session Minutes of October 17th, 2016

Members Present Judy Crawford, Paul DiBello, Suzanne Perkins,
Lisa Jackson, Bob Robinson, Max Fisher, Lisa Jackson (arrived at 4:50 PM)

Members Absent Angela Sellers, Brian Willey, Jim Powell

Others Present Ed Thomas, Executive Director

Guests Susan Daniels, Lisa Berkstresser, (CLC)
Tiffany Maasen, Lilly Smith, Marvin Johnson (LAI)
Don, Doris Barber and daughter
Edmond Thomas, Myrna Blaine, Rachel Baskerville, Gigi Maha,
Linda Simms, Jeanna Cupp, Marcie Vansyoc, Linda Gifford (CCDDR)

The board chair asked those in attendance to “respect the meeting order of board business.” attendance.

Approval of Agenda

Motion by Suzanne Perkins, second Max Fisher, to approve the agenda as presented.

AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Bob Robinson, Max Fisher

NO: None

Approval of Open Session Board Minutes for September 19th, 2016

Motion by Suzanne Perkins, second Paul DiBello, to approve the September 19th minutes as presented.

AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Bob Robinson, Max Fisher

NO: None

ABSTAIN: Max Fisher because he was not
present at the September 19th, 2016 board meeting.

Acknowledgement of Distributed Materials to Board Members

- CLC Monthly Reports
- LAI Monthly Reports
- Support Coordination Report
- CARF Report
- Agency Economic Report
- August 2016 Credit Card Statement

Speakers/Guests

Don Barber, parent of LAI employee, shared with all present that he and his wife did not wish their daughter to use OATS as it is a public transportation provider. Dr. Barber transports his daughter to LAI. Dr. Barber's second concern is in regards to LAI. His daughter is as "happy as a lark" at LAI, loves the other employees and supervisors and it would be a dark spot in her life if she could not work at LAI. CCDDR provides choices for LAI employees and he urges and pleads that LAI be one of the choices for employment. If people are forced to work in the community, his daughter's choice is the comfort and happiness that she gets at LAI. Dr. Barber asks that LAI is always kept as a place of employment.

Monthly Reports

Arc of the Lake Myrna Blaine

There is nothing new to offer on behalf of the ARC. It is time to appoint the 2017 officers. ARC meetings are held at 6pm at the Miller County office for Special Services the 1st Tuesday in November.

Lake Ozarks Developmental Center (LODC)

No one present from LODC

Children's Learning Center (CLC) Susan Daniels

CLC's attendance is now 26 children. CLC's parent/teachers conference as well as their annual trunk or treat will be next week. "Girl and a Gun" raffle tickets are on sale with all monies going to CLC. There are 23 tickets remaining for the 3rd Celebration cruise held on Sunday in December.

Lake Area Industries (LAI) Tiffany Maasen

Gifted Goods and Garments will be closing Friday of this week. It is a struggle to break even; employees are transitioning out due to WIOA changes leaving not enough employees to operate the store. Someone will be coming to make an offer on the racks and displays at the thrift store. The wood shop is also closing, leaving secure document, foam shredding, the garden area, and contract packaging. Wages decreased by \$20,000 by eliminating sick and vacation pay. As a result of checking with other workshops, changes have been made in health, life, vision and dental benefits for staff as well as their families. LAI budget was discussed and summed up as to how the numbers were arrived at. Professional services include all of LAI workmen's comp which is billed monthly to LAI. Shredding area can be profitable and can employ all skill sets of employees. Gifted Gardens plans on growing more plants next year. The foam area is doing well. DNR is assisting LAI with upcoming DNR grants – DNR believes it will take 3 to 4 years to shred the foam that is in the lake area. Needed repairs at LAI were discussed. LAI is waiting on a bids. Laclede Electric and LAI are working together to get electrical upgrades for the facility. Laclede and Catalyst gave a bid of \$15,000 for needed electrical upgrades, with Laclede donating time and LAI funding the remainder of the

electrical upgrades. Patching of asphalt as well as a spare auger for the foam area is needed as well as other repairs. A letter of complaint was read referencing perceived rude and disrespectful treatment at the September board meeting. Tiffany read her letter of resignation effective as of 12-31-16.

Old Business for Discussion

- **Transportation Updates**

LAI employees have a choice to ride OATS: it is not a requirement.

OATS transportation was to start later in the year but OATS has began running dedicated routes for LAI employees. CCDDR staff is working with OATS to make the transition smoother. Non-waivered LAI employees are presently using OATS for transportation; however, by early 2017 it is anticipated that most LAI employees will be using OATS for transportation to and from work. CCDDR Executive Director and OATS has offered to meet with concerned parents regarding transportation. The Task Force is making great progress. Camden, Miller, and Morgan County agencies/representatives are working with OATS to establish a public transportation system Monday thru Saturday to begin sometime in 2017.

- **Macks Creek Park Community Event**

There was a great turnout for the Macks Creek Park Community Event. The Camden County Commission approved moving forward with Unlimited Play on seeking grants and alternative funding sources at the beginning of 2017 for the inclusive playground to be built. The Board will be presented a grant application from Unlimited Play in the coming weeks. CCDDR will receive quarterly reports on the progress of funding received for the playground if the Board approves the request.

- **ARC of Missouri's Annual Education Summit – "Employment: The Landscape has Changed"**

The summit was well attended and Ed asked if anyone that attended the meeting would like to share information or make comments. Lisa Jackson felt the summit was very informative, the presenters did a great job, and the messages delivered by guest speakers were well received by the audience.

- **Victimization Public Awareness Campaign – Showing of First Victimization Film**

Two videos on victimization were shown. The objectives of the short films are for social media purposes to make the public aware of how persons with disabilities can be victimized. Since CCDDR's client circumstances were unveiled, 4 other cases of extreme victimization were uncovered. The entire state needs to be aware of victimization and share the film for public awareness. State statutes need to be changed and offer recourse for victimization prosecution. Adult protective services and other agencies need to get involved.

New Business for Discussion

- **NONE**

(Board member, Lisa Jackson, arrived at meeting)

September Support Coordination Report

Current clients receiving CCDDR services are 302. Support Coordinators are doing well, all working hard every day. Intake is down somewhat.

Motion by Max Fisher, second Paul DiBello, to approve the report as presented.

AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Lisa Jackson, Bob Robinson, Max Fisher

NO: None

September CARF Report

CARF report has been split into two different sections: Medicaid eligible and Medicaid ineligible. CCDDR is working with Set-Works to correct minor software problems. Some outcome measures have increased. Support Coordinators billing of all time, either billable or non-billable, was explained. Many long, non-billable hours are spent by support coordinators working closely with clients. This is more humanitarian services than system-driven services. Support Coordinator supervisor will talk with the team about meeting time lines on client plans and making sure the appropriate boxes are checked in the software system. Surveys or satisfaction reports being returned from families regarding their support coordinators reflect high marks.

Motion by Max Fisher, second Bob Robinson, to approve the report as presented.

AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Lisa Jackson, Bob Robinson, Max Fisher

NO: None

September Agency Economic Report

Agency is under budget in most expense categories. The last claim confirmation did reach over 90% billing received. Mechanisms are in place to keep an eye on the budget if a decrease becomes evident. The year will end as anticipated or better than anticipated.

Motion by Bob Robinson, second Max Fisher, to approve the report as presented.

AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Lisa Jackson, Bob Robinson, Max Fisher

NO: None

August 2016 Credit Card Statement

No Questions and a vote not necessary.

Motion by Paul DiBello, second Bob Robinson, to adjourn to closed session pursuant to section 610.021 RSMO, subsections (8) and (14). A voice vote was taken.

AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Lisa Jackson, Bob Robinson, Max Fisher

No: None

The Board returned from Closed Session

Adjournment:

Motion by Suzanne Perkins, second Lisa Jackson, to adjourn meeting.

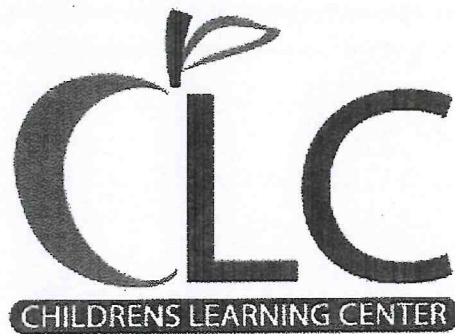
AYE: Judy Crawford, Paul DiBello, Suzanne Perkins,
Lisa Jackson, Bob Robinson, Max Fisher

No: None

Board Chairman

Secretary

CLC Monthly Report



**SB40/CCDDR Funding Request
for
NOVEMBER 2016**

Utilizing OCTOBER2016 Records

CHILDREN'S LEARNING CENTER
Statement of Activity
October 2016

| | Total *Restrict ed Funds | First Steps | Step Ahead | Not Specified | TOTAL |
|------------------------------------|--------------------------------|--------------|--------------|------------------|--------------|
| Revenue | | | | | |
| 40000 INCOME | 0.00 | | | | 0.00 |
| 41000 Contributions & Grants | 0.00 | | | | 0.00 |
| 41100 CACFP | 0.00 | | 880.69 | | 880.69 |
| Total 41000 Contributions & Grants | \$ 0.00 | \$ 0.00 | \$ 880.69 | \$ 0.00 | \$ 880.69 |
| 42000 Program Services | 0.00 | | | | 0.00 |
| 42100 First Steps | 0.00 | | | | 0.00 |
| Total 42100 First Steps | \$ 0.00 | \$ 10,899.72 | \$ 6,132.00 | \$ 0.00 | \$ 17,031.72 |
| Total 42000 Program Services | \$ 0.00 | \$ 10,899.72 | \$ 6,132.00 | \$ 0.00 | \$ 17,031.72 |
| 43000 Tuition | 0.00 | | | | 0.00 |
| 43100 Dining | 0.00 | | | | 0.00 |
| 43110 Birthday | 0.00 | | 20.00 | | 20.00 |
| 43120 Lunch | 0.00 | | 200.00 | | 200.00 |
| 43130 Snack | 0.00 | | 40.00 | | 40.00 |
| Total 43100 Dining | \$ 0.00 | \$ 0.00 | \$ 260.00 | \$ 0.00 | \$ 260.00 |
| 43500 Tuition | 0.00 | | 2,661.00 | | 2,661.00 |
| 43505 Subsidy Tuition | 0.00 | | 1,178.78 | | 1,178.78 |
| Total 43500 Tuition | \$ 0.00 | \$ 0.00 | \$ 3,839.78 | \$ 0.00 | \$ 3,839.78 |
| Total 43000 Tuition | \$ 0.00 | \$ 0.00 | \$ 4,099.78 | \$ 0.00 | \$ 4,099.78 |
| 45000 Other Revenue | 0.00 | | 71.64 | | 71.64 |
| 45200 Fundraising Income | 0.00 | | 40.00 | | 40.00 |
| 45250 CLC Yard Sale | 0.00 | | 10.00 | | 10.00 |
| 45270 Frosty Float Fundraiser | 200.00 | | 189.00 | | 389.00 |
| Total 45200 Fundraising Income | \$ 200.00 | \$ 0.00 | \$ 239.00 | \$ 0.00 | \$ 439.00 |
| 45300 Miscellaneous Revenue | 0.00 | | | | 0.00 |
| 45310 Donations | 0.00 | | 75.00 | | 75.00 |
| 45312 Community Rewards | 0.00 | | 213.33 | | 213.33 |
| Total 45310 Donations | \$ 0.00 | \$ 0.00 | \$ 288.33 | \$ 0.00 | \$ 288.33 |
| Total 45300 Miscellaneous Revenue | \$ 0.00 | \$ 0.00 | \$ 288.33 | \$ 0.00 | \$ 288.33 |
| Total 45000 Other Revenue | \$ 200.00 | \$ 0.00 | \$ 598.97 | \$ 0.00 | \$ 798.97 |
| Total 40000 INCOME | \$ 200.00 | \$ 10,899.72 | \$ 11,711.44 | \$ 0.00 | \$ 22,811.16 |
| Total Revenue | \$ 200.00 | \$ 10,899.72 | \$ 11,711.44 | \$ 0.00 | \$ 22,811.16 |
| Gross Profit | \$ 200.00 | \$ 10,899.72 | \$ 11,711.44 | \$ 0.00 | \$ 22,811.16 |
| Expenditures | | | | | |
| 50000 EXPENDITURES | 0.00 | | | | 0.00 |
| 51000 Payroll Expenditures | 0.00 | | | | 0.00 |
| Total 51100 Employee Salaries | \$ 0.00 | \$ 0.00 | \$ 15,819.92 | \$ 0.00 | \$ 15,819.92 |
| 51500 Employee Taxes | 0.00 | | | | 0.00 |
| Total 51500 Employee Taxes | \$ 0.00 | \$ 0.00 | \$ 1,397.04 | \$ 0.01 | \$ 1,397.05 |
| 51600 Health Insurance | 0.00 | 145.63 | 582.50 | | 728.13 |
| Total 51000 Payroll Expenditures | \$ 0.00 | \$ 145.63 | \$ 17,799.46 | \$ 0.01 | \$ 17,945.10 |

| | | | | | |
|--|-----------|--------------|---------------|----------|---------------|
| 52000 Advertising/Promotional | 0.00 | | 455.35 | | 455.35 |
| 53000 Equipment | 0.00 | | 153.46 | | 153.46 |
| 54000 Fundraising/Grants | 0.00 | | | | 0.00 |
| 54600 Frosty Float Fundraiser | 0.00 | | 173.04 | | 173.04 |
| Total 54000 Fundraising/Grants | \$ 0.00 | \$ 0.00 | \$ 173.04 | \$ 0.00 | \$ 173.04 |
| 56000 Office Expenditures | 0.00 | | | | 0.00 |
| 56100 Copy Machine | 0.00 | 102.52 | 239.22 | | 341.74 |
| 56300 Office Supplies | 0.00 | | 241.00 | | 241.00 |
| 56400 Postage & Delivery | 0.00 | 9.40 | 60.55 | | 69.95 |
| Total 56000 Office Expenditures | \$ 0.00 | \$ 111.92 | \$ 540.77 | \$ 0.00 | \$ 652.69 |
| 57000 Office/General Administrative Expenditures | 0.00 | | | | 0.00 |
| 57100 Accounting Fees | 0.00 | | | | 0.00 |
| 57150 Online Accounting Software Service | 0.00 | | 54.00 | | 54.00 |
| Total 57100 Accounting Fees | \$ 0.00 | \$ 0.00 | \$ 54.00 | \$ 0.00 | \$ 54.00 |
| 57160 QuickBooks Payments Fees | 0.00 | 11.99 | 27.96 | | 39.95 |
| 57400 Child Management Software | 0.00 | | 35.00 | | 35.00 |
| 57600 License/Accreditation/Permit Fees | 0.00 | | 166.73 | | 166.73 |
| 57900 Seminars/Training | 0.00 | | 25.00 | | 25.00 |
| 57960 Janitorial/Custodial | 0.00 | | 450.00 | | 450.00 |
| Total 57000 Office/General Administrative Expenditures | \$ 0.00 | \$ 11.99 | \$ 758.69 | \$ 0.00 | \$ 770.68 |
| 58000 Operating Supplies | 0.00 | | 105.29 | | 105.29 |
| 58100 Consumables | 0.00 | | 290.25 | | 290.25 |
| 58200 Dining | 0.00 | | 1,464.33 | | 1,464.33 |
| 58400 Sanitizing | 0.00 | | 15.97 | | 15.97 |
| Total 58000 Operating Supplies | \$ 0.00 | \$ 0.00 | \$ 1,875.84 | \$ 0.00 | \$ 1,875.84 |
| 59000 Program Service Fees | 0.00 | | | | 0.00 |
| Total 59100 First Steps | \$ 0.00 | \$ 10,128.65 | \$ 386.00 | \$ 0.00 | \$ 10,514.65 |
| Total 59000 Program Service Fees | \$ 0.00 | \$ 10,128.65 | \$ 386.00 | \$ 0.00 | \$ 10,514.65 |
| 61000 Repair & Maintenance | 0.00 | | 783.93 | | 783.93 |
| 63000 Utilities | 0.00 | | | | 0.00 |
| 63100 Electric | 0.00 | 116.69 | 272.27 | | 388.96 |
| 63200 Internet | 0.00 | 18.00 | 41.99 | | 59.99 |
| 63300 Telephone | 0.00 | 36.43 | 85.05 | | 121.48 |
| 63400 Trash Service | 0.00 | | 72.20 | | 72.20 |
| 63500 Water Softener | 0.00 | | 24.00 | | 24.00 |
| Total 63000 Utilities | \$ 0.00 | \$ 171.12 | \$ 495.51 | \$ 0.00 | \$ 666.63 |
| Total 50000 EXPENDITURES | \$ 0.00 | \$ 10,569.31 | \$ 23,422.05 | \$ 0.01 | \$ 33,991.37 |
| Total Expenditures | \$ 0.00 | \$ 10,569.31 | \$ 23,422.05 | \$ 0.01 | \$ 33,991.37 |
| Net Operating Revenue | \$ 200.00 | \$ 330.41 | -\$ 11,710.61 | -\$ 0.01 | -\$ 11,180.21 |
| Net Revenue | \$ 200.00 | \$ 330.41 | -\$ 11,710.61 | -\$ 0.01 | -\$ 11,180.21 |

CHILDREN'S LEARNING CENTER
Statement of Activity
 January - October, 2016

| Revenue | Total | | | | TOTAL |
|---------------------------------------|-------------------|---------------|--------------|---------------|---------------|
| | *Restricted Funds | First Steps | School Age | Step Ahead | |
| 40000 INCOME | 0.00 | | | | 0.00 |
| 41000 Contributions & Grants | 0.00 | | | | 0.00 |
| 41100 CACFP | 0.00 | | | 7,419.49 | 7,419.49 |
| 41200 Camden County SB40 | 0.00 | 14,818.69 | 6,632.89 | 89,040.91 | 110,492.49 |
| Total 41000 Contributions & Grants | \$ 0.00 | \$ 14,818.69 | \$ 6,632.89 | \$ 96,460.40 | \$ 117,911.98 |
| 42000 Program Services | 0.00 | | | | 0.00 |
| 42100 First Steps | 0.00 | | | | 0.00 |
| 42120 Group Special Instruction | 0.00 | | | 252.00 | 252.00 |
| 42121 Group SI Rm #1 | 0.00 | | | 37,204.00 | 37,204.00 |
| Total 42120 Group Special Instruction | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 37,456.00 | \$ 37,456.00 |
| 42130 Natural Environment Mileage | 0.00 | 11,509.64 | | | 11,509.64 |
| 42140 Occupational Therapy | 0.00 | | | | 0.00 |
| 42141 Courtney Moro | 0.00 | 51,750.00 | | | 51,750.00 |
| 42142 Denise Hagemann | 0.00 | 1,088.00 | | | 1,088.00 |
| Total 42140 Occupational Therapy | \$ 0.00 | \$ 52,838.00 | \$ 0.00 | \$ 0.00 | \$ 52,838.00 |
| 42150 Physical Therapy | 0.00 | | | | 0.00 |
| 42151 Kelly Lucas | 0.00 | 1,470.00 | | | 1,470.00 |
| 42153 Taren Kirk | 0.00 | 561.00 | | | 561.00 |
| Total 42150 Physical Therapy | \$ 0.00 | \$ 2,031.00 | \$ 0.00 | \$ 0.00 | \$ 2,031.00 |
| 42160 Special Instruction | 0.00 | | | | 0.00 |
| 42161 Lynn Weber | 0.00 | 4,675.00 | | | 4,675.00 |
| 42162 Renee Dyer | 0.00 | 1,410.30 | | | 1,410.30 |
| 42163 Tina Kramer | 0.00 | 7,485.00 | | | 7,485.00 |
| 42164 Audrey Roberts | 0.00 | 1,424.00 | | | 1,424.00 |
| Total 42160 Special Instruction | \$ 0.00 | \$ 14,994.30 | \$ 0.00 | \$ 0.00 | \$ 14,994.30 |
| 42170 Speech/Language Therapy | 0.00 | | | | 0.00 |
| 42171 Denise Alford | 0.00 | 13,010.00 | | | 13,010.00 |
| 42172 Linda Sheriff | 0.00 | 8,122.00 | | | 8,122.00 |
| 42173 Haleigh Todd Cox | 0.00 | 527.00 | | | 527.00 |
| Total 42170 Speech/Language Therapy | \$ 0.00 | \$ 21,659.00 | \$ 0.00 | \$ 0.00 | \$ 21,659.00 |
| Total 42100 First Steps | \$ 0.00 | \$ 103,031.94 | \$ 0.00 | \$ 37,456.00 | \$ 140,487.94 |
| Total 42000 Program Services | \$ 0.00 | \$ 103,031.94 | \$ 0.00 | \$ 37,456.00 | \$ 140,487.94 |
| 43000 Tuition | 0.00 | | | 0.00 | 0.00 |
| 43100 Dining | 0.00 | | | | 0.00 |
| 43110 Birthday | 0.00 | | | 40.00 | 40.00 |
| 43120 Lunch | 0.00 | | | 1,520.00 | 1,520.00 |
| 43130 Snack | 0.00 | | | 300.00 | 300.00 |
| Total 43100 Dining | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 1,860.00 | \$ 1,860.00 |
| 43200 Enrollment Fees | 0.00 | | 30.00 | 300.00 | 330.00 |
| 43500 Tuition | 0.00 | | 3,352.17 | 19,100.07 | 22,452.24 |
| 43605 Subsidy Tuition | 0.00 | | 651.88 | 10,318.82 | 10,970.70 |
| Total 43500 Tuition | \$ 0.00 | \$ 0.00 | \$ 4,014.05 | \$ 29,418.89 | \$ 33,432.94 |
| Total 43000 Tuition | \$ 0.00 | \$ 0.00 | \$ 4,044.05 | \$ 31,578.89 | \$ 35,622.94 |
| 45000 Other Revenue | 0.00 | | 122.15 | 379.92 | 502.07 |
| 45200 Fundraising Income | 0.00 | | | 40.00 | 40.00 |
| 45220 Summer Night Glow 5K | 0.00 | | | 12,729.93 | 12,729.93 |
| 45221 Raffle-Summer Night Glow | 0.00 | | | 590.00 | 590.00 |
| Total 45220 Summer Night Glow 5K | \$ 0.00 | \$ 0.00 | \$ 0.00 | \$ 13,319.93 | \$ 13,319.93 |
| 45240 Scholastic, Inc. | 0.00 | | | 40.00 | 40.00 |
| 45260 CLC Yard Sale | 0.00 | | | 757.48 | 757.48 |
| 45260 Yankee Candle Fundraiser | 0.00 | | | 613.14 | 613.14 |
| 45270 Frosty Float Fundraiser | 1,550.00 | | | 349.00 | 1,899.00 |
| Total 45200 Fundraising Income | \$ 1,550.00 | \$ 0.00 | \$ 0.00 | \$ 15,119.55 | \$ 16,669.55 |
| 45300 Miscellaneous Revenue | 0.00 | | | 1,361.65 | 1,361.65 |
| 45310 Donations | 5,000.00 | | | 1,450.91 | 6,450.91 |
| 45312 Community Rewards | 0.00 | | | 662.14 | 662.14 |
| 45313 Playground Fund | 5,967.74 | | | 60.00 | 5,717.74 |
| Total 45310 Donations | \$ 10,667.74 | \$ 0.00 | \$ 0.00 | \$ 2,163.05 | \$ 12,830.79 |
| Total 45300 Miscellaneous Revenue | \$ 10,667.74 | \$ 0.00 | \$ 0.00 | \$ 3,524.70 | \$ 14,192.44 |
| Total 45000 Other Revenue | \$ 12,217.74 | \$ 0.00 | \$ 122.15 | \$ 19,024.17 | \$ 31,364.06 |
| Total 40000 INCOME | \$ 12,217.74 | \$ 117,850.63 | \$ 10,799.09 | \$ 184,519.46 | \$ 325,386.92 |
| Total Revenue | \$ 12,217.74 | \$ 117,850.63 | \$ 10,799.09 | \$ 184,519.46 | \$ 325,386.92 |
| Gross Profit | \$ 12,217.74 | \$ 117,850.63 | \$ 10,799.09 | \$ 184,519.46 | \$ 325,386.92 |
| Expenditures | | | | | |
| 50000 EXPENDITURES | 0.00 | | | | 0.00 |
| 51000 Payroll Expenditures | 0.00 | | | | 0.00 |

| | | | | | | | | | | |
|--|----|-----------|----|------------|----|-----------|----|------------|----|------------|
| Total 51100 Employee Salaries | \$ | 0.00 | \$ | 4,721.23 | \$ | 12,977.41 | \$ | 134,399.34 | \$ | 152,097.98 |
| Total 51500 Employee Taxes | \$ | 0.00 | \$ | 845.85 | \$ | 1,203.47 | \$ | 12,066.52 | \$ | 14,115.86 |
| 51600 Health Insurance | | 0.00 | | 754.58 | | | | 5,331.07 | | 6,085.65 |
| 51800 Payroll Bank/Electronic Transaction Fees | | 0.00 | | | | 69.75 | | 92.25 | | 162.00 |
| 51900 Workermans Comp Insurance | | 0.00 | | | | 825.00 | | 825.00 | | 1,650.00 |
| Total 51000 Payroll Expenditures | \$ | 0.00 | \$ | 6,321.66 | \$ | 15,075.63 | \$ | 152,714.18 | \$ | 174,111.49 |
| 52000 Advertising/Promotional | | 0.00 | | 9.80 | | 380.50 | | 2,068.41 | | 2,468.71 |
| 53000 Equipment | | 0.00 | | 74.09 | | | | 4,486.00 | | 4,560.09 |
| 54000 Fundraising/Grants | | 0.00 | | | | | | 48.95 | | 48.95 |
| 54200 Summer Night Glow 5K | | 0.00 | | | | | | 4,423.76 | | 4,423.76 |
| 54400 Scholastic, Inc. | | 0.00 | | | | | | 39.00 | | 39.00 |
| 54500 Grant Expense | | 0.00 | | | | | | 66.04 | | 66.04 |
| 54510 United Way Grant | | 0.00 | | | | 44.71 | | | | 44.71 |
| 54600 Frosty Float Fundraiser | | 0.00 | | | | | | 1,285.68 | | 1,285.68 |
| Total 54000 Fundraising/Grants | \$ | 0.00 | \$ | 0.00 | \$ | 44.71 | \$ | 5,863.43 | \$ | 6,808.14 |
| 55000 Insurance | | 0.00 | | | | | | | | 0.00 |
| 55600 Professional Liability | | 0.00 | | | | 266.50 | | | | 266.50 |
| 55700 Crime Policy | | 0.00 | | | | | | 266.50 | | 266.50 |
| Total 55000 Insurance | \$ | 0.00 | \$ | 0.00 | \$ | 266.50 | \$ | 266.50 | \$ | 533.00 |
| 56000 Office Expenditures | | 0.00 | | | | | | | | 0.00 |
| 56100 Copy Machine | | 0.00 | | 975.03 | | 245.21 | | 2,773.03 | | 3,993.27 |
| 56300 Office Supplies | | 0.00 | | 22.91 | | 17.14 | | 2,203.78 | | 2,243.83 |
| 56400 Postage & Delivery | | 0.00 | | 116.32 | | 9.80 | | 109.55 | | 235.87 |
| Total 56000 Office Expenditures | \$ | 0.00 | \$ | 1,114.26 | \$ | 272.15 | \$ | 5,086.36 | \$ | 6,472.77 |
| 57000 Office/General Administrative Expenditures | | 0.00 | | | | | | | | 0.00 |
| 57100 Accounting Fees | | 0.00 | | 400.00 | | | | 1,800.00 | | 2,000.00 |
| 57150 Online Accounting Software Service | | 0.00 | | 6.65 | | 16.64 | | 437.60 | | 460.89 |
| Total 57100 Accounting Fees | \$ | 0.00 | \$ | 406.65 | \$ | 16.64 | \$ | 2,037.60 | \$ | 2,460.89 |
| 57160 QuickBooks Payments Fees | | 0.00 | | 83.93 | | | | 165.72 | | 279.65 |
| 57200 Bank Charges | | 0.00 | | | | | | 3.36 | | 3.36 |
| 57220 Stop Payment/Return Check Fees | | 0.00 | | | | -3.85 | | 75.00 | | 71.15 |
| Total 57200 Bank Charges | \$ | 0.00 | \$ | 0.00 | \$ | 3.85 | \$ | 78.36 | \$ | 74.51 |
| 57400 Child Management Software | | 0.00 | | | | 35.00 | | 315.00 | | 350.00 |
| 57600 License/Accreditation/Permit Fees | | 0.00 | | 430.50 | | | | 2,934.39 | | 3,364.89 |
| 57800 Seminars/Training | | 0.00 | | | | | | 230.97 | | 230.97 |
| 57860 Janitorial/Custodial | | 0.00 | | | | | | 4,000.00 | | 4,000.00 |
| Total 57000 Office/General Administrative Expenditures | \$ | 0.00 | \$ | 921.08 | \$ | 47.79 | \$ | 9,792.04 | \$ | 10,760.91 |
| 58000 Operating Supplies | | 0.00 | | 12.38 | | | | 730.45 | | 742.83 |
| 58100 Consumables | | 0.00 | | 1.25 | | 98.58 | | 2,976.58 | | 3,076.39 |
| 58200 Dining | | 0.00 | | | | 389.61 | | 10,670.99 | | 11,060.60 |
| 58400 Sanitizing | | 0.00 | | | | | | 689.81 | | 689.81 |
| Total 58000 Operating Supplies | \$ | 0.00 | \$ | 13.63 | \$ | 488.17 | \$ | 15,067.83 | \$ | 15,569.63 |
| 59000 Program Service Fees | | 0.00 | | 30.93 | | | | | | 30.93 |
| 59100 First Steps | | 0.00 | | | | | | | | 0.00 |
| Total 59100 First Steps | \$ | 0.00 | \$ | 94,949.72 | \$ | 0.00 | \$ | 388.00 | \$ | 95,335.72 |
| Total 59000 Program Service Fees | \$ | 0.00 | \$ | 94,980.65 | \$ | 0.00 | \$ | 388.00 | \$ | 95,366.65 |
| 60000 Rent or Lease of Buildings | | 0.00 | | | | 10,800.00 | | | | 10,800.00 |
| 61000 Repair & Maintenance | | 0.00 | | | | | | 1,647.93 | | 1,647.93 |
| 62000 Safety & Security | | 0.00 | | 54.00 | | 36.00 | | 285.97 | | 375.97 |
| 63000 Utilities | | 0.00 | | | | | | | | 0.00 |
| 63100 Electric | | 0.00 | | 1,111.28 | | 167.90 | | 2,518.58 | | 3,797.76 |
| 63200 Internet | | 0.00 | | 146.58 | | 22.40 | | 413.92 | | 582.90 |
| 63300 Telephone | | 0.00 | | 328.72 | | 512.95 | | 844.23 | | 1,685.90 |
| 63400 Trash Service | | 0.00 | | 21.50 | | 14.34 | | 358.83 | | 394.67 |
| 63500 Water Softener | | 0.00 | | | | | | 291.59 | | 291.59 |
| Total 63000 Utilities | \$ | 0.00 | \$ | 1,608.08 | \$ | 717.59 | \$ | 4,427.15 | \$ | 6,752.82 |
| Total 50000 EXPENDITURES | \$ | 0.00 | \$ | 105,097.25 | \$ | 28,129.04 | \$ | 202,091.80 | \$ | 335,318.11 |
| 66000 Allocated Expenditures | | 0.00 | | 0.00 | | 960.02 | | 366.21 | | 1,366.23 |
| Payroll Expenses | | 0.00 | | | | | | | | 0.00 |
| Taxespenditures | | 0.00 | | | | | | | | 0.00 |
| Employee Taxes | | 0.00 | | | | | | 10.93 | | 10.93 |
| Total Taxespenditures | \$ | 0.00 | \$ | 0.00 | \$ | 0.00 | \$ | 10.93 | \$ | 10.93 |
| Total Payroll Expenses | \$ | 0.00 | \$ | 0.00 | \$ | 0.00 | \$ | 10.93 | \$ | 10.93 |
| Total Expenditures | \$ | 0.00 | \$ | 105,097.25 | \$ | 29,109.06 | \$ | 202,468.94 | \$ | 336,575.27 |
| Net Operating Revenue | \$ | 12,217.74 | \$ | 12,753.38 | \$ | - | \$ | 18,309.97 | \$ | - |
| Net Revenue | \$ | 12,217.74 | \$ | 12,753.38 | \$ | - | \$ | 17,949.48 | \$ | - |

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
October 2016

| | Total *Restrict ed Funds | First Steps | Step Ahead | Not Specified | TOTAL |
|--|--------------------------------|-------------|--------------|------------------|--------------|
| OPERATING ACTIVITIES | | | | | |
| Net Revenue | 200.00 | 330.41 | -11,710.61 | -0.01 | -11,180.21 |
| Adjustments to reconcile Net Revenue to Net Cash provided by operations: | 0.00 | | | | 0.00 |
| Accounts Receivable (A/R) | 0.00 | | | 173.35 | 173.35 |
| Prepaid Expenses | 0.00 | 1,372.80 | 9,309.17 | | 10,681.97 |
| Accounts Payable (A/P) | 0.00 | | | 189.83 | 189.83 |
| 21000 CBOLO MasterCard -8027 | 0.00 | | -2,535.95 | 709.78 | -1,826.17 |
| 21200 Kroger-DS1634 CLC | 0.00 | | -1,050.95 | 1,404.68 | 353.73 |
| 22300 Payroll Liabilities:Federal Taxes (941/944) | 0.00 | | | 0.00 | 0.00 |
| 22400 Payroll Liabilities:MO Income Tax | 0.00 | | | 0.00 | 0.00 |
| 22500 Payroll Liabilities:MO Unemployment Tax | 0.00 | | | -560.50 | -560.50 |
| Direct Deposit Payable | 0.00 | | | 342.65 | 342.65 |
| Payroll Liabilities:Health Care (United HealthCare) | 0.00 | | | 172.50 | 172.50 |
| Total Adjustments to reconcile Net Revenue to Net Cash provided by operations: | \$ 0.00 | \$ 1,372.80 | \$ 5,722.27 | \$ 2,432.29 | \$ 9,527.36 |
| Net cash provided by operating activities | \$ 200.00 | \$ 1,703.21 | -\$ 5,988.34 | \$ 2,432.28 | -\$ 1,652.85 |
| Net cash increase for period | \$ 200.00 | \$ 1,703.21 | -\$ 5,988.34 | \$ 2,432.28 | -\$ 1,652.85 |
| Cash at beginning of period | 0.00 | | | 41,355.50 | 41,355.50 |
| Cash at end of period | \$ 200.00 | \$ 1,703.21 | -\$ 5,988.34 | \$ 43,787.78 | \$ 39,702.65 |

CHILDREN'S LEARNING CENTER
Statement of Cash Flows
January - October, 2016

| | Total *Restricted Funds | First Steps | Gen & Admin | School Age | Step Ahead | Not Specified | TOTAL |
|--|-------------------------------|--------------|--------------|--------------|---------------|------------------|---------------|
| OPERATING ACTIVITIES | | | | | | | |
| Net Revenue | 12,217.74 | 12,753.36 | 0.00 | -18,309.97 | -17,949.46 | -0.02 | -11,268.35 |
| Adjustments to reconcile Net Revenue to Net Cash provided by operations: | 0.00 | | | | | | 0.00 |
| Accounts Receivable (A/R) | 0.00 | | | | | 782.45 | 782.45 |
| Prepaid Expenses | 0.00 | -624.21 | | 762.24 | 7,523.78 | | 7,661.81 |
| Accounts Payable (A/P) | 0.00 | | | | | 189.83 | 189.83 |
| 21000 CBOL0 MasterCard -8027 | 0.00 | | -4,650.02 | | -7,432.61 | 12,122.61 | 39.98 |
| 21100 Kroger-DS1376 Edge {deleted} | 0.00 | | | -448.88 | | 389.61 | -59.27 |
| 21200 Kroger-DS1634 CLC | 0.00 | | | | -7,751.59 | 8,331.97 | 580.38 |
| 22300 Payroll Liabilities:Federal Taxes (941/944) | 0.00 | | | | | -1,943.01 | -1,943.01 |
| 22400 Payroll Liabilities:MO Income Tax | 0.00 | | | | | -120.00 | -120.00 |
| 22500 Payroll Liabilities:MO Unemployment Tax | 0.00 | | | | | -179.09 | -179.09 |
| Direct Deposit Payable | 0.00 | | | | | -6,221.44 | -6,221.44 |
| Payroll Liabilities:Health Care (United HealthCare) | 0.00 | | | | | 258.75 | 258.75 |
| Total Adjustments to reconcile Net Revenue to Net Cash provided by operations: | \$ 0.00 | -\$ 624.21 | -\$ 4,650.02 | \$ 333.36 | -\$ 7,660.42 | \$ 13,611.66 | \$ 1,010.39 |
| Net cash provided by operating activities | \$ 12,217.74 | \$ 12,129.17 | -\$ 4,650.02 | \$ 17,976.61 | -\$ 25,609.90 | \$ 13,611.66 | -\$ 10,277.96 |
| Net cash increase for period | \$ 12,217.74 | \$ 12,129.17 | -\$ 4,650.02 | \$ 17,976.61 | -\$ 25,609.90 | \$ 13,611.66 | -\$ 10,277.96 |
| Cash at beginning of period | 0.00 | | | | | 49,980.61 | 49,980.61 |
| Cash at end of period | \$ 12,217.74 | \$ 12,129.17 | -\$ 4,650.02 | \$ 17,976.61 | -\$ 25,609.90 | \$ 63,592.27 | \$ 39,702.65 |

CHILDREN'S LEARNING CENTER
Statement of Financial Position
As of October 31, 2016

| | Jan - Oct, 2016 |
|-------------------------------------|---------------------|
| ASSETS | |
| Current Assets | |
| Bank Accounts | |
| 11000 CBOLO Checking | 39,702.65 |
| 11005 Checking-EDGE | 0.00 |
| Total Bank Accounts | \$ 39,702.65 |
| Accounts Receivable | |
| Accounts Receivable (A/R) | 250.75 |
| Total Accounts Receivable | \$ 250.75 |
| Other current assets | |
| 14000 Undeposited Funds | 0.00 |
| Prepaid Expenses | 7,971.74 |
| Total Other current assets | \$ 7,971.74 |
| Total Current Assets | \$ 47,925.14 |
| TOTAL ASSETS | \$ 47,925.14 |
| LIABILITIES AND EQUITY | |
| Liabilities | |
| Current Liabilities | |
| Accounts Payable | |
| Accounts Payable (A/P) | 189.83 |
| Total Accounts Payable | \$ 189.83 |
| Credit Cards | |
| 21000 CBOLO MasterCard -8027 | 814.60 |
| 21100 Kroger-DS1370 Edge (deleted) | 0.00 |
| 21200 Kroger-DS1634 CLC | 1,151.36 |
| Total Credit Cards | \$ 1,965.96 |
| Other Current Liabilities | |
| 22000 Payroll Liabilities | |
| 22100 Anthem | 1,424.50 |
| 22200 Childcare Tuition | 651.44 |
| 22300 Federal Taxes (941/944) | -8,242.58 |
| 22400 MO Income Tax | -2,699.48 |
| 22500 MO Unemployment Tax | -347.31 |
| 22600 Primevest Financial | 448.19 |
| Health Care (United HealthCare) | 258.75 |
| Total 22000 Payroll Liabilities | -\$ 8,506.49 |
| Direct Deposit Payable | -6,221.44 |
| Total Other Current Liabilities | -\$ 14,727.93 |
| Total Current Liabilities | -\$ 12,572.14 |
| Total Liabilities | -\$ 12,572.14 |
| Equity | |
| 30000 Opening Balance Equity | 13,816.12 |
| Retained Earnings | 57,969.51 |
| Net Revenue | -11,288.35 |
| Total Equity | \$ 60,497.28 |
| TOTAL LIABILITIES AND EQUITY | \$ 47,925.14 |

CHILDREN'S LEARNING CENTER
A/P Aging Detail
As of November 1, 2016

| | Date | Transacti on Type | Num | Vendor | Location | Due Date | Amount | Open Balance |
|-------------------|------------|----------------------|---------------|-----------------------------------|----------|------------|-------------|-----------------|
| Current | 10/27/2016 | Bill | 5011900001 | CARE Sales & Service | | 11/01/2016 | 153.46 | 153.46 |
| | 11/01/2016 | Bill | | BFG Flooring | | 11/01/2016 | 9,000.00 | 9,000.00 |
| | 10/20/2016 | Bill | 0030001037872 | Waste Corporation of Missouri | | 11/09/2016 | 36.37 | 36.37 |
| | 11/01/2016 | Bill | 4437 | Lindyspring Systems of Lake Ozark | | 11/09/2016 | 24.00 | 24.00 |
| | 11/01/2016 | Bill | | Charter Business | | 11/16/2016 | 181.35 | 181.35 |
| | 11/01/2016 | Bill | 3311606103116 | Laclede Electric Cooperative | | 11/20/2016 | 284.61 | 284.61 |
| Total for Current | | | | | | | \$ 9,679.79 | \$ 9,679.79 |
| TOTAL | | | | | | | \$ 9,679.79 | \$ 9,679.79 |

**CLC AGENCY
PROGRESS
REPORT
(Step Ahead/First
Steps)**

CHILDREN'S LEARNING CENTER
AGENCY UPDATE/PROGRESS REPORT
NOVEMBER 2016

○ **CHILD COUNT/ATTENDANCE**

Step Ahead currently has 26 children enrolled (+3 from previous month)
20 of the 26 with special needs/dd

○ **COMMUNITY EVENTS**

Attended:

10/14 - CLC Field Trip to Mecca Farms
10/18 - Fire Safety, Camdenon Fire District 9am
10/19 - CADV Brunch 11 am
10/21 - Teacher Work Day (Teacher ce training - Visual Strategies & Play Skills/ Easter Seals)
10/25 & 27 - CLC Parent Teacher Conferences
10/28 - CLC Trunk or Treat

Current / Upcoming:

11/17 - Talk at Sunrise Beach/Laurie Rotary Club
11/18 - CLC Parents Night Out
11/18 - CLC Thanksgiving Family Feast
12/4, 11 & 18- Frosty Float on Celebration
3/3 - Pizza 4 A Purpose (RedHead Yacht Club)

○ **GENERAL PROGRAM NEWS**

Inclusive Playground Improvement Project
**Still in progress

○ **FUNDRAISING/GRANTS**

- 10/17 Wrote grant for Lowe's Charitable & Educational Foundation (3' x 9' Outdoor Chalkboard)
- 10/20 Wrote grant for Sam and Victoria Reed Family Foundation (for \$7,200 scholarship fund)

LAI Monthly Report



Monthly Financial Reports

Lake Area Industries, Inc.

October 31, 2016

SB40 Board Reports

Lake Area Industries, Inc.

Balance Sheet

As of October 31, 2016

| | Total | |
|----------------------------------|-----------------------|----------------------------|
| | As of Oct 31, 2016 | As of Oct 31, 2015 (PY) |
| ASSETS | | |
| Current Assets | | |
| Total Bank Accounts | 22,237 | 78,344 |
| Total Accounts Receivable | 61,431 | 45,807 |
| Other current assets | | |
| GIFTED GARDEN CASH | 350 | 300 |
| INVENTORY | 45,555 | 7,693 |
| PETTY CASH | 150 | 220 |
| PREPAID GASOLINE CARDS | 0 | 25 |
| THRIFT STORE CASH | 0 | 244 |
| Undeposited Funds | 2,692 | 0 |
| Total Other current assets | 48,748 | 8,482 |
| Total Current Assets | 132,415 | 132,632 |
| Fixed Assets | | |
| ACCUMULATED DEPRECIATION | -693,672 | -693,583 |
| AUTO AND TRUCK | 217,090 | 212,590 |
| BUILDING | 359,310 | 339,568 |
| FURN & FIX ORIGINAL VALUE | 18,429 | 18,584 |
| GH RETAIL STORE | 13,919 | 15,275 |
| GREENHOUSE EQUIPMENT | 10,341 | 10,341 |
| GREENHOUSE FACILITY | 134,978 | 145,872 |
| GREENHOUSE FIXTURES | -355 | 0 |
| LAND | 33,324 | 33,324 |
| LAND IMPROVEMENT | 25,041 | 25,502 |
| MACHINERY & EQUIPMENT | 207,833 | 190,989 |
| OFFICE EQUIPMENT | 13,126 | 13,988 |
| SHREDDING EQUIPMENT | 44,552 | 45,572 |
| Total Fixed Assets | 383,914 | 358,021 |
| Other Assets | | |
| CURRENT CAPITAL IMPROVEMENT | 8,216 | 28,597 |
| SALES TAX BOND | 1,060 | 1,060 |
| UTILITY DEPOSITS | 845 | 845 |
| Total Other Assets | 10,121 | 30,502 |
| TOTAL ASSETS | 526,450 | 521,155 |
| LIABILITIES AND EQUITY | | |
| Liabilities | | |
| Current Liabilities | | |
| Accounts Payable | 26,058 | 38,133 |
| Total Accounts Payable | 26,058 | 38,133 |
| Credit Cards | | |
| Total Credit Cards | 2,354 | 1,449 |
| Other Current Liabilities | | |
| AFLAC DEDUCTIONS PAYABLE | 163 | 203 |

Lake Area Industries, Inc.

Balance Sheet

As of October 31, 2016

| | Total | |
|--|-------------------------------|------------------------------------|
| | As of Oct 31, 2016 | As of Oct 31, 2015 (PY) |
| DEFERRED REVENUE - SB-40 | 0 | 39,370 |
| FIRST NATIONAL BANK CREDIT LINE-4096 | 86,310 | 69,596 |
| GARNISHMENTS PAYABLE | 0 | -50 |
| Gift Certificate Payable | -745 | -31 |
| Missouri Department of Revenue Payable | 0 | 1 |
| NOTES PAYABLE | 0 | 9,157 |
| SALES TAX PAYABLE | 172 | 135 |
| SIMPLE IRA PAYABLE | 0 | -7 |
| Total Other Current Liabilities | 85,900 | 118,373 |
| Total Current Liabilities | 114,312 | 157,954 |
| Total Liabilities | 114,312 | 157,954 |
| Equity | | |
| Unrestricted Net Assets | 345,085 | 404,308 |
| Net Income | 67,053 | -41,108 |
| Total Equity | 412,138 | 363,201 |
| TOTAL LIABILITIES AND EQUITY | 526,450 | 521,155 |

Lake Area Industries, Inc.
Profit and Loss
October 2016

| | Total | |
|---------------------------------|----------------|--------------------------|
| | Oct 2016 | Jan - Oct, 2016 (YTD) |
| Income | | |
| CONTRACT PACKAGING | 6,438 | 106,766 |
| FOAM RECYCLING | 9,375 | 39,815 |
| GREENHOUSE SALES | 2,689 | 91,398 |
| MANUFACT / WOOD PROD | 12,976 | 103,642 |
| SECURE DOCUMENT SHRED | 3,270 | 29,046 |
| THRIFT STORE | 16,456 | 108,823 |
| Total Income | 51,204 | 479,491 |
| Cost of Goods Sold | | |
| GG PLANTS & SUPPLIES | 1,199 | 44,930 |
| MANUFACTURING SUPPLIES | 6,252 | 48,109 |
| SHIPPING AND DELIVERY | 546 | 3,139 |
| Textile Purchases | | 1,964 |
| WAGES-EMPLOYEES | 18,455 | 242,422 |
| Total Cost of Goods Sold | 26,451 | 340,564 |
| Gross Profit | 24,752 | 138,927 |
| Expenses | | |
| ACCTG. & AUDIT FEES | 405 | 11,633 |
| ALL OTHER EXPENSES | 2,311 | 33,084 |
| CASH OVER/SHORT | 40 | 59 |
| EQUIP. PURCHASES & MAINT | 2,634 | 56,483 |
| INSURANCE | 1,849 | 19,213 |
| NON MANUFACT SUPPLIES | 435 | 7,194 |
| PAYROLL | 25,882 | 280,106 |
| PAYROLL EXP & BENEFITS | 6,654 | 76,640 |
| PROFESSIONAL SERVICES | 2,818 | 35,086 |
| SALES TAX | | -47 |
| TRANSPORTATION EXPENSES | 1,789 | 22,804 |
| UTILITIES | 2,377 | 29,960 |
| Total Expenses | 47,192 | 572,213 |
| Net Operating Income | -22,440 | -433,286 |
| Other Income | | |
| GRANT INC - FOAM DENSIFIER | | 1,676 |
| INTEREST INCOME | 3 | 28 |
| MED WAIVER TRANSPORTATION | 2,612 | 106,957 |
| OTHER CONTRIBUTIONS | 183 | 4,015 |
| SB-40 REVENUE | 11,701 | 226,793 |
| STATE AID | 12,320 | 160,871 |
| Total Other Income | 26,820 | 500,340 |
| Net Other Income | 26,820 | 500,340 |
| Net Income | 4,380 | 67,053 |

Lake Area Industries, Inc.
Statement of Cash Flows
October 2016

| | Total |
|---|---------------|
| OPERATING ACTIVITIES | |
| Net Income | 4,380 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| ACCOUNTS RECEIVABLE | 6,063 |
| GIFTED GARDEN CASH: DRAWER CASH - GG | 150 |
| INVENTORY: GG PLANT & SUPPLIES INVEN | 1,050 |
| INVENTORY: RAW MATERIAL INVENTORY | 1,726 |
| PETTY CASH | 70 |
| THRIFT STORE CASH: DRAWER CASH - TS | 240 |
| Accounts Payable | -6,914 |
| US BANK CC - 0889 | -379 |
| US BANK CC - 1669 | -750 |
| US BANK CC - 1727 | 147 |
| US BANK CC - 2339 | -237 |
| AFLAC DEDUCTIONS PAYABLE | 174 |
| Gift Certificate Payable | -50 |
| SALES TAX PAYABLE | 173 |
| Total Adjustments to reconcile Net Income to Net Cash provided by operations: | 1,463 |
| Net cash provided by operating activities | 5,843 |
| INVESTING ACTIVITIES | |
| CURRENT CAPITAL IMPROVEMENT | 1,637 |
| Net cash provided by investing activities | 1,637 |
| Net cash increase for period | 7,480 |
| Cash at beginning of period | 17,449 |
| Cash at end of period | 24,929 |

Lake Area Industries, Inc.
A/R Aging Summary
As of October 31, 2016

| | Current | 1 - 30 | 31 - 60 | 61 - 90 | 91 and over | Total |
|--------------|---------|--------|---------|---------|----------------|--------|
| TOTAL | 39,497 | 21,369 | 598 | -33 | 0 | 61,431 |

Lake Area Industries, Inc.
A/P Aging Summary
As of October 31, 2016

| | Current | 1 - 30 | 31 - 60 | 61 - 90 | 91 and over | Total |
|--------------|---------|--------|---------|---------|----------------|--------|
| TOTAL | 6,349 | 10,410 | 6,625 | 2,688 | -14 | 26,058 |

Support Coordination Report

October 2016

Consumer Caseloads

- Number of Caseloads as of October 31st, 2016: 304
- Budgeted Number of Caseloads: 300
- There were 9 Full-Time Support Coordinators handling an average of 34 caseloads each
- Pending Number of New Intakes: 6
- Medicaid Eligibility: 84.87%

**CARF Report
Medicaid Eligible
Clients**

Outcome Measurement Report



TCM

[TCM: % of the time new consumers will be contacted by their Support Coordinator \(SC\) within 5 business days of their eligibility determination \(1\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|--------------|
| Targeted Case Management | 33 | 2 | 0 | 94.29 % |
| Total | 33 | 2 | 0 | 94.29 % |
| Goal | | | | 100 % |

[TCM: Planning meeting is held within 30 days of eligibility date \(2\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|--------------|
| Targeted Case Management | 31 | 2 | 0 | 93.94 % |
| Total | 31 | 2 | 0 | 93.94 % |
| Goal | | | | 100 % |

[TCM: % of all annual Medicaid Waiver plans and plans subject to the Regional Office Utilization Review \(UR\) will be submitted via fax and email at least 22 calendar days prior to the plan implementation date. \(3\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Is Waiver: Yes;

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 55 | 20 | 0 | 73.33 % |
| Total | 55 | 20 | 0 | 73.33 % |
| Goal | | | | 80 % |

[TCM: % of all annual non-waiver plans will be emailed to the Regional Office at least 15 calendar days prior to the plan implementation date \(4\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 35 | 15 | 0 | 70.00 % |
| Total | 35 | 15 | 0 | 70.00 % |
| Goal | | | | 80 % |

Outcome Measurement Report



TCM: % of IP outcomes/action steps will be met (5)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|------|----|-------------|
| Targeted Case Management | 980 | 1250 | 0 | 43.95 % |
| Total | 980 | 1250 | 0 | 43.95 % |
| Goal | | | | 80 % |

TCM: % of Quarterly Reports met (6)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Age: 0 - 1000;

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 269 | 89 | 0 | 75.14 % |
| Total | 269 | 89 | 0 | 75.14 % |
| Goal | | | | 95 % |

TCM: % that shall have Outcomes implemented in their Individual Support Plan that encourage or support active participation in typical community events and activities (7)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 196 | 72 | 0 | 73.13 % |
| Total | 196 | 72 | 0 | 73.13 % |
| Goal | | | | 75 % |

TCM: % of time Billable (8)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Billable Hrs | Non-Billable Hrs | NA | Percentage |
|--------------------------|--------------|------------------|----|-------------|
| Targeted Case Management | 9332 | 7058 | 0 | 56.94 % |
| Total | 9332 | 7058 | 0 | 56.94 % |
| Goal | | | | 70 % |

Outcome Measurement Report



[Consumer Forms \(% of consumers will report being satisfied or very satisfied with the services provided by their SC, as indicated on the Consumer Survey. \(9\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 106 | 0 | 4 | 100.00 % |
| Total | 106 | 0 | 4 | 100.00 % |
| Goal | | | | 90 % |

[Consumer Forms \(% of consumers or parent/guardians of consumers served shall indicate their SC is available when needed, as indicated on the Consumer Survey. \(10\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 108 | 1 | 2 | 99.08 % |
| Total | 108 | 1 | 2 | 99.08 % |
| Goal | | | | 90 % |

[TCM: % of Individual Support Plans chosen for TCM Reviews conducted by RRO will not require remediation \(11\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|-------------|
| Targeted Case Management | 9 | 4 | | 69.23 % |
| Total | 9 | 4 | | 69.23 % |
| Goal | | | | 80 % |

[TCM: % of consumers will be given the resources or education to formulate a personal plan for personal safety and risk reduction to better protect them from abuse, neglect or exploitation \(12\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|-----|----|--------------|
| Targeted Case Management | 53 | 215 | 0 | 19.78 % |
| Total | 53 | 215 | 0 | 19.78 % |
| Goal | | | | 100 % |

Outcome Measurement Report



[TCM: Will host at least one event per year designed to educate the community on abuse, neglect and financial exploitation of vulnerable persons; and how to report it. \(13\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|--------------|
| Targeted Case Management | 0 | 0 | 0 | - |
| Total | 0 | 0 | 0 | - |
| Goal | | | | 100 % |

[TCM: Provider demonstrates a commitment to community employment opportunities for persons served by making at least 15 referrals to Vocational Rehabilitation through the Outcomes and Action Steps included in the ISP. \(14\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------------------|-----|----|----|--------------|
| Targeted Case Management | 56 | 0 | 0 | 100.00 % |
| Total | 56 | 0 | 0 | 100.00 % |
| Goal | | | | 100 % |

CARF Report
Medicaid Ineligible
Clients

Outcome Measurement Report



TCM

[TCM: % of the time new consumers will be contacted by their Support Coordinator \(SC\) within 5 business days of their eligibility determination \(1\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|--------------|
| CCDDR | 6 | 0 | 0 | 100.00 % |
| Total | 6 | 0 | 0 | 100.00 % |
| Goal | | | | 100 % |

[TCM: Planning meeting is held within 30 days of eligibility date \(2\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|--------------|
| CCDDR | 6 | 0 | 0 | 100.00 % |
| Total | 6 | 0 | 0 | 100.00 % |
| Goal | | | | 100 % |

[TCM: % of all annual Medicaid Waiver plans and plans subject to the Regional Office Utilization Review \(UR\) will be submitted via fax and email at least 22 calendar days prior to the plan implementation date. \(3\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Is Waiver: Yes;

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 0 | 0 | 0 | - |
| Total | 0 | 0 | 0 | - |
| Goal | | | | 80 % |

[TCM: % of all annual non-waiver plans will be emailed to the Regional Office at least 15 calendar days prior to the plan implementation date \(4\)](#)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 17 | 3 | 0 | 85.00 % |
| Total | 17 | 3 | 0 | 85.00 % |
| Goal | | | | 80 % |

Outcome Measurement Report



TCM: % of IP outcomes/action steps will be met (5)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|-----|----|-------------|
| CCDDR | 67 | 106 | 0 | 38.73 % |
| Total | 67 | 106 | 0 | 38.73 % |
| Goal | | | | 80 % |

TCM: % of Quarterly Reports met (6)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters: Age: 0 - 1000;

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 34 | 8 | 0 | 80.95 % |
| Total | 34 | 8 | 0 | 80.95 % |
| Goal | | | | 95 % |

TCM: % that shall have Outcomes implemented in their Individual Support Plan that encourage or support active participation in typical community events and activities (7)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 23 | 13 | 0 | 63.89 % |
| Total | 23 | 13 | 0 | 63.89 % |
| Goal | | | | 75 % |

TCM: % of time Billable (8)

For Services: Case Closure, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement

For Events:

Parameters:

| | Billable Hrs | Non-Billable Hrs | NA | Percentage |
|--------------|--------------|------------------|----|-------------|
| CCDDR | 565 | 1350 | 0 | 29.50 % |
| Total | 565 | 1350 | 0 | 29.50 % |
| Goal | | | | 70 % |

Outcome Measurement Report



[Consumer Forms \(% of consumers will report being satisfied or very satisfied with the services provided by their SC, as indicated on the Consumer Survey. \(9\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 11 | 0 | 2 | 100.00 % |
| Total | 11 | 0 | 2 | 100.00 % |
| Goal | | | | 90 % |

[Consumer Forms \(% of consumers or parent/guardians of consumers served shall indicate their SC is available when needed, as indicated on the Consumer Survey. \(10\)\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters: Age: 0 - 1000;

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 11 | 0 | 2 | 100.00 % |
| Total | 11 | 0 | 2 | 100.00 % |
| Goal | | | | 90 % |

[TCM: % of Individual Support Plans chosen for TCM Reviews conducted by RRO will not require remediation \(11\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|-------------|
| CCDDR | 9 | 4 | | 69.23 % |
| Total | 9 | 4 | | 69.23 % |
| Goal | | | | 80 % |

[TCM: % of consumers will be given the resources or education to formulate a personal plan for personal safety and risk reduction to better protect them from abuse, neglect or exploitation \(12\)](#)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|--------------|
| CCDDR | 4 | 32 | 0 | 11.11 % |
| Total | 4 | 32 | 0 | 11.11 % |
| Goal | | | | 100 % |

Outcome Measurement Report



TCM: Will host at least one event per year designed to educate the community on abuse, neglect and financial exploitation of vulnerable persons; and how to report it. (13)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|--------------|
| CCDDR | 0 | 0 | 0 | - |
| Total | 0 | 0 | 0 | - |
| Goal | | | | 100 % |

TCM: Provider demonstrates a commitment to community employment opportunities for persons served by making at least 15 referrals to Vocational Rehabilitation through the Outcomes and Action Steps included in the ISP. (14)

For Services: Case Closure, Case Transition/Transfer, Documentation, Linking Resources, Planning Supports, Quarterly Review of Progress on ISPs, Service Monitoring/Quality Enhancement, Transfer of case responsibility

For Events:

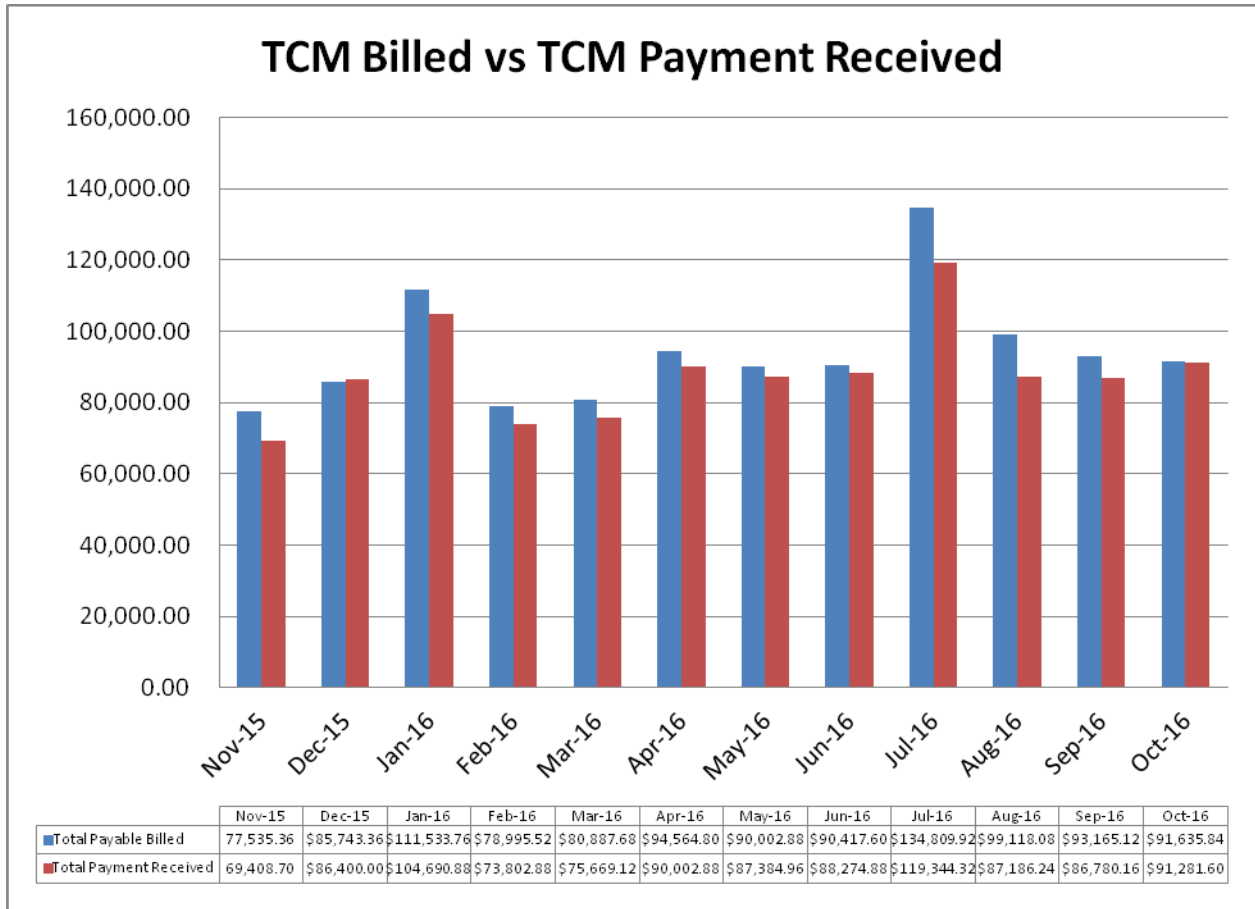
Parameters:

| | Yes | No | NA | Percentage |
|--------------|-----|----|----|--------------|
| CCDDR | 3 | 0 | 0 | 100.00 % |
| Total | 3 | 0 | 0 | 100.00 % |
| Goal | | | | 100 % |

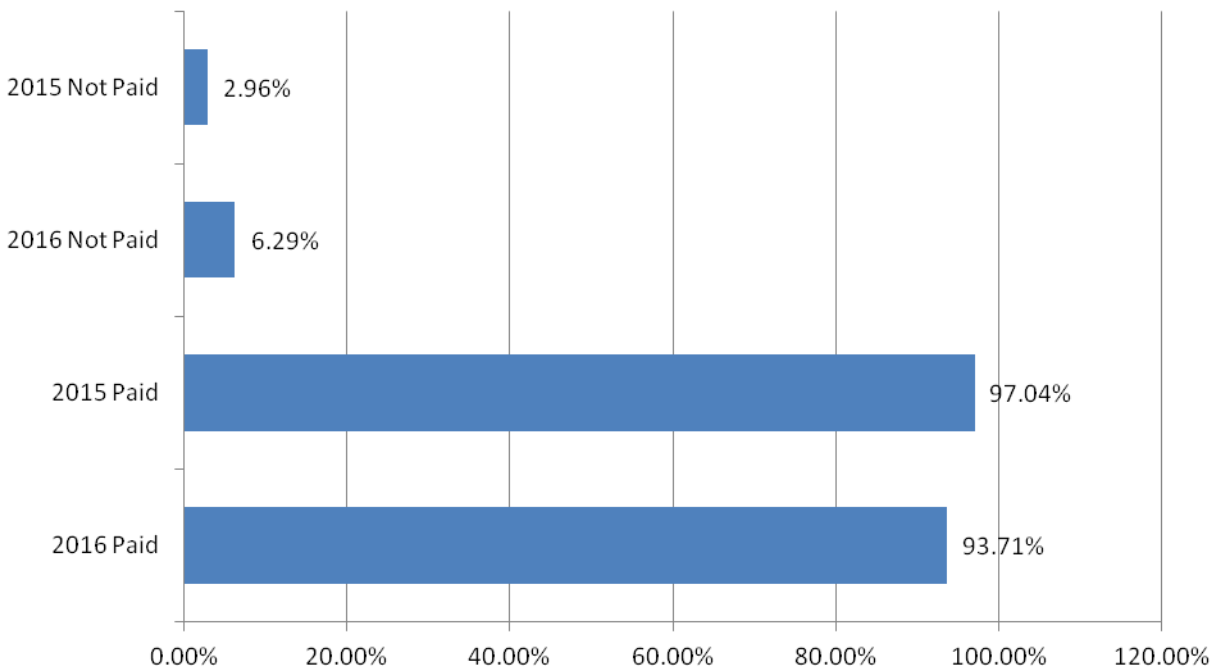
Agency Economic
Report
(Unaudited)

October 2016

Targeted Case Management Income



2016 vs 2015 Percentage Comparison Medicaid Billed vs Medicaid Paid



October 2016: Grants Program Budget vs. Actuals

| | Grants | | |
|------------------------------------|-----------------|-----------------|-----------------|
| | Actual | Budget | Variance |
| Income | | | |
| 4000 Income | 1,450 | 273 | 1,177 |
| Total Income | 1,450 | 273 | 1,177 |
| Expenses | | | |
| 6500 Medicaid Match | 3,735 | 5,178 | (1,443) |
| 6700 Partnership for Hope | 5,737 | 7,917 | (2,180) |
| 6900 Targeted Case Management | | 0 | 0 |
| 7100 Housing Programs | 9,269 | 9,202 | 67 |
| 7200 CLC | 10,682 | 13,708 | (3,026) |
| 7300 Sheltered Employment Programs | 20,181 | 27,775 | (7,594) |
| 7900 Special/Additional Needs | 6,627 | 9,544 | (2,917) |
| Total Expenses | 56,232 | 73,324 | (17,092) |
| Net Operating Income | (54,782) | (73,051) | 18,269 |
| Net Income | (54,782) | (73,051) | 18,269 |

January to October 2016: Grants Program Budget vs. Actuals

| | Grants | | |
|-------------------------------------|----------------|----------------|------------------|
| | Actual | Budget | Variance |
| Income | | | |
| 4000 Income | 904,101 | 889,849 | 14,252 |
| Total Income | 904,101 | 889,849 | 14,252 |
| Expenses | | | |
| 5700 Office Expenses | 0 | | 0 |
| 5800 Other General & Administrative | 125 | | 125 |
| 6500 Medicaid Match | 29,011 | 43,659 | (14,648) |
| 6700 Partnership for Hope | 47,531 | 52,784 | (5,253) |
| 6900 Targeted Case Management | | 0 | 0 |
| 7100 Housing Programs | 86,512 | 86,805 | (293) |
| 7200 CLC | 117,703 | 138,086 | (20,383) |
| 7300 Sheltered Employment Programs | 209,437 | 290,956 | (81,519) |
| 7900 Special/Additional Needs | 68,328 | 83,540 | (15,212) |
| Total Expenses | 558,647 | 695,830 | (137,183) |
| Net Operating Income | 345,454 | 194,019 | 151,435 |
| Net Income | 345,454 | 194,019 | 151,435 |

Grants Program Budget Variance Report

Total Income: During October of 2016, total gross income for the Grant Program was higher than budgeted expectations. YTD tax receipts were also higher than anticipated.

Total Expenses: During October of 2016, Grant Program expenses were lower than budgeted primarily because Medicaid Match, Partnership for Hope Match, CLC, Special Needs, and Sheltered Employment expenses were lower than anticipated. YTD expenses reflect lower than anticipated expenses in almost all categories.

October 2016: TCM Program Budget vs. Actuals

| | TCM | | |
|-------------------------------------|---------------|---------------|--------------|
| | Actual | Budget | Variance |
| Income | | | |
| 4000 Income | 91,767 | 84,816 | 6,951 |
| Total Income | 91,767 | 84,816 | 6,951 |
| Expenses | | | |
| 5000 Payroll & Benefits | 70,440 | 71,526 | (1,086) |
| 5100 Repairs & Maintenance | 558 | 1,040 | (482) |
| 5500 Contracted Business Services | 4,523 | 6,445 | (1,922) |
| 5600 Presentations/Public Meetings | 2,353 | 700 | 1,653 |
| 5700 Office Expenses | 2,598 | 3,025 | (427) |
| 5800 Other General & Administrative | 2,395 | 1,326 | 1,069 |
| 5900 Utilities | 833 | 1,500 | (667) |
| 6100 Insurance | 1,189 | 1,225 | (36) |

| | | | |
|-----------------------------|----------------|----------------|----------------|
| Total Expenses | 84,889 | 86,787 | (1,898) |
| Net Operating Income | 6,878 | (1,971) | 8,849 |
| Other Expenses | | | |
| 8500 Depreciation | 2,512 | 2,500 | 12 |
| Total Other Expenses | 2,512 | 2,500 | 12 |
| Net Other Income | (2,512) | (2,500) | (12) |
| Net Income | 4,366 | (4,471) | 8,837 |

January to October 2016: TCM Program Budget vs. Actuals

| | TCM | | |
|--|-----------------|-----------------|-----------------|
| | Actual | Budget | Variance |
| Income | | | |
| 4000 Income | 909,580 | 901,219 | 8,361 |
| Total Income | 909,580 | 901,219 | 8,361 |
| Expenses | | | |
| 5000 Payroll & Benefits | 722,615 | 740,610 | (17,995) |
| 5100 Repairs & Maintenance | 7,336 | 9,069 | (1,733) |
| 5500 Contracted Business Services | 63,360 | 70,015 | (6,655) |
| 5600 Presentations/Public Meetings | 6,225 | 8,345 | (2,120) |
| 5700 Office Expenses | 30,752 | 33,033 | (2,281) |
| 5800 Other General & Administrative | 22,612 | 23,077 | (465) |
| 5900 Utilities | 11,218 | 15,000 | (3,782) |
| 6100 Insurance | 11,572 | 12,250 | (678) |
| Total Expenses | 875,688 | 911,399 | (35,711) |
| Net Operating Income | 33,891 | (10,180) | 44,071 |
| Other Expenses | | | |
| 8500 Depreciation | 24,507 | 25,000 | (493) |
| Total Other Expenses | 24,507 | 25,000 | (493) |
| Net Other Income | (24,507) | (25,000) | 493 |
| Net Income | 9,385 | (35,180) | 44,565 |

TCM Program Budget Variance Report

Total Income: During October of 2016 and overall year-to-date, TCM Program total income is slightly higher than budgeted expectations. CCDDR continues to monitor several individuals/guardians/families who have not yet submitted all information to re-certify annual Medicaid eligibility, causing a lapse in Medicaid coverage, and several individuals/guardians/families who have not been submitting Medicaid spend-down invoices to CCDDR for payment, causing a lapse in Medicaid coverage. CCDDR is working with families/individuals/guardians to submit spend-down invoices to CCDDR immediately upon receipt and assist with Medicaid re-certification completion/submission.

Total Expenses: During October of 2016, overall TCM Program expenses were less than anticipated in almost all categories. Overall YTD TCM expenses are lower than budgeted in all categories. Mechanisms are in place to reduce expenses if total income does not meet budgeted expectations.

Balance Sheet

As of October 31, 2016

| | Grants | TCM | Total |
|---|------------------|----------------|------------------|
| ASSETS | | | |
| Current Assets | | | |
| Bank Accounts | | | |
| 1000 Bank Accounts | | | 0 |
| 1005 Grant Bank Accounts | | | 0 |
| 1010 Grant Account (County Tax Funds) - First Nat'l Bank | 15,266 | 0 | 15,266 |
| 1015 Grant Reserve Account (County Tax Funds) - Central Bank | 229 | | 229 |
| 1020 Grant Certificate of Deposit (County Tax Funds) | 0 | | 0 |
| 1025 Grant Account (County Tax Funds) - Sullivan Bank | 402,233 | | 402,233 |
| 1030 Grant Operating Reserves Account (Tax Funds) - Sullivan Bank | 218,200 | | 218,200 |
| Total 1005 Grant Bank Accounts | 635,928 | 0 | 635,928 |
| 1050 TCM Bank Accounts | | | 0 |
| 1055 TCM Account (TCM Funds) - 1st Nat'l Bank | 0 | 235,504 | 235,504 |
| 1060 TCM Certificate of Deposit (TCM Funds) | | 0 | 0 |
| Total 1050 TCM Bank Accounts | 0 | 235,504 | 235,504 |
| Total 1000 Bank Accounts | 635,928 | 235,504 | 871,432 |
| Total Bank Accounts | 635,928 | 235,504 | 871,432 |
| Accounts Receivable | | | |
| 1300 Property Taxes | | | 0 |
| 1310 Property Tax Receivable | 981,753 | | 981,753 |
| 1315 Allowance for Doubtful Accounts | (24,155) | | (24,155) |
| Total 1300 Property Taxes | 957,598 | 0 | 957,598 |
| 1350 Allowance for Doubtful Accounts | 0 | | 0 |
| Total Accounts Receivable | 957,598 | 0 | 957,598 |
| Other current assets | | | |
| 1389 Miscellaneous Accounts Receivable | 0 | | 0 |
| 1399 TCM Remittance Advices In-Transit | 0 | 91,282 | 91,282 |
| 1400 Other Current Assets | | | 0 |
| 1410 Other Deposits | 0 | | 0 |
| Total 1400 Other Current Assets | 0 | 0 | 0 |
| 1450 Prepaid Expenses | | 0 | 0 |
| 1455 Prepaid-Insurance | 0 | 5,489 | 5,489 |
| Total 1450 Prepaid Expenses | 0 | 5,489 | 5,489 |
| Total Other current assets | 0 | 96,770 | 96,770 |
| Total Current Assets | 1,593,526 | 332,274 | 1,925,800 |
| Fixed Assets | | | |
| 1500 Fixed Assets | | | 0 |
| 1510 100 Third Street Land | | 47,400 | 47,400 |
| 1511 Keystone Land | | 14,000 | 14,000 |
| 1520 100 Third Street Building | | 431,091 | 431,091 |
| 1521 Keystone | | 163,498 | 163,498 |
| 1525 Accumulated Depreciation - 100 Third Street | | (123,026) | (123,026) |
| 1526 Accumulated Depreciation - Keystone | | (9,197) | (9,197) |
| 1530 100 Third Street Remodeling | | 126,736 | 126,736 |

| | | | |
|--|------------------|----------------|------------------|
| 1531 Keystone Remodeling | | 17,949 | 17,949 |
| 1535 Acc Dep - Remodeling - 100 Third Street | | (38,447) | (38,447) |
| 1536 Acc Dep - Remodeling - Keystone | | (1,579) | (1,579) |
| 1540 Equipment | | 64,209 | 64,209 |
| 1545 Accumulated Depreciation - Equipment | | (34,316) | (34,316) |
| 1550 Vehicles | | 6,740 | 6,740 |
| 1555 Accumulated Depreciation - Vehicles | | (6,740) | (6,740) |
| Total 1500 Fixed Assets | 0 | 658,317 | 658,317 |
| Total Fixed Assets | 0 | 658,317 | 658,317 |
| TOTAL ASSETS | 1,593,526 | 990,590 | 2,584,117 |
| LIABILITIES AND EQUITY | | | |
| Liabilities | | | |
| Current Liabilities | | | |
| Accounts Payable | | | |
| 1900 Accounts Payable | 0 | 0 | 0 |
| Total Accounts Payable | 0 | 0 | 0 |
| Other Current Liabilities | | | |
| 2000 Current Liabilities | | | 0 |
| 2005 Accrued Accounts Payable | 0 | 0 | 0 |
| 2006 DMH Payable | 0 | | 0 |
| 2010 Accrued Payroll Expense | 0 | 259 | 259 |
| 2015 Accrued Compensated Absences | 0 | 0 | 0 |
| 2025 Prepaid Services | 0 | | 0 |
| 2030 Deposits | 0 | 17 | 17 |
| 2050 Prepaid Tax Revenue | 1,410 | | 1,410 |
| 2055 Deferred Inflows - Property Taxes | 880,408 | | 880,408 |
| 2060 Payroll Tax Payable | | 0 | 0 |
| 2061 Federal W / H Tax Payable | 0 | (347) | (347) |
| 2062 Social Security Tax Payable | 0 | 158 | 158 |
| 2063 Medicare Tax Payable | 0 | (17) | (17) |
| 2064 MO State W / H Tax Payable | 0 | 1,766 | 1,766 |
| Total 2060 Payroll Tax Payable | 0 | 1,561 | 1,561 |
| 2070 Payroll Clearing | | | 0 |
| 2071 AFLAC Pre-tax W / H | 0 | 756 | 756 |
| 2072 AFLAC Post-tax W / H | 0 | 74 | 74 |
| 2073 Vision Insurance W / H | 0 | (110) | (110) |
| 2074 Health Insurance W / H | 0 | 28 | 28 |
| 2075 Dental Insurance W / H | 0 | (667) | (667) |
| 2076 Savings W / H | | 0 | 0 |
| 2078 Misc W / H | | 338 | 338 |
| 2079 Other W / H | | 0 | 0 |
| Total 2070 Payroll Clearing | 0 | 419 | 419 |
| Total 2000 Current Liabilities | 881,818 | 2,256 | 884,073 |
| Total Other Current Liabilities | 881,818 | 2,256 | 884,073 |
| Total Current Liabilities | 881,818 | 2,256 | 884,073 |
| Total Liabilities | 881,818 | 2,256 | 884,073 |
| Equity | | | |

| | | | |
|--|------------------|------------------|------------------|
| 3000 Restricted Grant Fund Balances | | | 0 |
| 3001 Operational | 0 | | 0 |
| 3005 Operational Reserves | 217,546 | | 217,546 |
| 3010 Transportation | 19,959 | | 19,959 |
| 3015 New Programs | 0 | | 0 |
| 3030 Special Needs | (1,813) | | (1,813) |
| 3040 Sheltered Workshop | 0 | | 0 |
| 3045 Traditional Medicaid Match | 3,016 | | 3,016 |
| 3050 Partnership for Hope Match | (426) | | (426) |
| 3055 Building/Remodeling/Expansion | 42,165 | | 42,165 |
| 3065 Legal | 10,026 | | 10,026 |
| 3070 TCM | 0 | | 0 |
| Total 3000 Restricted Grant Fund Balances | 290,473 | 0 | 290,473 |
| 3500 Restricted TCM Fund Balances | | | 0 |
| 3501 Operational | | 6,721 | 6,721 |
| 3505 Operational Reserves | | 194,949 | 194,949 |
| 3510 Transportation | | 0 | 0 |
| 3515 New Programs | | 0 | 0 |
| 3530 Special Needs | | 0 | 0 |
| 3550 Partnership for Hope Match | | 0 | 0 |
| 3555 Building/Remodeling/Expansion | | 21,636 | 21,636 |
| 3560 Sponsorships | | 0 | 0 |
| 3565 Legal | | 9,533 | 9,533 |
| 3599 Other | | 679,573 | 679,573 |
| Total 3500 Restricted TCM Fund Balances | 0 | 912,413 | 912,413 |
| 3900 Unrestricted Fund Balances | 1 | (49) | (48) |
| 3950 Prior Period Adjustment | 0 | 0 | 0 |
| 3999 Clearing Account | 38,098 | 104,268 | 142,367 |
| Net Income | 345,454 | 9,385 | 354,839 |
| Total Equity | 674,027 | 1,026,017 | 1,700,044 |
| TOTAL LIABILITIES AND EQUITY | 1,555,844 | 1,028,273 | 2,584,117 |

October 2016: Grants Program Cash Flow Statement

| | Grants |
|--|-----------------|
| OPERATING ACTIVITIES | |
| Net Income | (54,782) |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| 1900 Accounts Payable | (308) |
| Total Adjustments to reconcile Net Income to Net Cash provided by operations: | (308) |
| Net cash provided by operating activities | (55,090) |
| Net cash increase for period | (55,090) |
| Cash at beginning of period | 691,018 |
| Cash at end of period | 635,928 |

January to October 2016: Grants Program Cash Flow Statement

| | Grants |
|--|-----------------|
| OPERATING ACTIVITIES | |
| Net Income | 345,454 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| 1389 Miscellaneous Accounts Receivable | 0 |
| 1900 Accounts Payable | 0 |
| Total Adjustments to reconcile Net Income to Net Cash provided by operations: | 0 |
| Net cash provided by operating activities | 345,454 |
| FINANCING ACTIVITIES | |
| 3030 Restricted Grant Fund Balances:Special Needs | (1,888) |
| 3040 Restricted Grant Fund Balances:Sheltered Workshop | 0 |
| 3045 Restricted Grant Fund Balances:Traditional Medicaid Match | (2,507) |
| 3050 Restricted Grant Fund Balances:Partnership for Hope Match | (9,381) |
| 3065 Restricted Grant Fund Balances:Legal | (10,923) |
| 3900 Unrestricted Fund Balances | (70,867) |
| 3999 Clearing Account | 38,098 |
| Net cash provided by financing activities | (57,468) |
| Net cash increase for period | 287,986 |
| Cash at beginning of period | 347,942 |
| Cash at end of period | 635,928 |

October 2016: TCM Program Cash Flow Statement

| | TCM |
|--|--------------|
| OPERATING ACTIVITIES | |
| Net Income | 4,366 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| 1455 Prepaid Expenses:Prepaid-Insurance | 2,027 |
| 1525 Fixed Assets:Accumulated Depreciation - 100 Third Street | 898 |
| 1526 Fixed Assets:Accumulated Depreciation - Keystone | 341 |
| 1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street | 528 |
| 1536 Fixed Assets:Acc Dep - Remodeling - Keystone | 75 |
| 1545 Fixed Assets:Accumulated Depreciation - Equipment | 671 |
| 1900 Accounts Payable | 0 |
| 2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable | 0 |
| 2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable | 0 |
| 2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable | 0 |
| 2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable | (15) |
| 2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H | (37) |
| 2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H | (6) |
| 2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H | (8) |
| 2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H | (35) |
| 2076 Current Liabilities:Payroll Clearing:Savings W / H | 0 |
| 2078 Current Liabilities:Payroll Clearing:Misc W / H | 338 |
| Total Adjustments to reconcile Net Income to Net Cash provided by operations: | 4,776 |
| Net cash provided by operating activities | 9,142 |

| | |
|--|----------------|
| FINANCING ACTIVITIES | |
| 3501 Restricted TCM Fund Balances:Operational | (3,358) |
| Net cash provided by financing activities | (3,358) |
| Net cash increase for period | 5,784 |
| Cash at beginning of period | 321,001 |
| Cash at end of period | 326,785 |

January to October 2016: TCM Program Cash Flow Statement

| | TCM |
|--|-----------------|
| OPERATING ACTIVITIES | |
| Net Income | 9,385 |
| Adjustments to reconcile Net Income to Net Cash provided by operations: | |
| 1455 Prepaid Expenses:Prepaid-Insurance | 12,486 |
| 1525 Fixed Assets:Accumulated Depreciation - 100 Third Street | 8,981 |
| 1526 Fixed Assets:Accumulated Depreciation - Keystone | 3,406 |
| 1535 Fixed Assets:Acc Dep - Remodeling - 100 Third Street | 5,281 |
| 1536 Fixed Assets:Acc Dep - Remodeling - Keystone | 748 |
| 1545 Fixed Assets:Accumulated Depreciation - Equipment | 6,091 |
| 1900 Accounts Payable | (243) |
| 2061 Current Liabilities:Payroll Tax Payable:Federal W / H Tax Payable | 0 |
| 2062 Current Liabilities:Payroll Tax Payable:Social Security Tax Payable | 0 |
| 2063 Current Liabilities:Payroll Tax Payable:Medicare Tax Payable | 0 |
| 2064 Current Liabilities:Payroll Tax Payable:MO State W / H Tax Payable | (330) |
| 2071 Current Liabilities:Payroll Clearing:AFLAC Pre-tax W / H | (312) |
| 2072 Current Liabilities:Payroll Clearing:AFLAC Post-tax W / H | (60) |
| 2073 Current Liabilities:Payroll Clearing:Vision Insurance W / H | (35) |
| 2074 Current Liabilities:Payroll Clearing:Health Insurance W / H | 28 |
| 2075 Current Liabilities:Payroll Clearing:Dental Insurance W / H | (206) |
| 2076 Current Liabilities:Payroll Clearing:Savings W / H | 0 |
| 2078 Current Liabilities:Payroll Clearing:Misc W / H | (255) |
| Total Adjustments to reconcile Net Income to Net Cash provided by operations: | 35,579 |
| Net cash provided by operating activities | 44,964 |
| INVESTING ACTIVITIES | |
| 1540 Fixed Assets:Equipment | (3,250) |
| Net cash provided by investing activities | (3,250) |
| FINANCING ACTIVITIES | |
| 3501 Restricted TCM Fund Balances:Operational | 6,721 |
| 3555 Restricted TCM Fund Balances:Building/Remodeling/Expansion | 16,431 |
| 3565 Restricted TCM Fund Balances:Legal | 869 |
| 3900 Unrestricted Fund Balances | (164,336) |
| 3999 Clearing Account | 104,268 |
| Net cash provided by financing activities | (36,048) |
| Net cash increase for period | 5,666 |
| Cash at beginning of period | 321,119 |
| Cash at end of period | 326,785 |

October 2016: Check Detail

1025 Grant Account (County Tax Funds) - Sullivan Bank

| Date | Transaction Type | Num | Name | Amount |
|------------|----------------------|------|--|-------------|
| 10/07/2016 | Bill Payment (Check) | 3659 | DMH Local Tax Matching Fund | (5,737.12) |
| 10/07/2016 | Bill Payment (Check) | 3661 | MO HealthNet | (225.00) |
| 10/07/2016 | Bill Payment (Check) | 3662 | MO HealthNet | (225.00) |
| 10/07/2016 | Bill Payment (Check) | 3663 | MO HealthNet | (225.00) |
| 10/07/2016 | Bill Payment (Check) | 3664 | MO HealthNet | (225.00) |
| 10/07/2016 | Bill Payment (Check) | 3665 | MO HealthNet | (225.00) |
| 10/07/2016 | Bill Payment (Check) | 3666 | Lake Area Industries | (19,533.49) |
| 10/07/2016 | Bill Payment (Check) | 3667 | Childrens Learning Center | (10,681.97) |
| 10/13/2016 | Bill Payment (Check) | 3668 | Achieving Life Skills | (292.80) |
| 10/13/2016 | Bill Payment (Check) | 3669 | Benton Street Counseling LLC | (45.00) |
| 10/13/2016 | Bill Payment (Check) | 3670 | Dave's Hideaway Motel | (300.00) |
| 10/13/2016 | Bill Payment (Check) | 3671 | Elegant Transport | (541.00) |
| 10/13/2016 | Bill Payment (Check) | 3672 | MO HealthNet | (40.00) |
| 10/13/2016 | Bill Payment (Check) | 3673 | Sharla Jenks | (56.87) |
| 10/13/2016 | Bill Payment (Check) | 3674 | Benton Street Counseling LLC | (45.00) |
| 10/13/2016 | Bill Payment (Check) | 3675 | MO HealthNet | (99.00) |
| 10/13/2016 | Bill Payment (Check) | 3676 | Benton Street Counseling LLC | (30.00) |
| 10/13/2016 | Bill Payment (Check) | 3677 | MO HealthNet | (259.00) |
| 10/13/2016 | Bill Payment (Check) | 3678 | MO HealthNet | (40.00) |
| 10/13/2016 | Bill Payment (Check) | 3679 | MO HealthNet | (395.00) |
| 10/13/2016 | Bill Payment (Check) | 3680 | MO HealthNet | (504.00) |
| 10/13/2016 | Bill Payment (Check) | 3681 | MO HealthNet | (490.00) |
| 10/14/2016 | Bill Payment (Check) | 3682 | MO HealthNet | (99.00) |
| 10/14/2016 | Bill Payment (Check) | 3683 | MO HealthNet | (24.00) |
| 10/14/2016 | Bill Payment (Check) | 3684 | DMH Local Tax Matching Fund | (4,173.62) |
| 10/19/2016 | Bill Payment (Check) | 3685 | Brookview Apartments of Camdenton | (100.00) |
| 10/19/2016 | Bill Payment (Check) | 3686 | Camden Manors, Inc. | (100.00) |
| 10/19/2016 | Bill Payment (Check) | 3687 | Camdenton Apartments dba Lauren's Place | (374.00) |
| 10/19/2016 | Bill Payment (Check) | 3688 | David A Schlenfort | (498.00) |
| 10/19/2016 | Bill Payment (Check) | 3689 | Garry Euler | (674.00) |
| 10/19/2016 | Bill Payment (Check) | 3690 | Glen Donnach, LLC | (100.00) |
| 10/19/2016 | Bill Payment (Check) | 3691 | Jacob and/or Lana Kentner | (1,316.00) |
| 10/19/2016 | Bill Payment (Check) | 3692 | JC Sutton LLC | (375.00) |
| 10/19/2016 | Bill Payment (Check) | 3693 | John Farrell Real Estate Company | (281.00) |
| 10/19/2016 | Bill Payment (Check) | 3694 | Phyllis Ilene Hood | (561.00) |
| 10/19/2016 | Bill Payment (Check) | 3695 | Professional Management Group, Inc. | (545.00) |
| 10/19/2016 | Bill Payment (Check) | 3696 | Revelation Construction & Development, LLC | (100.00) |
| 10/19/2016 | Bill Payment (Check) | 3697 | Todd Meyer | (297.00) |
| 10/19/2016 | Bill Payment (Check) | 3698 | Valerie Stonitsch | (154.00) |
| 10/19/2016 | Bill Payment (Check) | 3699 | Camdenton Apartments dba Lauren's Place | (204.00) |

| | | | | |
|------------|----------------------|------|--|----------|
| 10/19/2016 | Bill Payment (Check) | 3700 | Revelation Construction & Development, LLC | (881.00) |
| 10/19/2016 | Bill Payment (Check) | 3701 | Revelation Construction & Development, LLC | (646.00) |
| 10/19/2016 | Bill Payment (Check) | 3702 | Revelation Construction & Development, LLC | (412.00) |
| 10/19/2016 | Bill Payment (Check) | 3703 | Revelation Construction & Development, LLC | (293.00) |
| 10/19/2016 | Bill Payment (Check) | 3704 | MO HealthNet | (14.00) |
| 10/19/2016 | Bill Payment (Check) | 3705 | OATS, Inc. | (648.00) |
| 10/20/2016 | Bill Payment (Check) | 3706 | Peak Sport and Spine Rehab | (185.00) |
| 10/20/2016 | Bill Payment (Check) | 3707 | Dave's Hideaway Motel | (300.00) |
| 10/20/2016 | Bill Payment (Check) | 3708 | MO HealthNet | (225.00) |
| 10/20/2016 | Bill Payment (Check) | 3709 | RLM Rentals, LLC | (458.00) |
| 10/25/2016 | Bill Payment (Check) | 3710 | Valerie Stonitsch | (154.00) |
| 10/25/2016 | Bill Payment (Check) | 3711 | Valerie Stonitsch | (154.00) |
| 10/28/2016 | Bill Payment (Check) | 3712 | MO HealthNet | (188.00) |
| 10/28/2016 | Bill Payment (Check) | 3713 | MO HealthNet | (654.00) |
| 10/28/2016 | Bill Payment (Check) | 3714 | MO HealthNet | (654.00) |
| 10/28/2016 | Bill Payment (Check) | 3715 | MO HealthNet | (120.00) |
| 10/28/2016 | Bill Payment (Check) | 3716 | MO HealthNet | (271.00) |
| 10/28/2016 | Bill Payment (Check) | 3717 | Dave's Hideaway Motel | (300.00) |

1055 TCM Account (TCM Funds) - 1st Nat'l Bank

| Date | Transaction Type | Num | Name | Amount |
|------------|----------------------|------------|--------------------------|------------|
| 10/07/2016 | Expense | 151531 | Connie L Baker | (868.28) |
| 10/07/2016 | Expense | 151532 | Rachel K Baskerville | (1,138.51) |
| 10/07/2016 | Expense | 151533 | Myrna Blaine | (1,400.12) |
| 10/07/2016 | Expense | 151534 | Cynthia Brown | (1,032.07) |
| 10/07/2016 | Expense | 151535 | Jennifer Clemons | (922.12) |
| 10/07/2016 | Expense | 151536 | Lori Cornwell | (818.96) |
| 10/07/2016 | Expense | 151537 | Jeanna K Cupp | (942.86) |
| 10/07/2016 | Expense | 151538 | Linda Gifford | (880.41) |
| 10/07/2016 | Expense | 151539 | Sharla Jenks | (857.29) |
| 10/07/2016 | Expense | 151540 | Ryan Johnson | (1,086.65) |
| 10/07/2016 | Expense | 151541 | Micah J Joseph | (1,122.93) |
| 10/07/2016 | Expense | 151542 | Annie Meyer | (1,089.86) |
| 10/07/2016 | Expense | 151543 | Edmond J Thomas | (1,097.54) |
| 10/07/2016 | Expense | 151544 | Eddie L Thomas | (2,053.69) |
| 10/07/2016 | Expense | 151545 | Marcie L. Vansyoc | (1,095.32) |
| 10/07/2016 | Expense | 151546 | Nicole M Whittle | (1,023.07) |
| 10/07/2016 | Expense | 10/07/2016 | Edward Jones | (75.00) |
| 10/07/2016 | Expense | 10/07/2016 | Internal Revenue Service | (6,131.64) |
| 10/07/2016 | Bill Payment (Check) | 6916 | G G Maha | (67.64) |
| 10/07/2016 | Bill Payment (Check) | 6917 | Lake Sun Leader | (55.00) |
| 10/07/2016 | Bill Payment (Check) | 6918 | Lori Cornwell | (108.44) |
| 10/07/2016 | Bill Payment (Check) | 6919 | Ameren Missouri | (314.71) |
| 10/07/2016 | Bill Payment (Check) | 6920 | AT&T | (81.92) |
| 10/07/2016 | Bill Payment (Check) | 6921 | Connie L Baker | (37.04) |

| | | | | |
|------------|----------------------|--------|------------------------------|------------|
| 10/07/2016 | Bill Payment (Check) | 6922 | Cynthia Brown | (60.50) |
| 10/07/2016 | Bill Payment (Check) | 6924 | Jennifer Clemons | (109.46) |
| 10/07/2016 | Bill Payment (Check) | 6925 | MSW Interactive Designs LLC | (30.00) |
| 10/07/2016 | Bill Payment (Check) | 6926 | Linda Simms | (182.39) |
| 10/07/2016 | Bill Payment (Check) | 6927 | Marcie L. Vansyoc | (77.33) |
| 10/07/2016 | Bill Payment (Check) | 6928 | Virtual Plumbing inc. | (545.00) |
| 10/07/2016 | Bill Payment (Check) | 6929 | Aflac | (689.08) |
| 10/07/2016 | Bill Payment (Check) | 6930 | Camden County PWSD #2 | (41.61) |
| 10/07/2016 | Bill Payment (Check) | 6931 | Ezard's, Inc. | (74.12) |
| 10/07/2016 | Bill Payment (Check) | 6932 | GB Maintenance Supply | (37.46) |
| 10/07/2016 | Bill Payment (Check) | 6933 | Jeanna K Cupp | (138.63) |
| 10/07/2016 | Bill Payment (Check) | 6934 | LaClede Electric Cooperative | (437.58) |
| 10/07/2016 | Bill Payment (Check) | 6935 | Refills Ink | (739.87) |
| 10/07/2016 | Bill Payment (Check) | 6936 | TruClean | (55.00) |
| 10/07/2016 | Bill Payment (Check) | 6937 | Linda Gifford | (130.73) |
| 10/07/2016 | Bill Payment (Check) | 6938 | G G Maha | (1,094.37) |
| 10/07/2016 | Bill Payment (Check) | 6939 | Linda Simms | (1,094.44) |
| 10/07/2016 | Bill Payment (Check) | 6940 | Eddie L Thomas | (517.07) |
| 10/07/2016 | Bill Payment (Check) | 6941 | Ryan Johnson | (67.64) |
| 10/07/2016 | Bill Payment (Check) | 6942 | TruClean | (120.00) |
| 10/13/2016 | Bill Payment (Check) | 6943 | Childrens Learning Center | (71.64) |
| 10/13/2016 | Bill Payment (Check) | 6944 | Deer Run Properties LLC | (300.00) |
| 10/13/2016 | Bill Payment (Check) | 6945 | Jessica North | (70.00) |
| 10/14/2016 | Bill Payment (Check) | 6946 | City Of Camdenton | (88.04) |
| 10/19/2016 | Bill Payment (Check) | 6947 | Ezard's, Inc. | (1,800.00) |
| 10/19/2016 | Bill Payment (Check) | 6948 | Bankcard Center | (4,170.00) |
| 10/19/2016 | Bill Payment (Check) | 6949 | Office Business Equipment | (355.08) |
| 10/19/2016 | Bill Payment (Check) | 6950 | TruClean | (55.00) |
| 10/20/2016 | Bill Payment (Check) | 6951 | Delta Dental of Missouri | (453.08) |
| 10/20/2016 | Bill Payment (Check) | 6952 | G G Maha | (1,074.60) |
| 10/20/2016 | Bill Payment (Check) | 6953 | Lake Area Industries | (40.00) |
| 10/20/2016 | Bill Payment (Check) | 6954 | Linda Simms | (1,094.44) |
| 10/20/2016 | Bill Payment (Check) | 6955 | Micah J Joseph | (271.13) |
| 10/20/2016 | Bill Payment (Check) | 6956 | Office Business Equipment | (143.99) |
| 10/21/2016 | Expense | 151549 | Connie L Baker | (868.28) |
| 10/21/2016 | Expense | 151550 | Rachel K Baskerville | (1,035.25) |
| 10/21/2016 | Expense | 151551 | Myrna Blaine | (1,400.15) |
| 10/21/2016 | Expense | 151552 | Cynthia Brown | (1,057.19) |
| 10/21/2016 | Expense | 151553 | Jennifer Clemons | (923.34) |
| 10/21/2016 | Expense | 151554 | Lori Cornwell | (827.80) |
| 10/21/2016 | Expense | 151555 | Jeanna K Cupp | (924.56) |
| 10/21/2016 | Expense | 151556 | Linda Gifford | (854.09) |
| 10/21/2016 | Expense | 151557 | Sharla Jenks | (968.42) |
| 10/21/2016 | Expense | 151558 | Ryan Johnson | (1,020.37) |
| 10/21/2016 | Expense | 151559 | Micah J Joseph | (1,068.75) |
| 10/21/2016 | Expense | 151560 | Annie Meyer | (1,061.87) |

| | | | | |
|------------|----------------------|------------|-------------------------------------|-------------|
| 10/21/2016 | Expense | 151562 | Eddie L Thomas | (2,053.66) |
| 10/21/2016 | Expense | 151561 | Edmond J Thomas | (1,097.52) |
| 10/21/2016 | Expense | 151563 | Marcie L. Vansyoc | (1,086.91) |
| 10/21/2016 | Expense | 151564 | Nicole M Whittle | (1,033.92) |
| 10/21/2016 | Expense | 10/21/2016 | Edward Jones | (75.00) |
| 10/21/2016 | Expense | 10/21/2016 | Internal Revenue Service | (6,098.83) |
| 10/21/2016 | Bill Payment (Check) | 6957 | KMB Technical Group, Inc. | (913.70) |
| 10/25/2016 | Bill Payment (Check) | 6958 | Missouri Dept of Revenue | (1,808.00) |
| 10/25/2016 | Bill Payment (Check) | 6959 | Mo Division Of Employment Security | (293.38) |
| 10/28/2016 | Bill Payment (Check) | 6960 | All American Termite & Pest Control | (255.00) |
| 10/28/2016 | Bill Payment (Check) | 6961 | Mo Consolidated Health Care | (12,093.76) |
| 10/28/2016 | Bill Payment (Check) | 6962 | Principal Life Ins | (245.76) |
| 10/28/2016 | Bill Payment (Check) | 6963 | TruClean | (175.00) |
| 10/28/2016 | Bill Payment (Check) | 6964 | Bryan Cave LLP | (96.25) |
| 10/28/2016 | Bill Payment (Check) | 6965 | Charter Business | (530.29) |
| 10/28/2016 | Bill Payment (Check) | 6966 | Clean Cut Lawn Care etc. LLC | (94.00) |
| 10/28/2016 | Bill Payment (Check) | 6967 | E-Z Disposal | (22.00) |
| 10/28/2016 | Bill Payment (Check) | 6968 | Films for Humanity, LLC | (797.30) |
| 10/28/2016 | Bill Payment (Check) | 6969 | Staples | (470.98) |
| 10/28/2016 | Bill Payment (Check) | 6971 | KMB Technical Group, Inc. | (356.00) |
| 10/28/2016 | Bill Payment (Check) | 6972 | Lagers | (3,322.40) |
| 10/28/2016 | Bill Payment (Check) | 6973 | Jeanna K Cupp | (173.67) |
| 10/28/2016 | Bill Payment (Check) | 6974 | Linda Simms | (152.81) |
| 10/28/2016 | Bill Payment (Check) | 6975 | Eddie L Thomas | (297.47) |

**September 2016
Credit Card Statement**



SCORECARD

Bonus Points Available
28,664

Account Summary

| | | |
|-----------------------|---|------------|
| Billing Cycle | | 10/04/2016 |
| Days In Billing Cycle | | 30 |
| Previous Balance | | \$1,255.35 |
| Purchases | + | \$4,178.66 |
| Cash | + | \$0.00 |
| Special | + | \$0.00 |
| Credits | - | \$8.66 |
| Payments | - | \$1,255.35 |
| Other Charges | + | \$0.00 |
| Finance Charges | + | \$0.00 |

NEW BALANCE \$4,170.00

Account Inquiries



Call us at: (800) 445-9272
Lost or Stolen Card: (866) 839-3485



Go to www.bankcardcenter.net



Write us at PO BOX 779, JEFFERSON CTY, MO
65102-0779

Payment Summary

| | |
|------------------|------------|
| NEW BALANCE | \$4,170.00 |
| MINIMUM PAYMENT | \$126.00 |
| PAYMENT DUE DATE | 11/02/2016 |

NOTE: Grace period to avoid a finance charge on purchases, pay entire new balance by payment due date. Finance charge accrues on cash advances until paid and will be billed on your next statement.

Credit Summary

| | |
|-------------------------|-------------|
| Total Credit Line | \$10,000.00 |
| Available Credit Line | \$5,830.00 |
| Available Cash | \$5,830.00 |
| Amount Over Credit Line | \$0.00 |
| Amount Past Due | \$0.00 |
| Disputed Amount | \$0.00 |

Corporate Activity

TOTAL CORPORATE ACTIVITY \$1,255.35-

| Trans Date | Post Date | Reference Number | Transaction Description | Amount |
|------------|-----------|------------------|-------------------------|-------------|
| 09/23 | 09/23 | 00500918 | PAYMENT - THANK YOU | \$1,255.35- |

Important Information About Your Account

VISIT SCORECARDREWARDS.COM NOW TO SEE OUR POPULAR NEW OFFERING, DAILY WINS. DAILY WINS IS AN EXCITING WAY TO TURN A FEW POINTS INTO A FABULOUS PRIZE! BROWSE THROUGH THE SELECTION OF ITEMS UP FOR GRABS, AND DECIDE ON THE ONE THAT YOU WANT - GIFT CARDS, ELECTRONICS, KITCHEN ITEMS, CAMERAS, AND MORE. THEN ENTER ANY DAILY WINS FOR AS LITTLE AS 3 POINTS. NEW ITEMS ARE ADDED DAILY, SO VISIT OFTEN TO SEE ALL OF THE GREAT ITEMS THAT ARE AVAILABLE!

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

CENTRAL BANK
PO BOX 779
JEFFERSON CTY MO 65102-0779

Account Number
5386

Check box to indicate
name/address change
on back of this coupon

AMOUNT OF PAYMENT ENCLOSED

| Closing Date | New Balance | Total Minimum Payment Due | Payment Due Date |
|--------------|-------------|---------------------------|------------------|
| 10/04/16 | \$4,170.00 | \$126.00 | 11/02/16 |

\$

BL ACCT 00000256-10000000
CAMDEN CO DD RES
ATTN ACCOUNTS PAYABLE
PO BOX 722
CAMDENTON MO 65020-0722



1917

MAKE CHECK PAYABLE TO:

BANKCARD SERVICES
PO BOX 8000
JEFFERSON CTY MO 65102-8000



| Cardholder Account Summary | | | | |
|----------------------------|-------------------------------------|--------------------------------------|-------------------------|---------------------------|
| MYRNA BLAINE ##### 6176 | Payments & Other Credits \$6.98- | Purchases & Other Charges \$24.75 | Cash Advances \$0.00 | Total Activity \$17.77 |

| Cardholder Account Detail | | | | | |
|---------------------------|-----------|-----------|-------------------------|---|---------|
| Trans Date | Post Date | Plan Name | Reference Number | Description | Amount |
| 09/06 | 09/07 | PBUS01 | 05436846250300138887864 | GERBES #0119 CAMDENTON MO | \$17.77 |
| 09/23 | 09/25 | PBUS01 | 55506296268400831000324 | JACKS SPORTING GOODS 05733462279 MO | \$6.98 |
| 09/23 | 09/25 | PBUS01 | 55506296268400831000381 | CREDIT VOUCHER JACKS SPORTING GOODS 05733462279 MO | \$6.98- |

| Cardholder Account Summary | | | | |
|----------------------------|------------------------------------|---------------------------------------|-------------------------|----------------------------|
| EDDIE THOMAS ##### 0953 | Payments & Other Credits \$0.00 | Purchases & Other Charges \$154.03 | Cash Advances \$0.00 | Total Activity \$154.03 |

| Cardholder Account Detail | | | | | |
|---------------------------|-----------|-----------|-------------------------|-------------------------------------|----------|
| Trans Date | Post Date | Plan Name | Reference Number | Description | Amount |
| 09/23 | 09/25 | PBUS01 | 55429506267717943545178 | EB EMPLOYMENT THE LAN 8014137200 CA | \$15.00 |
| 09/23 | 09/25 | PBUS01 | 55429506267717943610063 | EB EMPLOYMENT THE LAN 8014137200 CA | \$15.00 |
| 09/24 | 09/26 | PBUS01 | 2514052626900012300065 | A B RENTAL CENTER CAMDENTON MO | \$124.03 |

| Cardholder Account Summary | | | | |
|----------------------------|-------------------------------------|---|-------------------------|------------------------------|
| LINDA SIMMS ##### 0961 | Payments & Other Credits \$1.28- | Purchases & Other Charges \$3,738.53 | Cash Advances \$0.00 | Total Activity \$3,737.25 |

| Cardholder Account Detail | | | | | |
|---------------------------|-----------|-----------|-------------------------|---|----------|
| Trans Date | Post Date | Plan Name | Reference Number | Description | Amount |
| 09/04 | 09/05 | PBUS01 | 55432866248000779296969 | INTUIT *QB ONLINE 800-286-6800 CA | \$39.95 |
| 09/06 | 09/08 | PBUS01 | 05140486251710022901954 | WOODS MARKET 2068 OSAGE BEACH MO | \$17.94 |
| 09/12 | 09/13 | PBUS01 | 55483826257091000241627 | SAMSClub #8296 SPRINGFIELD MO | \$150.46 |
| 09/09 | 09/13 | PBUS01 | 55429506253894281433535 | PAYPAL *BENEFITSTRA 6106961551 CA | \$50.00 |
| 09/09 | 09/13 | PBUS01 | 55429506253894281366735 | PAYPAL *BENEFITSTRA 6106961551 CA | \$50.00 |
| 09/09 | 09/13 | PBUS01 | 55429506253894281293806 | PAYPAL *BENEFITSTRA 6106961551 CA | \$50.00 |
| 09/14 | 09/15 | PBUS01 | 55483826259400001832698 | WAL-MART #0089 CAMDENTON MO | \$12.52 |
| 09/16 | 09/18 | PBUS01 | 05410196260418211186604 | USPS 28603608230765119 OSAGE BEACH MO | \$5.29 |
| 09/19 | 09/20 | PBUS01 | 55310206264207188700144 | PIZZA HUT 009917 CAMDENTON MO | \$32.00 |
| 09/19 | 09/20 | PBUS01 | 55429506263894532585099 | PAYPAL *MACDDS 4029357733 CA SHARLA | \$130.00 |
| 09/19 | 09/20 | PBUS01 | 55429506263894532305985 | PAYPAL *MACDDS 4029357733 CA ED | \$160.00 |
| 09/19 | 09/20 | PBUS01 | 55429506263894532696201 | PAYPAL *MACDDS 4029357733 CA MIDAH | \$130.00 |
| 09/19 | 09/20 | PBUS01 | 55429506263894533407756 | PAYPAL *MACDDS 4029357733 CA EDMOND MARCEE | \$260.00 |
| 09/19 | 09/20 | PBUS01 | 55429506263894533116027 | PAYPAL *MACDDS 4029357733 CA LINDA MYRNA | \$260.00 |
| 09/19 | 09/20 | PBUS01 | 55429506263894532881092 | PAYPAL *MACDDS 4029357733 CA TEXNA | \$130.00 |
| 09/19 | 09/21 | PBUS01 | 05140486264710022728907 | WOODS MARKET 2068 OSAGE BEACH MO | \$19.87 |
| 09/20 | 09/21 | PBUS01 | 55429506264717866243473 | EB EMPLOYMENT THE LAN 8014137200 CA SEANNA | \$315.00 |
| 09/20 | 09/21 | PBUS01 | 55429506264894552359549 | PAYPAL *MACDDS 4029357733 CA LORT | \$130.00 |
| 09/20 | 09/21 | PBUS01 | 55429506264894552162554 | PAYPAL *MACDDS 4029357733 CA JENSPER | \$130.00 |
| 09/21 | 09/22 | PBUS01 | 05587456265000000253017 | RBT PIZZA HUT 009917 EasySavings NY | \$1.28 |
| 09/22 | 09/23 | PBUS01 | 05416016266141000114482 | WAL-MART #0089 CAMDENTON MO | \$44.49 |
| 09/22 | 09/23 | PBUS01 | 25140526267000010500015 | LAKE AREA CHAMBER OF C LAKE OZARK MO | \$10.00 |
| 09/23 | 09/25 | PBUS01 | 05436846268400035542560 | SAMS CLUB #8163 COLUMBIA MO | \$25.56 |
| 09/23 | 09/25 | PBUS01 | 55460296267207588700039 | EARTHGRAINS 41907013 COLUMBIA MO | \$6.00 |
| 09/22 | 09/25 | PBUS01 | 75428176267404501203653 | LAURIE TENT AND EVENT GRAVOIS MO | \$120.00 |
| 09/23 | 09/25 | PBUS01 | 55429506267717938672979 | EB EMPLOYMENT THE LAN 8014137200 CA JUNDY PUS | \$225.00 |
| 09/24 | 09/26 | PBUS01 | 05416016266141000034191 | WAL-MART #0089 CAMDENTON MO | \$26.18 |
| 09/27 | 09/29 | PBUS01 | 05140486272710023703156 | WOODS MARKET 2068 OSAGE BEACH MO | \$9.98 |
| 09/29 | 10/02 | PBUS01 | 55483826274370018280739 | SAMS INTERNET 08887467726 AR | \$33.43 |
| 09/30 | 10/02 | PBUS01 | 55429506274717118074104 | EB EMPLOYMENT THE LAN 8014137200 CA | \$75.00 |
| 10/01 | 10/03 | PBUS01 | 05436846276400042645257 | SAMS CLUB #8296 SPRINGFIELD MO | \$89.86 |

Cardholder Account Summary

| | | | | |
|------------------------------------|--|--|-------------------------|----------------------------|
| GLENDA MAHA #### #### #### 3221 | Payments & Other Credits \$0.40- | Purchases & Other Charges \$261.35 | Cash Advances \$0.00 | Total Activity \$260.95 |
|------------------------------------|--|--|-------------------------|----------------------------|

Cardholder Account Detail

| Trans Date | Post Date | Plan Name | Reference Number | Description | Amount |
|------------|-----------|-----------|-------------------------|---------------------------------------|----------|
| 09/13 | 09/14 | PBUS01 | 05410196257418192790700 | USPS 28124200230700272 CAMDENTON MO | \$5.50 |
| 09/14 | 09/15 | PBUS01 | 05436846259400035587780 | WM SUPERCENTER #89 CAMDENTON MO | \$151.28 |
| 09/14 | 09/15 | PBUS01 | 55417346259152595735155 | TLF JANINES FLOWERS AN 573-3463388 MO | \$50.00 |
| 09/26 | 09/27 | PBUS01 | 55429506270894707518363 | PAYPAL *HANDTRUCKS 4029357733 CA | \$8.99 |
| 09/26 | 09/27 | PBUS01 | 25536066271105002467769 | BREAK TIME 3114 COLUMBIA MO | \$39.87 |
| 09/27 | 09/28 | | 05587456271000000242178 | RBT BREAK TIME 3114 EasySavings NY | \$0.40 |
| 09/28 | 09/29 | PBUS01 | 05410196272418192789356 | USPS 28124200230700272 CAMDENTON MO | \$5.71 |

Additional Information About Your Account

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY! SIMPLY GO TO WWW.BANKCARDCENTER.NET AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY. ENROLL TODAY!

ScoreCard Bonus Points Information as of 10/03/2016

| SCORECARD | Beginning Balance | Points Earned | Bonus Earned | Points Adjusted | Points Redeemed | Ending Balance |
|-----------|-------------------|---------------|--------------|-----------------|-----------------|----------------|
| | 24,550 | 4,082 | 32 | 0 | 0 | 28,664 |

Finance Charge Summary / Plan Level Information

| Plan Name | Plan Description | FCM ¹ | Average Daily Balance | Periodic Rate * | Corresponding APR | Finance Charges | Effective APR Fees ** | Effective APR | Ending Balance |
|--|------------------|------------------|-----------------------|-----------------|-------------------|-----------------|------------------------------|---------------|----------------|
| Purchases | | | | | | | | | |
| PBUS01 001 | PURCHASE | E | \$0.00 | 0.70000%(M) | 8.4000%(V) | \$0.00 | \$0.00 | 0.0000% | \$4,170.00 |
| Cash | | | | | | | | | |
| CBUS01 001 | CASH | A | \$0.00 | 2.10333%(M) | 25.2400%(V) | \$0.00 | \$0.00 | 0.0000% | \$0.00 |
| * Periodic Rate (M)=Monthly (D)=Daily | | | | | | | Days In Billing Cycle: 30 | | |
| ** includes cash advance and foreign currency fees | | | | | | | APR = Annual Percentage Rate | | |
| ¹ FCM = Finance Charge Method | | | | | | | | | |
| (V) = Variable Rate If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary. | | | | | | | | | |

THANK YOU FOR SHOPPING AT
JACKS SPORTING GOODS & HDW.
(573) 346-2279

THANK YOU FOR SHOPPING AT
JACKS SPORTING GOODS & HDW.
(573) 346-2279

REMEMBER TRY JACK'S FIRST!!!!!!
09/23/16 11:11AM LMB 551 SALE

4030375 1 PK 6.49 PK
STEM CASTER WHT/ZNC 7/8" 6.49
9/23/16
SUB-TOTAL: 6.49 TAX: .49
TOTAL: 6.98
BC AMT: 6.98

BK CARD#: XXXXXXXXXXXX6176
ID: 191200381884
AUTH: 60213C AMT: 6.98
Host reference #:929274 Bat#
Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A0000000041010
TVR : 0400000000
IAD : 01106010012200
TSI : E800
ARC : 00
MODE : Issuer
CVM :
Name : MasterCard
TxnID/ValCode: 044715

Bank card 6.98



==>> JRNL#J29274 <<==
CUST NO:*5

THANK YOU MYRNA BLAINE
FOR YOUR PATRONAGE

Myrna Blaine

Name : X
I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: CASH CUSTOMER

Customer Copy

REMEMBER TRY JACK'S FIRST!!!!!!
09/23/16 11:35AM MMG 551 SALE

4030375 -1 PK 6.49 PK R
STEM CASTER WHT/ZNC 7/6" -6.49
SUB-TOTAL: -6.49 TAX: -.49
TOTAL: -6.98
BC AMT: -6.98
REFUND

BK CARD#: XXXXXXXXXXXX6176
ID: 191200381884
AUTH: 0 AMT: -6.98
Host reference #:929290 Bat#
Chip Read
CARD TYPE:MASTERCARD EXPR: XXXX
AID : A0000000041010
TVR :
IAD :
TSI :
ARC :
MODE : Issuer
CVM : No CVM
Name : MasterCard
TxnID/ValCode: 044721

Bank card -6.98



==>> JRNL#J29290 <<==
CUST NO:*5

THANK YOU MYRNA BLAINE
FOR YOUR PATRONAGE




Myrna Blaine

Name : X
I agree to pay above total amount
according to card issuer agreement
(merchant agreement if credit voucher)
Acct: CASH CUSTOMER

Customer Copy

CREDIT

| Time | Tran# | SKU or UPC | SKU Desc | Extended Amount | Trans Disc Amt | Tender Amount | Record Code | Key Code | Account Number |
|--------|-------|-------------|---------------------------------|-----------------|------------------|-----------------|-----------------------|-----------|------------------|
| 151300 | 172 | 2840059507 | DORITO COOL RANCH | \$ 3.19 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | 2840014741 | SUNCHIPS ORIGINAL | \$ 3.29 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | 1111006257 | BKRY MINI SGR COOKIE 36CT | \$ 3.99 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | 1111006258 | BKRY CHOC CHIP MINI 36CT | \$ 3.99 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | 7800005246 | A&W ROOT BEER | \$ 1.67 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | 4900005011 | DIET COKE CONTOUR BTL | \$ 1.67 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | 1200000230 | PEPSI | \$ 1.66 | \$ 0.00 | \$ 0.00 | Regular | Swiped | |
| | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | Loyalty Card Enter | Loyalty/I | |
| | | 10000022493 | *** DESC UNKNOWN-CODE(4301)* | | (\$ 0.69) | | Loyalty Card | Loyalty/I | |
| | | 10000024645 | *** DESC UNKNOWN-CODE(4301)* | | (\$ 0.50) | | Loyalty Card | Loyalty/I | |
| | | 10000024645 | *** DESC UNKNOWN-CODE(4301)* | | (\$ 0.50) | | Loyalty Card | Loyalty/I | |
| | | | | \$ 0.00 | \$ 0.00 | \$ 17.77 | Credit Card | Loyalty/I | 5475780000006176 |
| | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | Loyalty Card Final | Loyalty/I | |
| | | | | \$ 0.00 | \$ 0.00 | \$ 0.00 | Used Targeted Coupons | Loyalty/I | |
| | | | | \$ 19.46 | (\$ 1.69) | \$ 17.77 | | | |
| | | | | \$ 19.46 | (\$ 1.69) | \$ 17.77 | | | |

| | | | | |
|--|---|---|---|---|
|  553416638696413686001 | Event <h1 style="text-align: center;">Employment: The Landscape has Changed</h1> | |  | |
| | Date+Time Wednesday, October 12, 2016 from 10:00 AM to 4:15 PM (CDT) | Location Stoney Creek Hotel & Conference Center 2601 S Providence Rd Columbia, MO 65203 | Name Angela St. Joan | Payment Status Eventbrite Completed |
| | Order Info Order #553416638. Ordered by Ed Thomas on September 23, 2016 3:19 PM | |  | |
| | Type Family Member/Personal Assistant/General Public \$15.00 | | | |

Thanks for registering! Please save and/or print your confirmation for your records. We look forward to seeing you on October 12th!

Registration Information:

Breakout Session 1
 Bob Simpson - University of MO Hook Center, Pre-Employment Transitional Services

Breakout Session 2
 Susan Eckles - Missouri Protection and Advocacy



553416638696413686001

Eventbrite

Do you organize events?

Start selling in minutes with Eventbrite!
www.eventbrite.com

Event

Employment: The Landscape has Changed



Date+Time

Wednesday, October 12, 2016
from 10:00 AM to 4:15 PM
(CDT)

Location

Stoney Creek Hotel &
Conference Center
2601 S Providence Rd
Columbia, MO 65203

Name

Ann Bledsoe

Payment Status

Eventbrite
Completed

Order Info

Order #553405873. Ordered by Ed Thomas on September 23, 2016 2:51 PM

Type

Family Member/Personal Assistant/General Public \$15.00



553405873696400191001

Thanks for registering! Please save and/or print your confirmation for your records. We look forward to seeing you



553405873696400191001

RENTAL CENTER
P.O. BOX 61
COLUMBIA, MO 65202
(573)346-7735

Merchant ID: 7954
Term #: 1003

Store #: 1001
Ref #: 0006

Sale

XXXXXXXXXXXX0953
MASTERCARD

Entry Method: Swiped

Total: \$ 124.03

SALES, L.L.C.

263 N. BUS RTE 5
N, MO 65020

16-7700
30 MON - SAT.

P.O. NO.

RENTAL CONTRACT NO. 58440

EMPLOYED BY:

PHONE

ADDRESS

CITY/ST.

Thomas
Shore Dr
no ZIP 65032

| | |
|------------------|----------|
| DRIVER'S LICENSE | |
| T980199757 | |
| STATE | NUMBER |
| MO | 12-04-68 |
| TELEPHONE NOS. | |
| 573-469-5851 | |
| CELL # | |

| | | |
|--------|----------|-----------|
| TIME | IN | |
| | OUT | 9:21-16 8 |
| EQUIP. | HRS. IN | |
| | HRS. OUT | |

16 09/24/16 16:01:45
Inv #: 000006 Appr Code: 61458C
Transaction ID: 0924MCB1KPK5H
Apprvd: Online Batch#: 000223

Customer Copy
THANK YOU!

| 1/2 DAY | DAY | WEEK | MONTH | RENT | CHARGES | TOT PRI |
|---------|-----|------|-------|------|------------------|---------|
| | 160 | | | | RENT 95.40 | |
| | | | | | LABOR | |
| | | | | | FREIGHT | |
| | | | | | MDSE. 20 | |
| | | | | | SUB-TOTAL 115.40 | |
| | | | | | TAX 8.63 | |
| | | | | | TOTAL 124.03 | |
| | | | | | REFUND XXXX | |

CASH CHK CHG C/C

| QTY OUT | MERCHANDISE AND SUPPLIES | UNIT PRICE | TOT PRI |
|---------|--------------------------|------------|---------|
| 1 | chair | 20 | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

EQUIPMENT RECEIVED SUBJECT TO CONDITIONS ON REVERSE SIDE.
There are no warranties of merchantability or fitness either expressed or implied which extend beyond the description on the face hereof.

SUB TOTAL

Renter's Signature X 

Print

IF EQUIPMENT DOES NOT FUNCTION PROPERLY, NOTIFY US IMMEDIATELY OR FULL RATE WILL BE CHARGED.

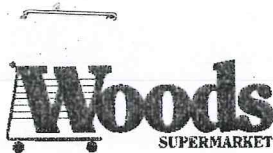
ALL RENTALS ARE FOR 24 HOUR PERIOD UNLESS OTHERWISE NOTED

DATE/TIME DUE IN

INTUIT - QUICK BOOKS
MONTHLY PAY

- Accounting
- Subscription status
- Subscribed Edit Cancel
- Plan details
- QuickBooks Plus Upgrade
- \$39.95 / month
- Switch to annual billing
- Next Charge
- July 4, 2016
- Payment method
- MasterCard ending 0961 expires 11/18 Edit

ACCT
5561
SEPTEMBER, 2016



OSAGE BEACH, MO 665065
 (573) 348-2591
 VISIT US AT
 WOODSSUPERMARKET.COM
 Store:2068

FOR MACKS
 CREEK PICNIC

Cashier: MARY R 167

09/06/16 12:55:21

S&H Card Number 49663172267

GROCERY

| | | | |
|--------------|--------------|------|----|
| FLAVOR CINCH | 028400002899 | 7.28 | TF |
| FLAVOR CINCH | 028400002899 | 7.28 | TF |
| FLAVOR CINCH | 028400002899 | 7.28 | TF |
| FLAVOR CINCH | 028400002899 | 7.28 | TF |
| FLAVOR CINCH | 028400002899 | 7.28 | TF |
| FLAVOR CINCH | 028400002899 | 7.28 | TF |

COUPONS

| | | | | |
|-----------|------------------|----|-------|----|
| Coupon Pa | 8110100284001601 | MC | -4.29 | TF |
| Coupon Pa | 8110100284001601 | MC | -4.29 | TF |
| Coupon Pa | 8110100284001601 | MC | -4.29 | TF |
| Coupon Pa | 8110100284001601 | MC | -4.29 | TF |
| Coupon Pa | 8110100284001601 | MC | -4.29 | TF |
| Coupon Pa | 8110100284001601 | MC | -4.29 | TF |

SUBTOTAL 17.94
 TOTAL TAX .00

TOTAL 17.94

MasterCard TENDER 17.94

Acct:xxxxxxxxxxxx0961

APPRVL CODE 60522C

Cash CHANGE .00

NUMBER OF ITEMS 6

EXEMPT TAX ID 2
 T1 ITEM VALUE EXEMPTED 17.94
 T1 TAX EXEMPTED .80
 T2 ITEM VALUE EXEMPTED .00
 T2 TAX EXEMPTED .00
 T3 ITEM VALUE EXEMPTED .00
 T3 TAX EXEMPTED .00
 T4 ITEM VALUE EXEMPTED .00
 T4 TAX EXEMPTED .00

Manufacturer Coupons 25.74

You Saved a Total of 25.74
 That is 58% off



CLUB MANAGER TOM CONROY
 (417) 882 - 4487
 SPRINGFIELD, MO

09/12/16 16:04 3615 08296 008 4212

CAMDEN COUNTY SENATE BILL 40

| | | | | |
|------------|------------|--------------|--------|----|
| | 245437 | ZSAH COLUME | 11.46 | T |
| | 245437 | ZSAH COLUME | 11.46 | T |
| | 725490 | SHEAD FILES | 7.82 | T |
| | 725490 | SHEAD FILES | 7.82 | T |
| UL | 725490 | SHEAD FILES | 7.82 | -T |
| | | *** VOID *** | | |
| VL | 725490 | SHEAD FILES | 7.82 | -T |
| | | *** VOID *** | | |
| VL | 245437 | ZSAH COLUME | 11.46 | -T |
| | | *** VOID *** | | |
| VL | 245437 | ZSAH COLUME | 11.46 | -T |
| | | *** VOID *** | | |
| | 245437 | ZSAH COLUME | 11.46 | E |
| | 245437 | ZSAH COLUME | 11.46 | E |
| | 725490 | SHEAD FILES | 7.82 | E |
| | 725490 | SHEAD FILES | 7.82 | E |
| I | 541143 | KLEENEX | 14.98 | E |
| I | 930536 | SAM'S COPY | 27.98 | E |
| I | 930536 | SAM'S COPY | 27.98 | E |
| I | 930536 | SAM'S COPY | 27.98 | E |
| I | 930536 | SAM'S COPY | 27.98 | E |
| V | INST SV | KLEENEX | 3.00 | -N |
| | | 4 @ 3.00- | | |
| V | INST SV | SAM'S COPY | 12.00 | -N |
| | | SUBTOTAL | 150.46 | |
| | | TOTAL | 150.46 | |
| | | MCARD TEND | 150.46 | |
| ACCOUNT # | | **** * 0961 | | S |
| APPROVAL # | 65479C | | | |
| TERMINAL # | SC010795 | | | |
| | CHANGE DUE | | 0.00 | |

Additional Savings This Trip:
 Sam's Instant Savings: \$15.00

Visit samsclub.com to see your savings

ITEMS SOLD 9

11* 6110 1651 3428 9937 0498 4



[Go TO REGISTER]

Session Descriptions

Register for all five sessions at one time (Session #100) and save **\$40.00**

Session #100 Benefits and Employment in 2015 **\$50.00** EARLY

xx minutes Printable accompanying handout with each session - xx pages
All-in-one registration for the "Benefits and Employment in 2015" webinar at a reduced registration fee. A complete set of sessions #101, #102, #103, #104, and #105 (described below)

Each session can be attended when you chose. Send request for access information one day prior to attending. You will receive the URL for the session, the pass code, and the handout as an attached file.

Session #101 The Basics of the Social Security Programs **\$15.00** 74 minutes

Session #101 starts from the beginning and provides the foundation to understanding the benefit programs.

It explains:

- 1) what Social Security means by "disability";
- 2) who can receive a benefit;
- 3) what is the difference between the two benefit programs Social Security administers;
- 4) how Social Security determines which benefit a person receives;
- 5) why some people receive more than one benefit; and
- 6) why some people change benefit programs.

Session #102 How Wage Affects title II benefits (Social Security, SSDI, CDB) and Medicare. **\$20.00** 85 minutes (with 5 minute intermission)

Title II is based on a worker's contributions to Social Security.

Session #102 focuses on who can receive title II benefits (SSDI, RSDI, CDB, and DWB) and who are entitled to the benefit. It answers the question "How much can I earn and what will happen to my benefit?"

The session explains the title II process:

- 1) beginning with the Trial Work Period;
- 2) continuing through the Extended Period of Eligibility and the Re-entitlement Period;
- 3) when the SGA Cessation month occurs;
- 4) the Benefit Termination Month; and
- 5) the Expedited Re-instatement period.

You must understand this process if a title II beneficiary is planning to work or is working.

Session #103 How Income Affects SSI and Medicaid. **\$20.00** 87 minutes (with 5 minute intermission)

*\$150
\$50 JORI
\$50 CYNTHIA
\$50 JENNIFER*

See back of receipt for your chance
to win \$1000

ID #: 7JZKZLZ1J6

Walmart 
Save money. Live better.

(573) 346 - 3588
MANAGER BRENDA GARRETT
94 CECIL ST
CAMDENTON MO 65020
ST# 00089 OP# 001319 TE# 08 TR# 05193
TRASH BAGS 007874204833 12.52 0
SUBTOTAL 12.52
TOTAL 12.52
MCARD TEND 12.52

ACCOUNT # **** * 0961 S
APPROVAL # 60430C
REF # 625800183269
PAYMENT SERVICE - A
TERMINAL # SC010080

09/14/16 07:20:39

CHANGE DUE 0.00

ITEMS SOLD 1

TC# 4589 8908 6079 1650 5767



Low Prices You Can Trust. Every Day.
09/14/16 07:20:51

CUSTOMER COPY

Savings Catcher! Scan with Walmart app



=====

OSAGE BEACH
 5545 OSAGE BEACH PKWY
 OSAGE BEACH
 MO
 65065-9998
 2860360829
 (800)275-8777 4:07 PM

09/16/2016

=====

| Product Description | Sale Qty | Final Price |
|--|----------|-------------|
| First-Class Mail Large Envelope (Domestic) (ROLLA, MO 65402) (Weight:0 Lb 5.70 Oz) (Expected Delivery Day) (Monday 09/19/2016) | 1 | \$1.99 |
| Certified (USPS Certified Mail #) (70150920000191075609) | 1 | \$3.30 |

Total \$5.29

Credit Card Remitd \$5.29
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXX0961)
 (Approval #:67014C)
 (Transaction #:660)

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com. USPS Tracking or call 1-800-275-3831.

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®.

ROLLA, MO 65402

OFFICIAL USE

| | | |
|--|--------|---------------|
| Postage | \$3.50 | 0829 |
| Certified Fee | \$0.00 | 02 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | Postmark Here |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | SEP 16 2016 |
| Total P | \$1.99 | 09/16/2016 |

\$5.29 Rolla Regional
 Atten:Becky Sawyer
 PO Box 1098
 105 Fairgrounds Rd
 Rolla, MO 65402

Sent To
 Street & or PO B
 City, St

PS Form 3800, July 2011

7015 0920 0001 9107 5609

PIZZA HUT
CARRY_OUT

** DUE NOW **
** DUE: 09/19/16 at 03:15PM **

Ticket # 0001

ENTERED BY
KILEY
009917 09/19/16 10:36AM

JEANNA


- 01 1 LgstX2ltr 16.00
Large
Hand toss
Meat Lvr
- 02 1 Order
BreadStx
With Chs
- 03 1 two litR
Pepsi

- 04 1 LgstX2ltr 16.00
Large
Thin
Veg Lovr
- 05 1 Order
BreadStx
With Chs
- 06 1 two litR
SieraMst

Subtotal 32.00
SALES TAX 0.00
Balance Due 32.00

Amt Tendered
Credit Card 32.00
Change 0.00

Taken at 10:36AM
Pick Up at 03:15PM

BIG DINNER BOX
For monday night football

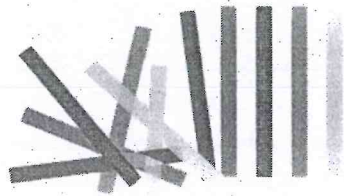
FLIP OVER FOR A CHANCE TO WIN!

FLIP OVER FOR A CHANCE TO WIN!

FLIP OVER FOR A CHANCE TO WIN!

FLI

Food for
9-19-2016
board mtg



CHANGE

When

Thursday October 20 2016 at 8:00 AM CDT

-by-

Friday October 21 2016 at 4:00 PM CDT

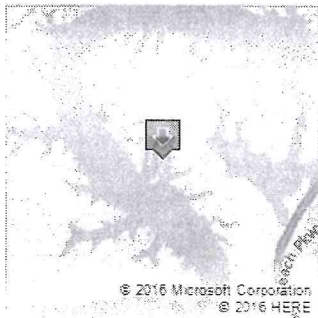
[Add to Calendar](#)

Where

Tan-Tar-A Resort

494 Tan-Tar-A Drive

Osage Beach, MO 65065



[Enlarge Direct map](#)

Contact

Penman and Winton Consulting, MACDDS
Conference Management

Penman & Winton Consulting, MACDDS Conference
Management

573-634-6044

bill@penman-winton.com

2016 MACDDS Conference: Taking Charge of Change

Join MACDDS at its 2016 Conference: Taking Charge of Change for informational workshops, speakers and networking. The event will be held at the Tan-Tar-A Resort in Osage Beach on October 20 & 21.

You have successfully registered for this event; look for a confirmation email arriving shortly. MACDDS looks forward to seeing you in October.

 [Share this event on Facebook](#)

 [Tweet that you're attending](#)

First Registrant

| | |
|----------------|--|
| First Name: | Sharla |
| Last Name: | Jenks |
| Organization: | Camden County Developmental Disability Resources |
| Address 1: | PO Box 722 |
| Address 2: | PO Box 722 |
| City: | Camdenton |
| State: | Missouri |
| ZIP Code: | 65020 |
| County: | Camden |
| Phone: | 573-317-9233 |
| Fax Number: | 573-317-9332 |
| Email Address: | sjarla@ccddr.org |

First Registrant Detail

| | |
|------------------------------|----------------------|
| I am a: | MACDDS Member |
| Select One of the Following: | Support Coordinators |

Payment Summary

Payment Method

Paid By PayPal

| <i>Name</i> | <i>Type</i> | <i>Quantity</i> | <i>Fee</i> | <i>Total</i> |
|--------------|-------------------------|-----------------|------------------|-----------------|
| Sharla Jenks | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| | | | Subtotal: | \$130.00 |

| <i>Additional Items</i> | <i>Option</i> | <i>Quantity</i> | <i>Price</i> | <i>Total</i> |
|----------------------------------|---------------|-----------------|------------------|---------------|
| Pre-Conference Session (Members) | | 1 | \$0.00 | \$0.00 |
| | | | Subtotal: | \$0.00 |

TOTAL: \$130.00




2016 MACDDS Conference: Taking Charge of Change

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 [Share this event on Facebook](#)

 [Tweet that you're attending](#)

When

Thursday October 20, 2016 at 8:00 AM CDT
to

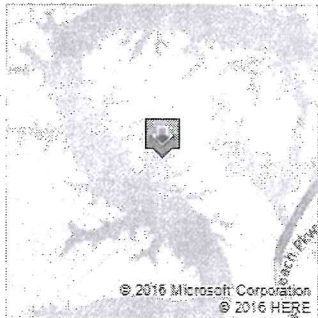
Friday October 21, 2016 at 5:00 PM CDT

[Add to Calendar](#)

Where

Tan-Tar-A Resort

494 Tan-Tar-A Drive
Osage Beach, MO 65065



[Driving Directions](#)

Contact

Penman and Winton Consulting, MACDDS
Conference Management

Penman & Winton Consulting, MACDDS Conference
Management

573-625-6044

jill@penman-winton.com

First Registrant

First Name: Eddie
Last Name: Thomas
Organization: Camden County Developmental Disability Resources
Address 1: PO Box 722
Address 2: PO Box 722
City: Camdenton
State: Missouri
ZIP Code: 65020
County: Camden
Phone: 573-469-5851
Fax Number: 573-693-1515
Email Address: director@ccddr.org

First Registrant Detail

I am a: MACDDS Member
Select One of the Following Other

Payment Summary

Payment Method

Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|------------------|-------------------------|----------|----------|----------|
| Eddie Thomas | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Subtotal: | | | | \$130.00 |

Additional Items

| Option | Quantity | Price | Total |
|----------------------------------|----------|---------|---------|
| Pre-Conference Session (Members) | 1 | \$0.00 | \$0.00 |
| Pre-Conference Session | 1 | \$30.00 | \$30.00 |
| Subtotal: | | | \$30.00 |

TOTAL: \$160.00




2016 MACDDS Conference: Taking Charge of Change

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 [Share this event on Facebook](#)

 [Tweet that you're attending](#)

When

Thursday October 20, 2016 at 8:00 AM CDT
to

Friday October 21, 2016 at 5:00 PM CDT

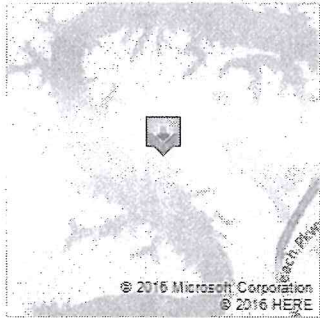
[Add to Calendar](#)

Where

Tan-Tar-A Resort

494 Tan-Tar-A Drive

Osage Beach, MO 65065



[Driving Directions](#)

Contact

Penman and Winton Consulting, MACDDS

Conference Management

Penman & Winton Consulting, MACDDS Conference

Management

573-635-6044

jill@penman-winton.com

First Registrant

| | |
|----------------|--|
| First Name | Micah |
| Last Name | Joseph |
| Organization | Camden County Developmental Disability Resourcesca |
| Address 1: | PO Box 722 |
| City: | Camdenton |
| State: | Missouri |
| ZIP Code: | 65020 |
| County: | Camden |
| Phone: | 573-317-9233 |
| Fax Number: | 573-317-9332 |
| Email Address: | micah@ccddr.org |

First Registrant Detail

I am a: MACDDS Member
 Support Coordinators

Payment Summary

Payment Method

Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|------------------|-------------------------|----------|----------|-----------------|
| Micah Joseph | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Subtotal: | | | | \$130.00 |

| Additional Items | Option | Quantity | Price | Total |
|----------------------------------|--------|----------|--------|---------------|
| Pre-Conference Session (Members) | | 1 | \$0.00 | \$0.00 |
| Subtotal: | | | | \$0.00 |

TOTAL: \$130.00

When

Thursday, October 20, 2016 at 8:00 AM CDT

To

Friday, October 21, 2016 at 4:00 PM CDT

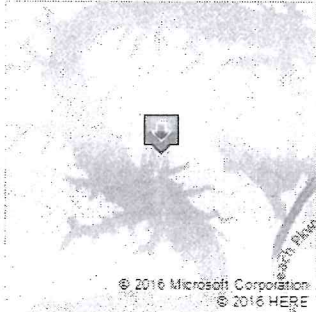
[Add to Calendar](#)

Where

Tan-Tar-A Resort

494 Tan-Tar-A Drive

Osage Beach, MO 65065



[Driving Directions](#)

Contact

Penman and Winton Consulting, MACDDS
Conference Management

Penman & Winton Consulting, MACDDS Conference
Management

573-635-6044

all@penman-winton.com

2016 MACDDS Conference: Taking Charge of Change

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First Registrant

First Name: Marcie
 Last Name: Vansyoc
 Organization: Camden County Developmental Disability Resources
 Address 1: PO Box 722
 City: Camdenton
 State: Missouri
 ZIP Code: 65020
 County: Camden
 Phone: 5736931511
 Fax Number: 573-693-1515
 Email Address: marcie@ccddr.org

First Registrant Detail

I am a: MACDDS Member
 Select One of the Following: Administrator/HR Professional

Additional Participant Information

First Name: Edmond
 Last Name: Thomas
 Email: ejt@ccddr.org
 Select One of the Following: Administrator/HR Professional

Payment Summary

Payment Method
Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|------------------|-------------------------|----------|----------|-----------------|
| Marcie Vansyoc | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Edmond Thomas | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Subtotal: | | | | \$260.00 |

| Additional Items | Option | Quantity | Price | Total |
|----------------------------------|--------|----------|--------|---------------|
| Pre-Conference Session (Members) | | 2 | \$0.00 | \$0.00 |
| Subtotal: | | | | \$0.00 |

TOTAL: **\$260.00**

When

Thursday, October 20, 2016 at 8:00 AM CDT

to:

Friday, October 21, 2016 at 5:00 PM CDT

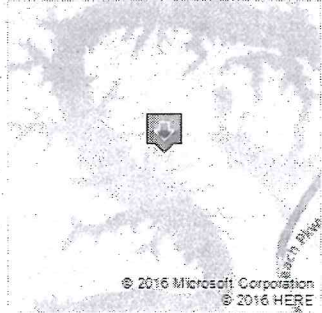
[Add to Calendar](#)

Where

Tan-Tar-A Resort

484 Tan-Tar-A Drive

Osage Beach, MO 65055



[Driving Directions](#)

Contact

Penman and Winton Consulting, MACDDS

Conference Management

Penman & Winton Consulting, MACDDS Conference

Management

573-625-6744

jill@penman-winton.com

2016 MACDDS Conference: Taking Charge of Change

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[Tweet that you're attending](#)

First Registrant

First Name: Cindy
 Last Name: Brown
 Organization: Camden County Developmental Disability Resources
 Address 1: PO Box 722
 City: Camdenton
 State: Missouri
 ZIP Code: 65020
 County: Camden
 Phone: 573-317-9233
 Fax Number: 573-317-9332
 Email Address: cindy@ccddr.org

First Registrant Detail

I am a: MACDDS Member
 Select One of the Following: Support Coordinators

Additional Participant Information

First Name: Myrna
 Last Name: Blaine
 Email: myrna@ccddr.org
 Select One of the Following: Other

Payment Summary

Payment Method

Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|------------------|-------------------------|----------|----------|----------|
| Cindy Brown | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Myrna Blaine | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Subtotal: | | | | \$260.00 |

| Additional Items | Option | Quantity | Price | Total |
|----------------------------------|--------|----------|--------|--------|
| Pre-Conference Session (Members) | | 2 | \$0.00 | \$0.00 |
| Subtotal: | | | | \$0.00 |

TOTAL: \$260.00

When

Thursday October 20, 2016 at 8:00 AM CDT

--to

Friday October 21, 2016 at 5:00 PM CDT

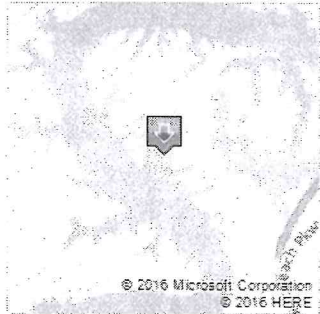
[Add to Calendar](#)

Where

Tan-Tar-A Resort

4301 Tan-Tar-A Drive

Osage Beach, MO 65055



[Driving Directions](#)

Contact

Penman and Winton Consulting, MACDDS
Conference Management

Penman & Winton Consulting, MACDDS Conference

Management

573-625-6044

jlil@penman-winton.com

2016 MACDDS Conference: Taking Charge of Change

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[Tweet that you're attending](#)

First Registrant

First Name:

Jeanna

Last Name:

Cupp

Organization:

Camden County Developmental
Disability Resources

Address 1:

PO Box 722

Address 2:

PO Box 722

City:

Camdenton

State:

Missouri

ZIP Code:

65020

County:

Camden

Phone:

573-693-1511

Email Address:

jeanna@ccddr.org

First Registrant Detail

I am a:

MACDDS Member

Do you require a vegetarian meal or meal that
accommodates a dietary need?

Vegetarian Meal

If you have a special dietary need, please briefly describe.

VEGETARIAN

Select One of the Following

Administrator/HR Professional

Payment Summary

Payment Method

Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|------------------|-------------------------|----------|----------|-----------------|
| Jeanna Cupp | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| Subtotal: | | | | \$130.00 |

| Additional Items | Option | Quantity | Price | Total |
|----------------------------------|--------|----------|--------|---------------|
| Pre-Conference Session (Members) | | 1 | \$0.00 | \$0.00 |
| Subtotal: | | | | \$0.00 |

TOTAL: **\$130.00**

Food for
9-19-2016
Board Mtg



OSAGE BEACH, MO 665065
(573) 348-2591
VISIT US AT
WOODSSUPERMARKET.COM
Store:2068

Cashier: Erin

09/19/16 13:05:04

BEGIN DUPLICATE RECEIPT
Store:2068

Cashier: Erin

09/19/16 13:03:03

GROCERY

1 @ 2/ 5.00
LAYS WAVYS OR 028400598132 2.50 TF
1 @ 2/ 5.00
SUN CHIPS 028400147392 2.50 TF
TAX EXEMPT SLIP 999900 .00 TF

PRODUCE

SMALL VEGGIE 709351888991 7.99 TF

BAKERY

HERSHEY COOKI 230493000007 4.99 TF

DAIRY

CENTRAL CHIP& 073948031221 1.89 TF

SUBTOTAL 19.87
TOTAL TAX .00

TOTAL 19.87
MasterCard TENDER 19.87

Acct:xxxxxxxxxxxx0961
APPRVL CODE 64493C
Cash CHANGE .00

NUMBER OF ITEMS 6

EXEMPT TAX ID 19364199
T1 ITEM VALUE EXEMPTED 19.87
T1 TAX EXEMPTED .89
T2 ITEM VALUE EXEMPTED .00
T2 TAX EXEMPTED .00
T3 ITEM VALUE EXEMPTED .00
T3 TAX EXEMPTED .00
T4 ITEM VALUE EXEMPTED .00
T4 TAX EXEMPTED .00

Trx:154 Term:1 Store:2068 13:04:47

THANK YOU FOR SHOPPING AT WOODS!
LET US HEAR FROM YOU ON OUR WEBSITE
"CONTACT US" TO BETTER SERVE YOU.
MICHAEL STORE MANAGER
END DUPLICATE RECEIPT

Name #: 552007345

Quantity Price

Name Type

Quantity Price



Self Advocate

1

\$0.00

Lisa Jackson

Family Member/Personal Assistant/General Public

1

\$15.00

Jeanna Cupp

Professional

1

\$75.00

Marcie Vansyoc

Professional

1

\$75.00

Myrna Blaine

Professional

1

\$75.00

Eddie Thomas

Professional

1

\$75.00

TOTAL

\$315.00

Charged to: MasterCard - XXXX-XXXXXX-0961

This charge will appear on your card statement as EVENTBRITE.COM/CHARGE

This order is subject to Eventbrite Terms of Service, Privacy Policy, and Cookie Policy

ARE OF MO
CONF - COLUMBIA
10-12-16

About this event

Wednesday, October 12, 2016
from 10:00 AM to 4:15 PM (CDT)

Stoney Creek Hotel & Conference Center
2601 S Providence Rd
Columbia, MO 65203

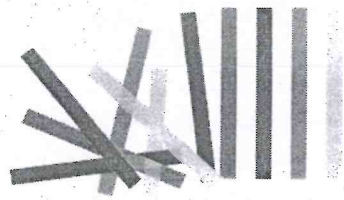


Map data ©2016 Google

Add to my calendar:

Google · Outlook · iCal · Yahoo

Ticket Information





CHANGE

2016 MACDDS Conference: Taking Charge of Change

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 [Share this event on Facebook](#)

 [Tweet that you're attending](#)

When

Thursday October 20, 2016 at 9:00 AM CDT

End

Friday October 21, 2016 at 5:00 PM CDT

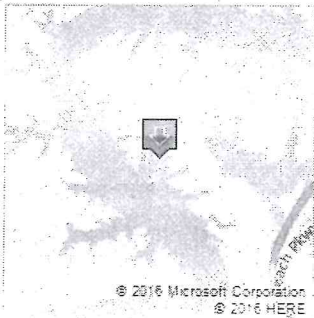
[Add to Calendar](#)

Where

Tan-Tar-A Resort

494 Tan-Tar-A Drive

Osage Beach, MO 65065



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Contact

Penman and Winton Consulting, MACDDS Conference Management

Penman & Winton Consulting, MACDDS Conference Management

573-635-6044

info@penmanwinton.com

First Registrant

| | |
|----------------|--|
| First Name: | Lori |
| Last Name: | Cornwell |
| Organization: | Camden County Developmental Disability Resources |
| Address 1: | PO Box 722 |
| City: | Camdenton |
| State: | Missouri |
| ZIP Code: | 65020 |
| County: | Camden |
| Phone: | 573-317-9233 |
| Fax Number: | 573-317-9332 |
| Email Address: | lori@ccddr.org |

First Registrant Detail

I am a: MACDDS Member
 Support Coordinators

Payment Summary

Payment Method

Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|---------------|-------------------------|----------|------------------|----------|
| Lori Cornwell | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| | | | Subtotal: | \$130.00 |

| Additional Items | Option | Quantity | Price | Total |
|----------------------------------|--------|----------|------------------|--------|
| Pre-Conference Session (Members) | | 1 | \$0.00 | \$0.00 |
| | | | Subtotal: | \$0.00 |

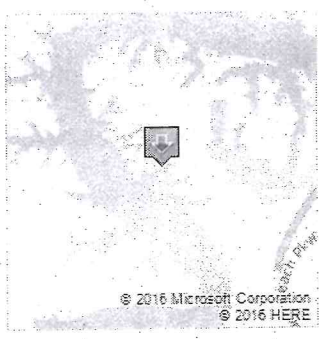
TOTAL: **\$130.00**

JENNIFER



When
Friday, October 21, 2016 at 5:00 PM CDT
[Add to Calendar](#)

Where
Tan-Tar-A Resort
464 Tan-Tar-A Drive
Osage Beach, MO 64076



Driving Directions

Contact
Penman and Winton Consulting, MACDDS
Conference Management
Manager
573-635-6044
bill@penman-winton.com

2016 MACDDS Conference: Taking Charge of Change

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- [Share this event on Facebook](#)
- [Tweet that you're attending](#)

First Registrant

First Name: Jennifer
 Last Name: Clemons
 Organization: Camden County Developmental Disability Resources
 Address 1: PO Box 722
 City: Camdenton
 State: Missouri
 ZIP Code: 65020
 County: Camden
 Phone: 573-317-9233
 Fax Number: 517-317-9332
 Email Address: jennifer@ccddr.org

First Registrant Detail

I am a: MACDDS Member
 Select One of the Following: Support Coordinators

Payment Summary

Payment Method
Paid By PayPal

| Name | Type | Quantity | Fee | Total |
|----------------------------------|-------------------------|----------|------------------|-----------------|
| Jennifer Clemons | Member Registration Fee | 1 | \$130.00 | \$130.00 |
| | | | Subtotal: | \$130.00 |
| Additional Items | Option | Quantity | Price | Total |
| Pre-Conference Session (Members) | | 1 | \$0.00 | \$0.00 |
| | | | Subtotal: | \$0.00 |
| TOTAL: | | | | \$130.00 |

\$1.28 CREDIT FOR USING
COMPANY CREDIT CARD AT
PIZZA HUT.

PIZZA FOR BOARD MEETING

See back of receipt for your chance
to win \$1000

ID #: 7JZLX4Z38V

*Made with
picnic
\$50 Donation
FROM WALMART*

*ADDITIONAL
\$44.49 ON
MY CREDIT
CARD*

Walmart

Save money. Live better.

(573) 346 - 3588
MANAGER BRENDA GARRETT
94 CECIL ST
CAMDENTON MO 65020

| | | | | |
|--------------|--------------|--------|-----------|---|
| ST# 00089 | OP# 001883 | TE# 93 | TR# 06887 | |
| GV KETCHUP | 007874214073 | F | 2.92 | 0 |
| GV KETCHUP | 007874214073 | F | 2.92 | 0 |
| GV KETCHUP | 007874211771 | F | 1.00 | 0 |
| GV KETCHUP | 007874211771 | F | 1.00 | 0 |
| GV KETCHUP | 007874211771 | F | 1.00 | 0 |
| YLW MUSTARD | 007874206226 | F | 1.38 | 0 |
| YLW MUSTARD | 007874206226 | F | 1.38 | 0 |
| YLW MUSTARD | 007874206226 | F | 1.38 | 0 |
| YLW MUSTARD | 007874206226 | F | 1.38 | 0 |
| YLW MUSTARD | 007874206226 | F | 1.38 | 0 |
| GV RELISH | 007874221397 | F | 1.96 | 0 |
| GV RELISH | 007874221397 | F | 1.96 | 0 |
| NEON GRN PB | 007978413836 | | 0.77 | 0 |
| NEON GRN PB | 007978413836 | | 0.77 | 0 |
| CHIPS | 002840000289 | F | | |
| 5 AT 1 FOR | 6.98 | | 34.90 | 0 |
| MULTIPACK | 002840000288 | F | 6.98 | 0 |
| MULTIPACK | 002840000288 | F | 6.98 | 0 |
| MULTIPACK | 002840000288 | F | 6.98 | 0 |
| NAPKINS | 007331045200 | | 2.24 | 0 |
| NAPKINS | 007331045200 | | 2.24 | 0 |
| NAPKINS | 007331045200 | | 2.24 | 0 |
| ULTRAFLX30G | 001370020625 | | 7.27 | 0 |
| ASST CUTLERY | 007874211676 | | 2.48 | 0 |
| PAPER TOWELS | 007874204025 | | 0.98 | 0 |
| | SUBTOTAL | | 94.49 | |
| | TOTAL | | 94.49 | |
| | CASH TEND | | 50.00 | |
| | MCARD TEND | | 44.49 | |

ACCOUNT # **** * 0961 S
APPROVAL # 60194C
REF # 626600572614
TERMINAL # SC010280

09/22/16 17:20:17

CHANGE DUE 0.00

ITEMS SOLD 28

TC# 6824 1484 3822 8249 5090



Low Prices You Can Trust. Every Day.
09/22/16 17:20:47

CUSTOMER COPY

Store receipts on your phone. Walmart Pay.



Lake Area Chamber of Commerce
 PO Box 1570
 Lake Ozark, MO 65049
 (573) 964-1008 | fax: (573) 964-1010
 info@lakeareachamber.com

Payment

Payment Date: 9/22/16
 Reference Number: 0961-605
 Payment Method: CreditCard

*ED THOMAS
 DIRECTOR
 10-5 JUNCH & LEARN*

Camden County Developmental Disability Resources - Administrative Offices
 Linda Simms
 PO Box 722
 Camdenton, MO 65020

| | | Payment Date | Reference Number | | |
|---------------|-------------------|---|------------------|-----------------|----------------|
| | | 9/22/16 | 0961-605 | | |
| Date | Invoice Reference | Line Items | Invoice Amount | Invoice Balance | Paid Amount |
| 9/22/16 | 34009 | \$10.00 October 5th YPL Sponsored Lunch & Learn | \$10.00 | \$0.00 | \$10.00 |
| Total: | | | | | \$10.00 |

LAKE AREA CHAMBER OF COMMERCE
 1 HILLBIRE LANE
 LAKE OZARK, MO 65049
 (573) 964-1008

Merchant ID: 0810 Ref #: 0001

Phone Order

XXXXXXXXXXXX0961

MAST Entry Method: Manual

Total: \$ 10.00

09/22/16 11:24:42

Inv #: 000001 Appr Code: 6424C

Transaction ID: 092208091800

Batch#: 000005

Approval: Online

CUC2 Code: MATCH M

Customer Copy
 THANK YOU

MACKS CREEK
PECANIO



SARA LEE OUTLET
1410 VANDIVER
COLUMBIA MD
(573) 474-2853

11:26AM
00-9149 001
#45709

Sep 23/16
CASH 1
CLK 1

6.000 @ \$1.00
Bob Bk Line
TAX DELI

F1\$6.00

*TTL \$6.00
CREDIT CARD \$6.00

CREDIT CARD \$6.00
CARD # *****0961
APR# C 67193C
REF# 01-4570900
COD# 3
SEQ# 3

THANK YOU FOR SHOPPING
WITH US
PLEASE COME AGAIN



CLUB MANAGER MATT REAVES
(573) 875 - 2979
COLUMBIA, MO
09/23/16 13:04 8382 08163 010 3237
CAMDEN COUNTY SENATE BILL 40

E 386438 VARIETY PACF 12.78 E
E 386438 VARIETY PACF 12.78 E
SUBTOTAL 25.56
TOTAL 25.56
HCARD TEND 25.56
**** ** 0961 S
ACCOUNT #
APPROVAL # 65131C
TERMINAL # SC011066
CHANGE DUE 0.00

Visit sansclub.com to see your savings

ITEMS SOLD 2

TC# 8188 7306 8376 0002 9327



Please complete our **NEW AND SHORTER SURVEY**
about today's visit at:
<http://www.survey.samsclub.com>
**IN RETURN FOR YOUR TIME YOU COULD WIN
ONE OF FIVE \$1,000 SAM'S CLUB SHOPPING CARDS**
Must be 18 or older and a legal resident of the 50 US or
DC to enter. No purchase necessary. Visit
www.entry.survey.samsclub.com for Official Rules,
the end date, and to enter without purchase.
Survey must be taken within **TWO** weeks of today.
Esta encuesta también se encuentra en español en la
página de Internet.

Happy to Help

*** MEMBER COPY ***



Laurie Tent & Event Rental

Invoice 102641

14120 North Highway 5
Sunrise Beach, MO 65079
573-374-TENT (8368)

laurierental.com • laurientental@gmail.com

- Tents (All Sizes)
- Tables, Chairs & Linens
- Dance Floors & Stages
- Fans & Heaters
- DJ, Video, PA & Karaoke Equipment
- Lighting
- Bounce Houses & Water Mats
- Light Towers & Generators
- Bars, Coolers & Ice
- Grills
- Cotton Candy & Sno-Cones Machines
- Margarita & Frozen Drink Machines
- Portable Toilets

Date: 9-24-16

To: Camden County Development/ Resources
Linda Simms

Disability

| QTY | DESCRIPTION | AMOUNT |
|-----|---------------------------|------------|
| 3 | 20x20 Frame Tent @ 240.00 | 720.00 |
| 20 | 8' Banquet Tables @ 10.00 | 200.00 |
| 1 | Dunk Tank | 100.00 |
| | | 1020.00 |
| | Tax Exempt | 100.00 |
| | Delivery & Pickup | 100.00 |
| | | \$ 1120.00 |
| 1 | Large Bounce House - n/c | |
| | @ CC | |

Thank You for Your Business

Delivery & Pick-Up Service Available • TERMS: DUE UPON RECEIPT

This is a contract of renting only and not of sale. The undersigned renter agrees that he has rented the item(s) herein described upon the express condition that it will at all times remain the property of the rental agent named above; that he has examined said item, found it to be in good condition and will return it in as good condition as when he received it, that he will return at once to the rental agent any item not functioning normally, that he will pay when due all charges which accrue because of this rental, including damages to said item. In the event the renter fails to return said item at the agreed time or fails to abide by any of the other terms of this contract, the rental agent may repossess it without notice to the renter. All charges are based on the time item is in the renter's possession whether in use or not. The rental agent is not responsible for accidents or injuries caused directly or indirectly in the use of the rented item.

x _____ Date _____

| Order # | Type | Quantity | Price |
|---------------|--------------|----------|---------|
| 553264726 | | | |
| Name | Type | Quantity | Price |
| Judy Crawford | Professional | 1 | \$75.00 |
| Linda Gifford | Professional | 1 | \$75.00 |
| Micah Joseph | Professional | 1 | \$75.00 |

TOTAL

\$225.00

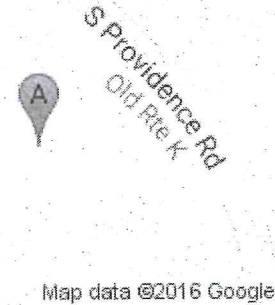
Charged to: MasterCard - XXXX-XXXXXX-0961

This charge will appear on your card statement as EVENTBRITE.COM/CHARGE

This order is subject to Eventbrite Terms of Service, Privacy Policy, and Cookie Policy

About this event

- Wednesday, October 12, 2016
from 10:00 AM to 4:15 PM (CDT)
- Stoney Creek Hotel & Conference
Center
2601 S Providence Rd
Columbia, MO 65203



Add to my calendar:

Google · Outlook · iCal · Yahoo

Ticket Information

Ticket #1 — Professional

Name:

Judy Crawford

Email:

judy3281@yahoo.com

Breakout Session 1

Chris Clause - Vocational Rehabilitation

SUGAR FREE
COOKIES MACKS
CREEK PIONEER

See back of receipt for your chance
to win \$1000

ID #: 7JZMOVZ5KR



(573) 346 - 3588
MANAGER BRENDA GARRETT
94 CECIL ST
CAMDENTON MO 65020

| | | | | |
|--------------|--------------|--------|-----------|---|
| ST# 00089 | OP# 001818 | TE# 08 | TR# 09085 | |
| SF WCMN | 007874202252 | F | 4.64 | 0 |
| NSA COOKIE | 001482120125 | F | 4.64 | 0 |
| SF CKIE | 070897191900 | F | 2.98 | 0 |
| SF CC COOKIE | 007874213253 | F | 4.64 | 0 |
| NSA COOKIE | 001482120125 | F | 4.64 | 0 |
| SF CC COOKIE | 007874213253 | F | 4.64 | 0 |
| | SUBTOTAL | | 26.18 | |
| | TOTAL | | 26.18 | |
| | MCARD TEND | | 26.18 | |

ACCOUNT # **** * 0961 S
APPROVAL # 66443C
REF # 626800073320
TERMINAL # SC010022

09/24/16 06:46:41

CHANGE DUE 0.00

ITEMS SOLD 6

TC# 6096 5043 9131 4005 0343



Low Prices You Can Trust. Every Day.
09/24/16 06:46:51

CUSTOMER COPY

Store receipts on your phone. Walmart Pay.



Office
Supplies



OSAGE BEACH, MO 665065
(573) 348-2591
VISIT US AT
WOODSSUPERMARKET.COM
Store:2068

Cashier: DEBBIE C 151

09/27/16

08:32:19

GROCERY

| | |
|----------------------------|--------|
| ANGEL SFT L00 030400772160 | 6.29 T |
| B C LAWN BAG 070038327400 | 3.69 T |
| SUBTOTAL | 9.98 |
| TOTAL TAX | .00 |

TOTAL 9.98

| | |
|-----------------------|------|
| MasterCard TENDER | 9.98 |
| Acct:xxxxxxxxxxxx0961 | |
| APPRVL CODE 63259C | |
| Cash CHANGE | .00 |

NUMBER OF ITEMS 2

| | |
|------------------------|------|
| EXEMPT TAX ID 19364199 | |
| T1 ITEM VALUE EXEMPTED | .00 |
| T1 TAX EXEMPTED | .00 |
| T2 ITEM VALUE EXEMPTED | 9.98 |
| T2 TAX EXEMPTED | .75 |
| T3 ITEM VALUE EXEMPTED | .00 |
| T3 TAX EXEMPTED | .00 |
| T4 ITEM VALUE EXEMPTED | .00 |
| T4 TAX EXEMPTED | .00 |

Trx:46 Term:7 Store:2068 08:33:17

THANK YOU FOR SHOPPING AT WOODS!
LET US HEAR FROM YOU ON OUR WEBSITE
"CONTACT US" TO BETTER SERVE YOU.
MICHAEL, STORE MANAGER

YOUR FEEDBACK MATTERS TO WOODS
WIN \$100 - 2 prizes every month

Tell us about this visit!

www.woodsfeedback.com

or Toll-Free 1-866-203-1995

SURVEY CODE:

2016 0927 2068 0007 0046

Valid for 5 days from visit



Linda Simms <linda@ccddr.org>

SamsClub.com order confirmation

1 message

Sam's Club <transaction@samsclub.com>
Reply-To: reply@samsclub.com
To: linda@ccddr.org

Wed, Sep 28, 2016 at 9:11 AM



[Products](#) | [Services](#) | [Find a Club](#)

We're on it!

Dear Linda J,

Thanks for shopping at SamsClub.com. We've received your order and will send you an email when it ships or is ready for pickup.

Your order number is 4156424064

To check the status of your order, go to your order history.

Payment summary

| | |
|-----------------|--|
| Total | \$33.43 |
| Online payment | \$33.43 |
| Payment method | MASTERCARD:xxxx-xxxx-xxxx-0961 |
| Billing address | Linda Simms PO Box 722 Camdenton, MO, 65020 573-693-1511 |

*COTTON CANDY
SILK AAR FLOBS,
REPLACE MACK'S
USED AT MACK'S
CREEK PELINEE.*

Items we're shipping to you

Shipment 1 of 1

Shipping to: **Linda Simms**
100 Third Street,

Event

Employment: The Landscape has Changed

The Arc
Missouri

Name

Bob Robinson

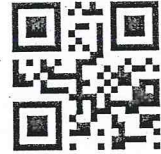
Payment Status

Eventbrite
Completed

Wednesday, October 12, 2016
from 10:00 AM to 4:15 PM
(CDT)

Stoney Creek Hotel &
Conference Center
2601 S Providence Rd
Columbia, MO 65203

Order #555694270. Ordered by Linda Simms on September 30, 2016 8:06 AM



Type

Professional \$75.00

555694270699181656001



Thanks for registering! Please save and/or print your confirmation for your records. We look forward to seeing you on October 12th!



555694270699181656001

Registration Information:

Breakout Session 1
Chris Clause - Vocational Rehabilitation

Breakout Session 2
Duane Shumate - Missouri Division of Developmental Disabilities

Eventbrite

Do you organize events?

Start selling in minutes with Eventbrite!
www.eventbrite.com

HOT CHOCOLATE
TO GO IN LEFT HANDS
FOR CHRISTMAS PARTY.



CLUB MANAGER TOM CONROY
(417) 882 - 4487
SPRINGFIELD, MO

10/01/16 14:41 7051 08296 008 4150

CAMDEN COUNTY SENATE BILL 40

| | | | | | |
|---|--------|-------------|---|-------|---|
| | 292543 | ADDRESS LAB | | 17.98 | E |
| E | 365741 | LOL COCOA | F | 11.98 | E |
| E | 365741 | LOL COCOA | F | 11.98 | E |
| E | 365741 | LOL COCOA | F | 11.98 | E |
| E | 365741 | LOL COCOA | F | 11.98 | E |
| E | 365741 | LOL COCOA | F | 11.98 | E |
| E | 365741 | LOL COCOA | F | 11.98 | E |

SUBTOTAL 89.86

TOTAL 89.86

MCARD TEND 89.86

ACCOUNT # **** * 0961 \$

APPROVAL # 62569C

TERMINAL # SC010795

CHANGE DUE 0.00

Visit samsclub.com to see your savings

ITEMS SOLD 7

TC# 8059 8037 6371 1195 5596



Please complete our **"NEW AND SHORTER SURVEY"**
about today's visit at:

<http://www.survey.samsclub.com>

**IN RETURN FOR YOUR TIME YOU COULD WIN
ONE OF FIVE \$1,000 SAM'S CLUB SHOPPING CARDS**

Must be 18 or older and a legal resident of the 50 US or
DC to enter. No purchase necessary. Visit

www.entry.survey.samsclub.com for Official Rules,
the end date, and to enter without purchase.

Survey must be taken within **TWO** weeks of today.

Esta encuesta también se encuentra en español en la
página de Internet.

Happy to Help

*** MEMBER COPY ***

Intake
Applications

=====

CAMDENTON
625 W US HIGHWAY 54
CAMDENTON
MO
65020-9998
2812420020
09/13/2016 (800)275-8777 2:33 PM

=====

| Product Description | Sale Qty | Final Price |
|---|----------|---------------|
| First-Class Mail Large Envelope (Domestic) (ROLLA, MO 65402) (Weight: 0 Lb 7.00 Oz) (Expected Delivery Day) (Thursday 09/15/2016) | 1 | \$2.20 |
| Certified (USPS Certified Mail #) (70140150000173096134) | 1 | \$3.30 |
| Total | | \$5.50 |

Credit Card Remitd \$5.50
(Card Name: MasterCard)
(Account #:XXXXXXXXXX3221)
(Approval #:63184C)
(Transaction #:070)

BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at

7014 0150 0001 7309 6134

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

ROLLA, MO 65402

OFFICIAL USE

| | | |
|--|--------|--|
| Postage | \$3.50 | |
| Certified Fee | \$0.00 | |
| Return Receipt Fee (Endorsement Required) | \$0.00 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$5.50 | |

Postmark Here
SEP 13 2016
CAMDENTON MO

Sent To
Becky Sawyer
Rolla Regional Center
105 Fairgrounds Road
P.O. Box 1098
Rolla, MO 65402

PS Form 3800, August 2008 Reverse for Instructions

See back of receipt for your chance
to win \$1000

ID #: 7JZKZGYW7M



(573) 346 - 3588
MANAGER BRENDA GARRETT
94 CECIL ST
CAMDENTON MO 65020

ST# 00089 OP# 004444 TE# 04 TR# 00122
BULB 060538810063 19.29 0
BATH TISSUE 003700097338 9.47 0
PAPER TOWELS 003040021651 8.47 0
BATH TISSUE 003700097338 9.47 0
GV CREAMER 007874243367 F 3.98 0
FOL CLASSIC 002550020421 F 7.94 0
TRASH BAGS 007874204833 12.52 0
TRASH BAGS 007874204833 12.52 0
WASTEBASKET 007314905308 5.47 0
BINDER CLIPS 002775501319 1.37 0
BINDER CLIPS 002775501319 1.37 0
BINDER CLIPS 002775501319 1.37 0
BINDER CLIPS 002775501319 1.37 0
BINDER CLIPS 002775501319 1.37 0
BINDER CLIPS 002775501319 1.37 0
GV LIGHTBULB 068113112169 7.88 0
PAPER CLIP 005050572511 1.37 0
PAPER CLIP 005050572511 1.37 0
PAPER CLIP 005050572511 1.37 0
PAPER CLIP 005050572511 1.37 0
POSTIT FLAG 002120059016 2.97 0
POSTIT FLAG 002120059016 2.97 0
LANYARD 088855611172 1.24 0
LANYARD 088855611172 1.24 0
LANYARD 088855611172 1.24 0
WHITE OUT 2P 007033050695 4.44 0
1CT LANYARD 002775502191 1.24 0
BIC COR TAPE 007033050589 5.47 0
GV LIGHTBULB 068113112164 9.88 0
GV LIGHTBULB 068113112164 9.88 0
SUBTOTAL 151.28
TOTAL 151.28
MCARD TEND 151.28

MasterCard **** * 3221 I 21
APPROVAL # 60518C
REF # 1042000314

AID A0000000041010
TC FC805455EE381A4A
TERMINAL # SC010272
*Signature Verified

09/14/16 17:21:09

CHANGE DUE 0.00

ITEMS SOLD 30

TC# 1344 7137 1300 2844 3901 0



Low Prices You Can Trust. Every Day.
09/14/16 17:21:21

CUSTOMER COPY

Savings Catcher! Scan with Walmart app





Linda Simms <linda@ccddr.org>

Invoice for Order 141895

1 message

JANINE'S FLOWERS <info@flowers.messages5.com>
 Reply-To: reply@teleflora.messages5.com
 To: linda@ccddr.org

Thu, Oct 13, 2016 at 10:19 AM

Here are the details of your order 141895.
 Please do not reply to this e-mail - this is an outbound message only.

For questions, please email
 or call (573) 346-3388 and reference order 141895.

Thank you for shopping with Janine's Flowers & Gifts

Janine's Flowers
 P.O. Box 375
 CAMDENTON, MO 65020-0375
 (573) 346-3388

INVOICE

Invoice No.: 141895
 Invoice Date: 09/14/16
 Your Customer ID: CCDEVE

| Sold To | | Deliver To | |
|--|---|--|--|
| CAMDEN COUNTY DEVELOPMENT DISABILITIES RESOURCES PO BOX 722 CAMDENTON, MO 65020 | | JOYCE MCGUIRE FAMILY SUPPORT DIVISON CAMDENTON, MO | |
| Order Date: 09/14/16 Delivery Date: 09/14/16 | Ordered By: LINDA GIFFORD Sales Clerk: MKH | | |
| Merchandise | Quantity | Price | |
| Fresh Bouquet | 1 | \$39.00 | |
| Balloon THANK YOU OR YOUR AWESOME | 1 | \$6.00 | |
| Enclosure Card Message: THANK YOU FOR ALL THAT YOU DO! FROM, ALL OF THE STAFF AT CCDDR AND THE BOARD | Delivery Charge | \$5.00 | |
| | Sub Total | \$50.00 | |
| | TOTAL | \$50.00 | |

PAID BY Master Card Mstr XXXX XXXX 3221 ** DO NOT PAY THIS INVOICE **

**GUEST ORDER: Set of 4 Furniture Casters with 2" Twin Wheel and Threaded Stems
5/16" x 3/4" Ta**

1 message

eBay <ebay@ebay.com>
To: gigi@ccddr.org

Mon, Sep 26, 2016 at 2:41 PM

Confirmed. ETA: Mon. Oct. 3. eBay will update the estimate when it ships to 100 3rd St.



*ORDERED ON
GIGI'S
CARD NOT PAY-PAL*

Hi Glenda - Thank you for purchasing as an eBay Guest. We will update you when your order ships to 100 3rd St.

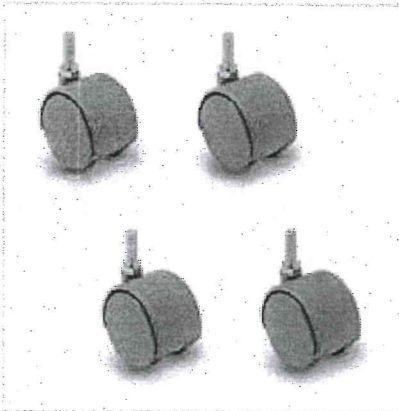
PAID : \$8.99 with PayPal

Free shipping.

Please login as a guest user with the email: **gigi@ccddr.org** and access code **OOVNTLZU** to view your order details.

[View order details](#)

*FOR WHITEBOARD
AT KEYSTONE*



Set of 4 Furniture Casters with 2" Twin Wheel and Threaded Stems 5/16" x 3/4" Ta

Estimated delivery: Mon. Oct. 3

Item Id: 391145290445
Transaction Id 686266538026
Quantity: 1

Seller: handtrucksandcasters -

Hi Glenda Maha,

We offer two level of shipping; 1. FAST shipping (same day shipping for orders received by noon CST and about 3 days travel time) and 2. CHEAP shipping (shipping processed the next day and about 9 days travel time) when you checkout. Please take note of the length of time it takes our economy shipping to arrive and choose the method that best suits your

Thank You For
Choosing Break Time

Store 3114
2709 E Broadway Suit
Columbia MO 65201
573-443-1190

9/26/2016 11:07:48

Transaction #: 252146
Unleaded
Pump Number: 14
Gallons: 20.459
Price: \$1.949
Total Fuel: \$39.87

Mer#:
542929801549676
Terminal : 280908
Dev : N
Appr: 65088C

MasterCard
Type:
Completion/Force
Sale
Resp: APPROVED
XXXXXXXXXXXX3221
Bat#: 20160926886
Seq#: 7615
Ref :
6270160542570926MCB0
1ZTB3
5 00398700 A

09/26/2016 11:05:08

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.
FOLLOW US
ON FACEBOOK
AND TWITTER

.40

CREDIT FOR KSIQA
MASTER CARD AT BREAKTIME

Intake Application

=====

CAMDENTON
 625 W US HIGHWAY 54
 CAMDENTON
 MO
 65020-9998
 2812420020
 09/28/2016 (800)275-8777 2:06 PM

=====

| Product Description | Sale Qty | Final Price |
|--|----------|---------------|
| First-Class Mail Large Envelope (Domestic) (ROLLA, MO 65402) (Weight:0 Lb 7.60 Oz) (Expected Delivery Day) (Friday 09/30/2016) | 1 | \$2.41 |
| Certified (USPS Certified Mail #) (70140150000173096141) | 1 | \$3.30 |
| Total | | \$5.71 |

Credit Card Remitd **\$5.71**
 (Card Name:MasterCard)
 (Account #:XXXXXXXXXX3221)
 (Approval #:66482C)
 (Transaction #:935)

 BRIGHTEN SOMEONE'S MAILBOX. Greeting cards available for purchase at select Post Offices.

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit USPS.com USPS Tracking or call 1-800-222-1811.

Order stamps at usps.com/shop or call 1-800-Stamp24. Go to usps.com/clicknship to print shipping labels with postage. For other information call 1-800-ASK-USPS.

 Get your mail when and where you want it with a secure Post Office Box. Sign up for a box online at usps.com/postboxes

7014 0150 0001 7309 6141

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

ROLLA, MO 65402

OFFICIAL USE

| | | |
|--|--------|--|
| Postage | \$3.30 | |
| Certified Fee | \$0.00 | |
| Return Receipt Fee (Endorsement Required) | \$0.00 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$5.71 | |

SEP 28 2016
 CAMDENTON MO 65020
 Postmark Here

Sent To **Becky Sawyer**
Rolla Regional Center
 Street, Apt. No., or PO Box No. **105 Fairgrounds Road**
 City, State, ZIP+4 **P.O. Box 1098**
Rolla, MO 65402

PS Form 3800, August 2006 See Reverse for Instructions

Resolution 2016-41,
2016-42, 2016-43,
2016-44, 2016-45,
2016-46, & 2016-47



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-41*

AMENDED COMPLIANCE MANAGER JOB DESCRIPTION

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, and job descriptions and creates new Bylaws, policies, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camdenton County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend the Compliance Manager job description, included as Attachment "A" hereto.
2. That the Board recognizes there was need to amend this job description to remain efficient in its administrative operations and management.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A”
Resolution 2016-41

Camden County Senate Bill 40 Board
(d/b/a Camden Co. Developmental Disability Resources)
Job Description

Job Title: Compliance Manager

Reports To: Executive Director

FLSA Status: Non-Exempt

Employment Status: Full-Time

Minimum Hours per Work Week: up to 28 (Part-Time) or 40 (Full-Time)

Minimum Starting Wage: \$16.00 Hourly

Last Reviewed Date: 11/21/2016

Last Revised Date: 11/21/2016

The Compliance Manager shall serve as the designated Procurement Officer, Human Resources Officer, Records Manager, and Compliance Officer under the oversight of the Executive Director. The Compliance Manager shall be responsible for ensuring compliance with Agency operations and documents, as well as the supervision of human resource, procurement, and other personnel as prescribed by the Executive Director.

General Description:

Assists Executive Director and Board members with regard to CCDDR Board meetings records, CARF Accreditation, Accounts Receivable, human resource records, procurement records, employee benefits updates, human resource processes, procurement processes, employee training schedules, Web site updates, organizational tracking, organizational scheduling, and miscellaneous other duties as assigned by the Executive Director.

Essential Duties & Responsibilities:

- Adhere to all policies and procedures of Camden County Senate Bill 40 Board
- Maintain compliance with all regulatory governances on confidentiality of client records, personnel records, and other privacy and HIPPA related information.
- Maintain recordkeeping systems of the agency.
- Communicate professionally in both written form and in person.
- Maintain a thorough working knowledge of agency's computer systems.
- Input data into computer systems as needed.
- Maintain human resource merit tracking records, Agency insurances, and employee benefits
- Design and develop new forms and templates as-needed.
- Assist in gathering data and distributing reports.
- Maintaining an appropriate filing system for vendors, deposits, personnel records, and other pertinent filing requirements
- Depositing funds into CCDDR accounts

- Assist Executive Director in preparing reports, presentations, documentation, etc. needed for Board and committee meetings
- Copy & distribute monthly/quarterly Support Coordination reports.
- Prepare monthly agency calendar.
- Maintain employee training spreadsheet/reminders for re-training.
- Verify accuracy of credit card invoices and statements.
- Verify accuracy of invoices from vendors and suppliers
- Maintain communications with vendors, suppliers, DDD staff, DMH staff, and area providers' staff.
- Oversees the Procurement Process as a Procurement Officer and develops RFP's and RFQ's.
- Update fixed asset list of agency annually.
- Advise Executive Director on need for clerical and personnel support enhancements/improvements.
- Acts as Records Custodian for all client and CCDDR records
- Train and assist the Targeted Case Management Assistant as needed
- Establish and maintain volunteer and internship programs.
- Conduct new employee, volunteer, and internship orientations/training.
- Update all necessary annual or periodic forms; signature requirements for related disclosures, agreements, and documents; and maintain contract files and tracking
- Ensure Agency compliance within all regulatory matters, Bylaws, policies, and procedures
- Complete other duties and assignments as directed by the Executive Director

Minimum Requirements:

- HS diploma or GED
- Minimum three years of experience in Targeted Case Management and Senate Bill 40 Board functions, processes, procedures, and requirements.
- Ability to type 45 wpm
- Prior experience and proficiency in MS Word, MS Excel, MS Access, and MS PowerPoint

NOTE: All applicants given a conditional offer of employment will have their education credentials, experience credentials, and background screenings evaluated and verified

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the primary functions of this job. While performing this job, the employee is regularly required to use hands and fingers to handle or feel objects, tools, or controls; and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds over a short distance.

Reasonable accommodations may be made to enable otherwise qualified individuals to perform the essential functions of the job.

I have reviewed this Job Description with my supervisor and agree to assume all of the duties herein.

(Employee Signature)

(Date)

(Supervisor Signature)

(Date)



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-42*

AMENDED ACCOUNTING MANAGER JOB DESCRIPTION

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, and job descriptions and creates new Bylaws, policies, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camdenton County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend the Accounting Manager job description, included as Attachment "A" hereto.
2. That the Board recognizes there was need to amend this job description to remain efficient in its administrative operations and management.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A”
Resolution 2016-42

**Camden County Senate Bill 40 Board
dba Camden County Developmental Disabilities Resources
Job Description**

Job Title: Accounting Manager
Reports To: Executive Director
FLSA Status: Exempt
Employment Status: Full-Time
Hours per Work Week: 40
Minimum Starting Wage: \$48,000 Annually
Last Reviewed Date: 11/21/2016 Last Revised Date: 11/21/2016

General Description: The Accounting Manager reports to the Executive Director of the Camden County Senate Bill 40 Board/dba Camden County Developmental Disability Resources (CCDDR), and is responsible for the fiscal operations and supervision of accounting personnel for CCDDR.

Essential Duties & Responsibilities:

- Prepares, verifies, and encodes requisitions, invoices, complex journal entries, client budgets, or other transaction documents for accuracy; responsible for accuracy, completeness, and compliance with pertinent regulations and CCDDR policies/procedures; approves transaction documents within designated limits.
- Determines if funds are available for expenditures or requisitions and posts to proper account; monitors fund/account balances and notifies appropriate personnel when limits are reached.
- Maintains special logs, databases, or records as directed by the Executive Director
- Balances and reconciles internal accounts or records with CCDDR system; verifies accuracy and completeness and makes necessary adjustments.
- Reviews computer reports to identify and trace sources of error; makes necessary corrections.
- Prepares a variety of straightforward special and recurring accounting-related reports, summaries, financial statements, statistical reports and reconciliation.
- Performs or reviews specialized calculations related to posting and accounting functions.
- Solves problems and recommends changes in procedure in accordance with previous training or experience.
- Ensures requirements and specifications of CCDDR or outside agencies are met by monitoring and complying with reporting requirements and opening or closing accounts as specified/required.
- Controls small petty cash fund; monitors disbursement and fund replenishment; prepares necessary entries.
- Contacts department personnel, account representatives or other appropriate personnel regularly to resolve problems; keeps all parties informed and serves as a reference source; composes correspondence of technical nature pertaining to assignments.
- Prepares, controls, and maintains personnel payroll, payroll accruals, and related accounting entries.
- Monitors Medicaid billing claims on behalf of CCDDR for Targeted Case Management and other services on a routine schedule as approved by the Executive Director
- Acts as the Agency contact for fiscal and accounting audits
- Acts as a Procurement Officer in awarding goods and services on behalf of the Agency
- Assist Executive Director in preparing reports, presentations, documentation, etc. needed for Board and committee meetings

- Other miscellaneous duties as directed or prescribed by the Executive Director

Minimum Requirements:

- Bachelor's degree from a four year accredited college or university with a major in Accounting or related field or HS diploma/GED with a minimum of 10 years experience in accounting, accounting principles, and/or accounting management
- Valid Missouri driver's license & clean driving record.
- Have access to adequate transportation and be able to travel as needed.

NOTE: Continued employment will be contingent on the completion of the background screening and confirmation of credentials.

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the primary functions of this job. While performing this job, the employee is regularly required to use hands and fingers to handle or feel objects, tools, or controls; and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds over a short distance. Vision abilities include close vision, distance vision, peripheral vision, and depth perception. The employee is required to occasionally stand, walk, and climb stairs. The employee must be able to communicate one on one with staff, clients, guardians, and groups.

Reasonable accommodations may be made to enable otherwise qualified individuals to perform the essential functions of the job.

“I hereby agree to comply with responsibilities of Job Description as outlined in this document”

(Signature)

(Date)



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-43*

AMENDED DIRECTOR OF SERVICES AND SUPPORTS JOB DESCRIPTION

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, and job descriptions and creates new Bylaws, policies, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend the Director of Services and Supports (formerly named "Consumer Support Director") job description, included as Attachment "A" hereto.
2. That the Board recognizes there was need to amend this job description to remain efficient in its administrative operations and management.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A”
Resolution 2016-43

Camden County Senate Bill 40 Board Job Description

Job Title: Director of Services and Supports
Reports To: Executive Director
FLSA Status: Exempt
Employment Status: Full-Time
Minimum Hours per Work Week: 40
Minimum Starting Wage: \$48,000 Annually
Last Reviewed Date: 11/21/2016 Last Revised Date: 11/21/2016

General Description:

This is an executive level position requiring the exercise of discretion and independent judgment. The Director of Services and Supports is responsible for management and administrative functions in client support programs. This includes planning, provision, analysis and coordination of programs and services with the goal of effectively and efficiently using agency and other available resources to enable Camden County residents with developmental disabilities to progress toward normal living and to develop, as far as possible, their capacity, performance and relationships with other persons through individually planned services. This position has program management responsibilities and decision-making authority in assisting with program development; budget development; and supervision of TCM and Support staff. The Director of Services and Supports is expected to exercise considerable initiative and independent judgment in planning and carrying out responsibilities; and to work collaboratively with other members of the CCDDR administrative team. The Director of Services and Supports reports to the Executive Director of CCDDR, who reviews the work through reports and evaluation of results. The person occupying this position must exercise reasonable and prudent judgment as well as the mental and physical abilities to recognize emergency situations and coordinate emergency responses. The Director must coordinate with outside agencies that also serve the same population and must keep abreast of innovations, legal and regulatory changes, and changing client needs. The Director also plays a role in promoting the mission of the agency in the community and advocating for client needs and policy changes in the community and legislative arena.

Essential Duties:

- Plans, coordinates, and supervises the work of an inter-disciplinary case management and/or assessment team; assigns cases and evaluates the work of the case management and/or assessment team members.
- Monitors the development and implementation of support plans or the assessment process; reviews and approves Individual Support Plans or assesses support needs.

- Works with staff to address emergency and crisis situations; provide advice, recommendations, and training; serves as the first line of appeal for grievances; reviews and evaluates work performance of Support Coordinators; gathers data for reports as requested.
- Responsible for the development of direct service programs such as but not limited to Personal Assistants, Community Integration, and Day Services. This includes writing and implementing policies and procedures defining the creation and filling of direct care positions.
- Ensure that services are provided in a way that best meets client needs, in a manner that maintains compliance with applicable rules and regulations of certifying and oversight agencies, that maximizes available resources and that ensures the health, safety and welfare of the clients served.
- Participate with vendors in developing new programs, assessing programs, or modifying programs to upgrade the quality of services.
- Maintain Organizational Quality and Service Excellence
- Participate on the Administrative Team, and other agency committees as assigned. Help maintain general compliance with program policies, Department of Mental Health contract stipulations and certification and accreditation standards.
- Use time, equipment and resources wisely.
- Maintain professional demeanor and appropriate personal appearance.
- Maintain effective professional communication and relationships with staff, service providers, clients, office personnel, and other community agencies.
- Assist in promoting the aims and objectives of CCDDR within the community.
- Recommend and assist in implementation of marketing strategies by making presentations for media, civic organizations, and advocacy groups.
- Assist with Case Record Reviews, quality reviews and other monitoring activities.
- Assists in the evaluation of programs and services relating to compliance with accreditation standards, contractual requirements, state and federal law; assists in follow-up activities addressing these findings.
- Implement reasonable safeguards to maintain and secure agency procedures.
- Perform responsibilities and coordinate assigned staff to maintain and safeguard the program records and their confidentiality in accordance with policies of agency.
- Ensure timely entry of data into the agency's computerized client information system.
- Billing of Agency services to MoHealthnet or appropriate entity according to the Agency designated schedule or as prescribed by the Executive Director; and ensuring compliance with billing practices, client logs, and all other billing related data as prescribed by applicable Federal, State, or governing jurisdiction guidelines.
- Report and participate as appropriate in the investigation of situations

involving neglect or abuse.

- Completes other duties and assignments as prescribed by the Executive Director.
- Screen, orient, train, supervise and evaluate Support Coordinators, and assigned program staff according to established procedures.
- Schedule and conduct frequent staff meetings ensuring minutes are taken and include but are not limited to the date, persons in attendance, topics discussed, actions taken, responsibilities assigned, and recommendations made.
- Responsible for scheduling signed staff, approving leave and schedule adjustment requests to ensure that work is completed timely.
- Responsible for receiving and reviewing time sheets, attesting the accuracy of attendance reports and submitting for payroll processing
- Plan and assign work of staff based on established priorities of the agency.
- Responsible for making recommendations on employment actions for assigned program staff including, hiring, termination, suspension, promotion, salary adjustments, probationary actions and grievance proceedings.
- Ensure compliance with agency hiring procedures including: personal and professional reference checks, arrest record checks, Missouri chauffeur's license, credit check, abuse neglect checks.
- Inform, interpret and monitor assigned staff for compliance with established agency policy and procedures.
- Promote communication among staff and office personnel.
- Manage program budget in a fiscally responsible manner, observing established spending limits, reviewing itemized monthly expenditures, and reporting to the Executive Director any need to adjust or revise the budget.
- Implement agency property and inventory policies and procedures applicable to assigned facilities and equipment.
- Ensure compliance with agency procurement procedures.
- Authorize case budgets which identify service providers, unit and aggregate costs of implementing the Individual Plans.
- Conduct responsibilities consistent with the principles of good teamwork:
 - Place team performance before personal success or failure;
 - Communicate openly, frequently and professionally;
 - Facilitate two-way communication with other team members;
 - Display personal and professional respect towards others;
 - Share information and resources which enhance the performance of other members;
 - Support the total team goals and decisions;
 - Identify problems; give all ideas a fair hearing, and creatively brainstorm solutions;
 - Respond to the communicated needs of others.

- Report any required legal proceedings and conflicts to supervisor in compliance with employee personnel policies.
- Attend meetings of the Board of Directors of the agency, responding to inquiries of the Board, making presentations and participating in discussions

Knowledge, Skills and Abilities:

- Comprehensive knowledge of case management methods, principles, and techniques in regard to support or assessment services
- Comprehensive knowledge of various intellectual/developmental disabilities and corresponding vendors and services available for clients
- Comprehensive knowledge of statutes, administrative rules, and regulations relating to program operation
- Comprehensive knowledge of the behavioral sciences and allied disciplines involved in the evaluation, care, and training of persons with intellectual/developmental disabilities
- Demonstrate responsibility for maintaining the integrity, privacy and confidentiality of client-related information and adherence to policies and procedures pertaining to protected health information.

Computer Skills

Ability to operate assigned equipment including appropriate computer hardware and software Skilled in use of computer including word processing, data based software, internet, e-mail, and data entry.

Language Skills

- Exhibit clear and readily understandable oral and written communication skills, exhibiting knowledge of English usage, spelling, grammar, and composition.
- Ability to read, analyze, and interpret Individual and other treatment plans, medical records and other collateral records, policies and procedures, correspondence, general business periodicals, professional journals, technical journals and governmental regulations.
- Ability to write Individual Plans and other reports, case notes, professional correspondence, service authorization requests and procedure manuals
- Ability to effectively facilitate meetings, present job related information, and respond to common inquiries and complaints, orally and in writing, including but not limited to, staff, clients, client family members, client guardians, elected officials, state and federal employees, surveyors, regulatory agencies, members of the business community, service providers and/or board of directors.

- Ability to understand, interpret and apply instructions, rules and regulations
- Ability to communicate with others and to assimilate and understand information in a manner consistent with the essential job functions

Reasoning Ability

- Ability to define complex problems, collect data, establish facts, and draw valid conclusions.
- Ability to evaluate and solve problems associated with client needs, crisis situations, and service and resource identification.
- Ability to apply common sense understanding to deal with problems
- Ability to discern moral questions and seek to make reliable ethical judgments; and make sound decisions in a manner consistent with the essential job functions
- Ability to function effectively in an office environment that is fast paced and result oriented, which presents multiple demands with frequent interruptions, constantly shifting schedules and priorities, and simultaneous deadlines requiring employee to be flexible, organized, cooperative

Minimum Requirements:

One or more year's experience as a Case Management and Assessment Supervisor with the State of Missouri (DMH/DD) or other TCM entity and meet federally defined QDDP requirements; a Master's degree in a human services field, and at least 2 years experience working directly with persons with developmental disabilities.

Have access to an insured and properly maintained vehicle for your travel and a valid Missouri Driver's License

Pass all background checks conducted by CCDDR

NOTE: All applicants given a conditional offer of employment will have their education credentials, experience credentials, and background screenings evaluated and verified.

Physical Demands: The physical demands described here are representative of those that must be met by an employee to successfully perform the primary functions of this job. While performing this job, the employee is regularly required to use hands and fingers to handle or feel objects, tools, or controls; and reach with hands and arms. The employee must occasionally lift and/or move up to 20 pounds over a short distance, and/or perform personal care tasks, including transfers. Vision abilities include close vision, distance vision, peripheral vision, and depth perception. The employee is required to occasionally stand, walk, and climb stairs. The employee must be able to communicate one on one with staff, clients, guardians, and groups.

Reasonable accommodations may be made to enable otherwise qualified individuals to perform the essential functions of the job.

“I hereby agree to comply with responsibilities of Job Description as outlined in this document”

(Signature)

(Date)



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-44*

APPROVAL OF AMENDED POLICY #10

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, and job descriptions and creates new Bylaws, policies, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #10, Grants & POS Agreements (formerly named "Grants").
2. That the Board hereby amends and adopts Policy #10 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2016-44



| |
|---|
| Policy Number: 10 Effective: August 1, 2007 Revised: November 21, 2016 |
| Subject: Grants & Purchase of Services and/or Supports Agreements |

PURPOSE:

It is the policy of Camden County Developmental Disability Resources (“CCDDR”) to award grants and Purchase of Services and/or Supports Agreements (“POS Agreements”) to agencies in accordance with CCDDR’s mission, strategic planning objectives, and annual fiscal budget, and applicable Federal and Missouri laws.

POLICY:

I. General Information

- A. CCDDR is authorized by Sections 205.968 – 205.972 RSMo to serve persons with developmental disabilities, as defined in Sections 205.968 and 630.005 RSMo. The CCDDR Board of Directors (“Board”) may elect to directly provide programs or services for Camden County residents with developmental disabilities (“Eligible Persons”), contract with existing agencies to provide programs or services for Eligible Persons, or both. CCDDR shall award public funds to agencies for programs and services that are used effectively, efficiently, and appropriately.
- B. The following general principals shall apply to all grants and POS Agreements awarded to agencies in serving Eligible Persons:
 - 1. Funding shall be appropriated for CCDDR’s fiscal year (calendar year) or for special projects. Grants and POS Agreements are typically funded by CCDDR from Camden County property taxes received from the Camden County Treasurer or revenue from Targeted Case Management claims submitted to and paid by Medicaid. The total amount of funds available is determined by calculating the estimated funds to be received in a stated fiscal (calendar) year less the total amount of funds needed to sustain CCDDR sponsored programs or services, operational reserves or other restricted fund accounts, Medicaid Waiver match commitments with the Department of Mental Health, Targeted Case Management expenses, administrative expenses, building expenses, and various other CCDDR operational expenses.
 - 2. CCDDR may be limited in the amounts, if any, it can award to agencies for any funding request.

3. All agencies receiving a grant or a POS Agreement from CCDDR shall comply with all CCDDR funding Policies/Procedures and shall sign a funding agreement outlining the terms of CCDDR funding. CCDDR reserves the right to establish the conditions and requirements of the funding agreement(s).
 4. CCDDR will not award grants or POS Agreements to assist agencies in retiring their existing debts, to supplant an existing financial effort of the agency, or to establish endowment funds. All funds awarded by CCDDR must be utilized for a specific purpose in serving Eligible Persons in agreement with CCDDR's mission and Sections 205.968-205.972 RSMo.
 5. CCDDR shall only award grants or POS Agreements for services rendered/expenses incurred by an agency after the date of Board approval of the agency's application.
 6. An agency that fails to perform in accordance with CCDDR's funding agreement shall be considered to be in default of said funding agreement. Any agency's ineffective, inefficient, or inappropriate use of awarded funds or a portion thereof shall be subject to a recapture of said funds.
 7. Applicants of grants or POS Agreements for partial funding of projects must demonstrate the availability and source of other funds for the development and/or continued operation of the proposed service or program.
- C. CCDDR may directly solicit, procure, or provide services and/or supports for Eligible Persons as deemed necessary.
- D. All agencies receiving funds from CCDDR are encouraged to attend the monthly Board meetings to discuss progress on programs funded by CCDDR and receive information on CCDDR activities and topics related to developmental disabilities.

II. Annual Grants and POS Agreements

- A. Agencies requesting funds to sustain operations or continue to provide services and/or supports shall be required to submit a funding request annually to CCDDR.
- B. The annual funding request cycle will follow the following timelines:
 1. Funding requests for the next CCDDR fiscal (calendar) year are due to CCDDR no later than October 15th of the current fiscal (calendar) year. Acceptable delivery methods to CCDDR shall include delivery via email, United States Postal Service, third-party private service, or personal delivery.
 2. The CCDDR Executive Director shall review all annual funding requests and will make recommendations to the Board at the November or

December Board meeting. Certain circumstances may exist which require additional review by the Executive Director and/or the Board.

3. The Board generally approves the preliminary annual budget for the next fiscal (calendar) year in November; however, the Board may re-convene if needed in December to approve a final budget. No annual funding request shall be approved until the next fiscal (calendar) year budget is approved by the Board.

C. Agreements for funds awarded prior to the end of the current fiscal (calendar) year for the following fiscal (calendar) year are typically signed no later than December 31st.

1. If a decision about a funding request is made after December 31st, the funding agreement will be signed following any approval with the funds retroactive to January 1st.

III. Special Grants and POS Agreements (New Program or One-Time Funds)

A. CCDDR will review special funding requests (new program or one-time funding applications) in situations including, but not limited to:

1. The health and/or safety of Eligible Persons is threatened;
2. The health and/or safety of persons providing support services for Eligible Persons is threatened;
3. Programs or services provided by an agency are threatened;
4. Amounts originally appropriated for an approved program or service are insufficient due to unanticipated growth in the program or service;
5. Unexpected/unanticipated funding opportunities arise;
6. A situation arises which presents an immediate financial hardship for an agency that cannot wait until the next budget cycle;
7. A new program, service, and/or support which will provide community inclusion, community employment, community transportation, housing, immediate care, or other services and/or supports which are not currently offered or improves the quality or environment of community living and/or an existing service and/or support;
8. Funds for one-time expenses such as acquisition of property, renovations, or equipment that have a useful life of one (1) or more years;
9. Funds for one-time expenses related to new construction of or renovation to existing buildings; or

10. Funds for the purchase of vehicles utilized in transporting Eligible Persons for participation in programs or community inclusion when other State and/or Federal transportation funding resources have been exhausted.
- B. Special funding requests must be submitted to CCDDR's Executive Director no less than 30 days prior to the next regularly scheduled Board meeting.
- C. The CCDDR Executive Director shall review all special funding requests and will make recommendations to the Board at the next regularly scheduled Board meeting.
- D. CCDDR's Executive Director and/or Board may request additional information, supporting documents, or other supportive information to support the special funding request before a decision is rendered.

IV. Eligibility Criteria

- A. Agencies applying for funds from CCDDR must utilize said funds to serve Eligible Persons.
- B. Eligible Persons participating in programs offered or receiving services and/or supports provided by agencies should be current or former clients of the Department of Mental Health, Division of Developmental Disabilities and/or CCDDR. If not a former or current client of the Department of Mental Health, Division of Developmental Disabilities and/or CCDDR, an intake eligibility application and supporting documentation may be requested to support client eligibility.
- C. The Board may, at its sole discretion, impose limitations with respect to community inclusive programs and services such as programs to be administered and services to be provided. Such limitations as determined by the Board may depend upon: the availability of funds; the appropriate, efficient, and effective use of funds; the needs of Eligible Persons to be served; and the needs within the community.

V. Agencies Eligible for Grants/POS Agreements

- A. CCDDR funds are available to agencies which are serving, or will serve upon implementation of a program, service, and/or support, Eligible Persons.
- B. POS Agreements but not grants may be awarded to for-profit agencies, and shall be dependent upon the needs of Eligible Persons and the availability of not-for-profit programs, services, and/or support agencies.
- C. CCDDR reserves the right to procure services and/or supports without a funding application or POS Agreement in instances involving Medicaid or Medicaid

Waiver services and/or supports, where individual choice is a prerequisite, or in instances where the immediate procurement of such services and/or supports are deemed necessary.

VI. Funding Application Requirements

A. General Requirements:

1. Agencies shall submit current proof of insurance coverage for all programs, services, and assets. The agency shall maintain minimum insurance coverages as set forth in the CCDDR Funding Agreement. CCDDR shall be named as an additional insured on all liability insurance policies that cover the programs and services funded by CCDDR. The agency shall also maintain blanket fidelity coverage in an amount equal to or greater than awarded funds from CCDDR for all persons handling said funds.
2. Not-for-profit agencies shall be registered as a not-for-profit corporation in the State of Missouri and have a current Certificate of Good Standing from the Secretary of State's office, provide a current 501(c)3 determination letter from the Internal Revenue Service, and provide a copy of the most recent 990 filed with the Internal Revenue Service
 - a. If the agency has been in operation for less than two (2) agency fiscal years prior to the application for funds and the agency's first fiscal year has not ended or the agency's first fiscal year has ended but it has not been six (6) months since the end of the first fiscal year, the agency must submit the copy of the 990 by the end of the sixth (6th) month after the end of the agency's fiscal year.
3. For-profit agencies shall have a current Certificate of Good Standing from the Secretary of State's office for the programs and/or services/supports identified in the application.
4. If applicable, agencies must submit proof of good standing with regard to current licensure, certification, or accreditation from the appropriate Missouri and/or Federal authority having oversight responsibilities (i.e. DESE, DMH, etc.).
5. Agencies must be in good standing with regard to the successful implementation of previous services, programs, or projects funded by CCDDR.
6. Agencies must submit a business plan or detailed description of the program(s), service(s), project(s), etc. for which funds are to be used.

7. Agencies must submit a copy of their current strategic plan, Bylaws, Articles of Incorporation, financial management policy, financial management procedures, and other policies and procedures when submitting an application for the first time.
 8. Agencies shall provide other documents as deemed necessary by CCDDR Executive Director and/or the Board.
- B. The annual funding application requirements are as follows:
1. Agencies shall demonstrate fiscal viability by submitting:
 - a. a current year-to-date detailed balance sheet;
 - b. current year-to-date detailed statement of revenue and expenses vs. budgeted revenue and expenses for each program administered by the agency;
 - c. current year-to-date detailed cash flow statement;
 - d. detailed budget for the next 12 consecutive months or fiscal year for each program administered by the agency; and
 - e. the annual funding application.
 2. Agencies that have been in operation for more than three (3) agency fiscal years prior to the application for funds must include in addition to the documents requested in Subsection (1):
 - a. the previous two agency fiscal year-ending detailed balance sheets;
 - b. detailed statements of revenue and expenses vs. budgeted revenue and expenses for each program administered by the agency;
 - c. detailed cash flow statements; and
 - d. third-party audit reports with the funding application.
 3. Agencies that have been in operation for less than three (3) agency fiscal years prior to the application for funds must include in addition to the documents requested in Subsection (1):
 - a. the agency's previous fiscal year-ending detailed balance sheet;
 - b. detailed statement of revenue and expenses vs. budgeted revenue and expenses for each program administered by the agency;
 - c. detailed cash flow statement; and

- d. third-party audit report with the funding application.
4. Agencies that have been in operation for less than two (2) agency fiscal years prior to the application for funds must include in addition to the documents requested in Publication (1):
- a. a copy of the previous fiscal year-ending detailed balance sheet;
 - b. detailed statement of revenue and expenses vs. budgeted revenue and expenses for each program administered by the agency;
 - c. detailed cash flow statement; and
 - d. third-party audit report within six (6) months after the end of the agency's previous fiscal year if the first fiscal year has not ended at the time of the funding application, if the agency's first fiscal year has ended but it has not been six (6) months since the end of the first fiscal year, the agency must submit the third-party audit report by the end of the sixth (6th) month after the end of the agency's fiscal year.

C. The special funding application requirements are as follows:

- 1. For new program, service, and/or support applications, agencies shall provide detailed information about the program, service, and/or support including, but not limited to:
 - a. a business and/or strategic plan;
 - b. projected budget;
 - c. anticipated outcomes;
 - d. summary of how CCDDR funds will be utilized in program or service development identified in the application; and
 - e. current or past agency financial reports (if applicable).

- 2. For operational shortfall, capital improvement, equipment purchase, new construction, renovation, vehicle acquisition, or health and safety related applications, agencies shall provide detailed information about the circumstances including, but not limited to:
 - a. a business and/or strategic plan;
 - b. projected budget;

- c. anticipated outcomes;
- d. summary of how CCDDR funds will be utilized; and
- e. current or past agency financial reports (if applicable).

VII. Programs, Services, and/or Supports Eligible for Funding

- A. Agencies applying for funds from CCDDR must utilize the funds for programs, services, and/or supports for Eligible Persons including, but not limited to the following:
 - 1. Sheltered employment programs, services, and/or supports;
 - 2. Community employment programs, services, and/or supports;
 - 3. Pre-vocational programs, services, and/or supports;
 - 4. Immediate care programs, services, and/or supports;
 - 5. Community inclusion programs, services, and/or supports;
 - 6. Residential programs, services, and/or supports; and
 - 7. “Related” programs, services, and/or supports defined as:
 - a. Programs designed toward enabling an Eligible Person to progress toward normal living and/or to develop his or her capacity, performance, or relationships with other persons;
 - b. Programs which provide services related to a place of residence or social centers for Eligible Persons; or
 - c. Programs which provide a controlled environment.
- B. Agencies applying for funds from CCDDR which fall within the area of “related” programs, services, and/or supports will be asked to show how the program, service, and/or support qualifies under the above definition.
- C. The Board shall, at its discretion, determine if the program, service, and/or support qualifies when evaluating all applications.

VIII. Funding Categories

A. Annual and Special Funding

1. Grants

- a. CCDDR may award grants to sustain existing agency operations and/or to continue providing programs, services, and/or supports to Eligible Persons.
- b. Grants may be utilized for direct operational costs, such as personnel, fringe benefits, supplies, travel, professional fees, etc.
- c. A percentage of indirect/overhead costs may also be funded.
- d. All funding will be based on program specific measures.

2. POS Agreements

- a. POS Agreements with agencies shall provide direct services and/or supports for Eligible Persons during a specified period of time.
- b. A “unit” of service and a “rate per unit” is determined and approved by the Board.
- c. The agency then invoices CCDDR for the number of “units” provided by the agency.

B. Special Funding

1. New Programs

- a. CCDDR may provide one-time grants or POS Agreements for new programs.
- b. Criteria to be used to review and evaluate all applications for new programs, services, and/or supports include, but is not limited to:
 - i. The extent to which the new program, service, and/or support has been identified by CCDDR as a need based upon needs survey results, waiting list data, or other viable sources;
 - ii. The extent to which other Federal, State, and local agencies or funding sources are mandated to fund the proposed new program, service, and/or support;
 - iii. The extent to which the new program, service, and/or support will contribute to the advancement of and/or

improvement of promoting Eligible Persons to progress toward normal living;

- iv. The availability of CCDDR revenues to sustain the new program, service, and/or support on an on-going basis;
 - v. The extent to which the new program, service, and/or support falls within Sections 205.968-205.972 RSMo in terms of eligible services to be funded;
 - vi. The extent to which the estimated cost for the new program, service, and/or support is reasonable and is cost-effective;
 - vii. The extent to which other available revenue sources have been investigated and accessed by the agency requesting CCDDR funds;
 - viii. The extent to which the new program, service, and/or support addresses the needs of Eligible Persons;
 - ix. The extent to which the agency is: certified or accredited by State and national bodies; program, service, or support personnel are well qualified by training and/or experience for their roles; and the applicant agency has adequate facilities and personnel;
 - x. The extent to which, insofar as practicable, the proposed program, service, and/or support, if well executed, is capable of attaining the proposed outcomes and goals;
 - xi. The strength of the program, service, and/or support plan for evaluation in terms of meeting stated outcomes/goals; and
 - xii. The agency's historical performance in other programs, services, and/or supports funded by CCDDR (if applicable) or historical performance in other programs, services, and/or supports not funded by CCDDR (references may be requested).
- c. CCDDR will evaluate each one-time grant application as it relates to program feasibility or viability and its impact on Eligible Persons participating in the program.

2. Construction/Renovation Projects & Purchases of Property

- a. All new construction projects and renovation projects require development of uniform specifications for the work to be done, adherence to this Policy, adherence to CCDDR Procurement Policy #31, adherence to the Missouri Prevailing Wage Law when applicable, and adherence to all applicable Federal, Missouri, and local laws.
- b. The following information shall be submitted with the agency's grant application when requesting funding for new construction, property purchase, or renovation projects:
 - i. Description of the project and benefits to persons served;
 - ii. Projected timeline for initiation and completion of project;
 - iii. Business plan and how proposed property acquisition, construction, or renovation will enhance the agency's business operations and/or mission in serving Eligible Persons;
 - iv. Land site and value (for proposed purchases of property that CCDDR is to fund, an Independent Appraisal of the property from a certified appraiser is required);
 - v. Architectural plans(if applicable); and
 - vi. Itemized cost breakdown for the entire project.
- c. For all buildings or residential facilities proposed to be purchased, constructed, or renovated exclusively with CCDDR funds, the Board reserves the right to retain ownership of the property and subsequently lease the property to the agency for a specific purpose, hold recorded interest in title to the property, or be recorded as the first lien-holder.
- d. For all buildings or residential facilities proposed to be purchased, constructed, or renovated which are partially funded by CCDDR funds, the Board reserves the right to hold recorded interest in title to the property or be recorded as a lien-holder.
- e. Restricted covenants shall be recorded for the agency's use of CCDDR funds to: purchase property; purchase, construct, or renovate buildings; or purchase, construct, or renovate of residential facilities.

3. Vehicle Purchases

- a. CCDDR may provide one-time grants to enable agencies to:
 - i. improve or replace their existing fleet of vehicles;
 - ii. purchase lift equipment or safety equipment, such as restraints; or
 - iii. to purchase new vehicles as part of an expansion of transportation services.
- b. All vehicle purchases require adherence to this Policy, adherence to CCDDR Procurement Policy #31, applicable sections contained within CCDDR Transportation Policy #36 as outlined in the Funding Agreement, and adherence to all applicable Federal, Missouri, and local laws
 - i. Agency purchases of vehicles at the State/Federal Surplus warehouse in Jefferson City or through the MoDOT Section 5309/5310/5311 program are not subject to the conditions outlined in CCDDR Procurement Policy #31.
- c. For vehicles purchased entirely with CCDDR funds, the vehicle must be titled with CCDDR listed as first lien-holder, and CCDDR will physically hold title for the duration of the vehicle's service.
- d. Agencies are required to provide CCDDR with vehicle serial numbers and other appropriate identifying information.
- e. The vehicle must be used in transporting Eligible Persons.
- f. Agencies must submit a request in writing for CCDDR's permission to dispose of, transfer, or sell a vehicle purchased with CCDDR funds.
 - i. CCDDR reserves the authority to determine a reasonable sale price and shall use the wholesale value of the vehicle as specified in The Official Bus Blue Book by Bus Solutions, in consideration with straight-line depreciation methods.
 - ii. CCDDR reserves the right to retain proceeds from sales of vehicles purchased exclusively with CCDDR funds.

- iii. Where vehicles have been partially purchased with Federal or MoDOT funds (Section 5309/5310/5311), Federal or MoDOT property management standards shall prevail, with remittance of the sale price to the CCDDR equal to CCDDR's percentage match (typically 20%).
 - g. CCDDR will not provide funding to replace vehicles unless the odometer reading of the vehicle to be replaced is above 100,000 miles.
- 4. Operational Shortfall
 - a. CCDDR may provide one-time grants for program specific operational shortfalls, such as unanticipated expenses incurred as a result of changes in health and safety compliance standards, replacement or repairs of necessary equipment, or other unforeseen and uncontrollable circumstances affecting the successful operation of a program.
 - b. Operational shortfalls will be heavily scrutinized by the Board.
 - c. Mismanagement or management errors will not be considered legitimate reasons for one-time grant requests.
- 5. Health and Safety
 - a. CCDDR may provide one-time grants to an agency if the health and safety of an Eligible Person/Persons is/are threatened, and the agency is financially unable to accommodate a remedy to the health and safety issue.
 - b. Health and safety concerns will be heavily scrutinized by the Board.
 - c. If it has been determined mismanagement or management errors are the reason for the health and safety issue, additional investigatory authorities may be notified and continued funding of any other CCDDR funded agency program will be reviewed and reconsidered immediately.

IX. Monitoring of Funds Utilization

- A. All agencies receiving annual funding from CCDDR for the on-going sustainment of programs, services, and/or supports shall provide a verifiable, detailed accounting of funds utilized as identified in the funding agreement(s).
- B. All agencies receiving special funding from CCDDR must submit copies of actual invoices and checks for payment of the invoices for approved expenditures.

- C. For operational, operational shortfall, new program, and/or other special project or program funding, a verifiable, detailed accounting of how the funds were utilized is required.
- D. If the agency requests CCDDR to make a direct payment to the supplier or manufacturer rather than being remunerated by CCDDR, an invoice from the supplier or manufacturer for all approved expenditures is needed.
- E. Purchase of Assets
 - 1. Agencies awarded funds for the purchase of assets (equipment, furnishings, vehicles, property, etc.) in excess of \$1,000 for items with a useful life of over 1 year shall complete an asset inventory report annually for the depreciable period applicable to the item following the award.
 - 2. Agencies awarded funds for the purchase of assets shall maintain a loss control/risk management system to prevent damage or theft of such items.
 - 3. Any damage or theft of an asset in excess of \$1,000 purchased with CCDDR funds shall be properly investigated, with the appropriate reports/findings submitted for review to the Board.
 - 4. Agencies awarded funds for the purchase of assets in excess of \$1,000 shall maintain adequate property insurance coverage for said items, and shall furnish CCDDR with evidence of insurance annually for all such capital items.
 - 5. If purchased assets are found not to be used during a six-month consecutive period of time during the first three years of ownership, said items shall be made available to CCDDR for reassignment to another agency, to CCDDR for its own uses, or for resale by CCDDR, with proceeds returning to CCDDR.
 - 6. If purchased assets are found not to be used for or by Eligible Persons, the agency shall repay CCDDR the undepreciated or market value of said items or make the items available to CCDDR for reassignment to another agency.
 - 7. Agencies awarded funds for the purchase of an asset in excess of \$1,000 shall not sell, trade, or dispose of the item within a three-year period of time after the award unless prior approval has been obtained from CCDDR. If prior approval is not obtained, the agency shall repay CCDDR for the funding amount used to purchase the asset.
 - 8. All purchased assets shall be depreciated in accordance with generally accepted accounting principles. The agency shall be expected to establish and fund a depreciation reserve account to replace the item when this becomes necessary.

F. Purchase of Property

1. If CCDDR grants funds for the purchase of real property and the agency sells, trades, or ceases to use the property for the purposes indicated in its original proposal and/or grant application within five years from the date of being awarded funds, all funds disbursed in the project shall be reimbursed to CCDDR.
 - a. If the agency continues to serve Eligible Persons, but uses the property for a different purpose than in the original proposal, a request must first be made in writing to the Board to utilize the property in a different manner.
 - b. If the request is denied, the agency shall repay CCDDR for the funding amount used to purchase the real property.
2. For all purchases of personal property in excess of \$5,000.00, the agency shall grant to CCDDR a security interest in the property.
 - a. CCDDR will execute a security agreement via UCC Financing Statement (UCC-1) with the Secretary of State's office.
 - b. The security agreement shall be in effect for 10 years or until property is disposed of.

X. Monitoring Agencies Receiving Funds

- A. As a publicly-supported entity, CCDDR places a premium on the accountability of its funds. This responsibility extends to those agencies funded by CCDDR.
- B. Agencies will be required to provide CCDDR with a full financial disclosure of all operations.
- C. Agencies shall establish internal controls, systems, and procedures for monitoring the fiscal position of their agency and the use of CCDDR funds.
- D. Agencies' financial management controls and record-keeping shall be in accordance with generally accepted accounting principles.
- E. All agencies that have funding agreements with CCDDR shall submit an organization-wide independent audit to CCDDR conducted by a Certified Public Accountant following Generally Accepted Auditing Standards for the period in which the funding was received.
 1. If this funding extends into a subsequent fiscal year(s) for the agency, a subsequent audit(s) will be required.

2. The audit document shall include the auditor's Management Report and comments on compliance with accounting standards and internal controls.
 3. The audit is due in the CCDDR office within six (6) months of the close of the agency's fiscal year.
 4. The DESE Audit Analysis shall accompany the audit report for sheltered employment services.
 5. Copies of audits by any regulatory entity must also be submitted to CCDDR within thirty (30) days of the agency's receipt of the completed audit report from the regulatory entity.
 6. Agencies receiving \$10,000 or less annually or in a single, program specific grant which carries no ongoing funding obligation by CCDDR may request an exception to the audit requirement.
 - i. This audit exception request must be submitted to CCDDR in writing with the grant application.
 - ii. Each audit exception request will be considered on a case-by-case basis, and each consideration will be made based on the funding application circumstances.
 - iii. If a waiver is granted, the exempted agency shall submit year-end financial statements or program specific financial statements signed by their board treasurer, Certified Public Accountant, or authorized designee.
- F. Any modifications or changes to the strategic plan, Bylaws, Articles of Incorporation, policies, and procedures adopted by the agency during the term identified in the funding agreement must be submitted to CCDDR.
- G. Agencies will be required to comply with all terms and conditions set forth in the funding agreement(s).
- H. CCDDR reserves the right to conduct periodic site visits of funded programs, services, and/or supports.
- I. CCDDR may, at its own costs, procure the services of third parties to conduct assessments, audits, inspections, etc. of programs, services, supports, and/or facilities funded by CCDDR funds.



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-45*

APPROVAL OF AMENDED POLICY #29

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, and job descriptions and creates new Bylaws, policies, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the "Board", hereby acknowledges the need to amend Policy #29, Restricted and Unrestricted Funds.
2. That the Board hereby amends and adopts Policy #29 (Attachment "A" hereto) as presented.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2016-45



Policy Number:

29

Effective: April 20, 2009

Revised: November 21, 2016

Subject: Restricted and Unrestricted Funds

PURPOSE:

Camden County Developmental Disability Resources (CCDDR) believes that sound financial management principles require that sufficient funds be retained by CCDDR to provide a stable financial base at all times. To retain this stable financial base, CCDDR needs to maintain a Fund Balance sufficient to fund all cash flows of CCDDR for a certain period of time; to mitigate potential fluctuations in annual property tax revenues; to establish the designation of Targeted Case Management program revenue; to provide financial reserves for unanticipated expenditures and/or revenue shortfalls of an emergency nature; and to provide funds for all existing agency obligations.

The purpose of this policy is to specify the size and composition of CCDDR's restricted and unrestricted funds and to identify requirements for use and replenishment of any fund balances.

DEFINITIONS:

Restricted Funds

Fund balances that are set aside for planned actions stated by the Board. Stated restrictions can be altered at CCDDR Board meetings.

Unrestricted Funds

Fund balances that have not been set aside for planned actions by the Board. These fund balances may be available for appropriation at the Board's discretion or can be converted to a restricted fund at CCDDR Board meetings.

Operational Funds

Restricted funds designated for the Fiscal operation expenses identified in the Board-approved Fiscal Year Budget.

Operational Reserves Fund

Restricted fund designated for fiscal cash liquidity purposes (i.e. fiscal reserve) that will provide for sufficient cash flow to meet the agency's emergency or sustainable cash-flow needs during times of revenue shortfalls and/or unanticipated expenditures. Operational Reserve funds guard against the unpredictability of Federal or state policy changes, Federal or state litigation, and/or volatility in the environment within which Federal, state, and/or local programs operate. The fund balance target level for each program shall be equal to 25% of the agency's annual revenues for each program; however, the Board may establish an amount more or less in an annual budget prior to the beginning of an upcoming fiscal year, which will be dependent upon the reasonable expectation of realized or projected income, expenses, and/or funds available.

Sheltered Workshop Fund

Restricted fund designated for the County workshop that is used to offset the workshop's fiscal operational shortfalls (if any).

Children's Program Fund

Restricted fund designated for agencies offering programs for developmentally disabled children.

Medicaid Match Fund

Restricted fund designated for reimbursement to the Department of Mental Health for costs of services provided in the Partner for Hope Waiver, Community Waiver, Comprehensive Waiver, Lopez Waiver, and other Waiver programs.

Housing Fund

Restricted fund designated for qualifying housing needs.

Transportation Fund

Restricted fund designated for qualifying transportation needs.

Community Employment Fund

Restricted fund designated for qualifying community employment needs.

Special Needs Fund

Restricted fund designated for qualifying needs that would not otherwise be provided or funded by another resource or program.

New Programs Fund

Restricted fund designated for qualifying needs of proposed new programs or new programs' start-up costs.

Sponsorships Fund

Restricted fund designated for sponsoring service costs for qualifying clients to participate in special needs camps or other related recreational activities; for charitable purchases or costs on behalf of qualifying clients; for charitable donations made on behalf of or for the benefit of qualifying clients; or for other sponsorship services or activities which will be in the best interest of or benefit qualifying clients.

Building/Remodeling/Expansion Fund

Restricted fund designated for the cost to purchase new real estate and buildings; to construct, remodel, remove, rebuild, or reconstruct new buildings or property improvements; to construct, remodel, remove, rebuild, or reconstruct mechanical, HVAC, plumbing, structural, or electrical systems to buildings or property improvements; and to offset expenses related to Agency expansion efforts.

Legal Fund

Restricted fund designated for costs related to legal counsel, court costs, or other related expenses.

TCM Fund

Restricted fund designated for costs or shortfalls related to the Targeted Case Management Program.

Community Resource Fund

Restricted fund designated for costs or expenses related to supports, services, and/or program/project development for successful community inclusion and/or access to the community.

Other Fund

Restricted fund designated for uncategorized expenses, asset expenses, or to offset asset values less depreciation.

Qualifying Needs

Qualifying needs are needs pertaining to the classification of the designated fund as defined by the Board at the time of the allocation of the need.

POLICY:

I. Uses

A. Designated Restricted Fund Balance

CCDDR will maintain fund balance designations for fiscal cash liquidity purposes. The amounts of the fund balances shall be established by the Board through approval of the Fiscal Year Budget and may be modified from time to time as needs change throughout the Fiscal Year.

B. Designated Unrestricted Fund Balance

Fund balance designations not otherwise restricted as required above represent balances available for appropriation at the discretion of the Board for use in Fiscal Year operations. The Board will make every effort to use these unrestricted funds for the following purposes (listed in order of priority):

- For use in meeting contingency/emergency expenditures that are unanticipated.
- Increase Designated Restricted Fund Balances as deemed necessary.
- For use in meeting capital improvement or equipment replacement needs as deemed necessary by the board.
- Use as beginning cash balance in support of the Board-approved annual budget.

The CCDDR Board recognizes that any such unrestricted funds should be appropriated for Fiscal Year operational costs as they represent current or prior year surpluses that may or may not materialize in subsequent fiscal years. In developing the annual budget, the Executive Director shall identify any funds proposed to be taken from unrestricted fund balances needed to balance the budget, which may be a result of time-limited or one-time expenditures contained in the annual budget.

II. Monitoring and Reporting

The CCDDR monthly financial statements shall identify the status of the fund balance(s) within this policy and shall be used in conjunction with the development of an annual budget. In the annual Budget Summary to the Board completed in developing the annual budget, the Executive Director shall identify all anticipated restricted and unrestricted funds available the following year, and any recommendations for use of said funds shall be presented to the Board in this report.

III. Replenishment of the Operational Reserves Fund Balance

Should the Operational Reserves Fund Balance amount fall below the 25% targeted level or fiscal year budgeted amount, the Board must approve and adopt a plan to restore this balance to the target level within 24 months. If restoration of the Operational Reserve Fund cannot be accomplished within such period without severe hardship to the Board, then the Board will establish a different time period.

IV. Investment of Restricted and Unrestricted Funds

All designated fund balances of CCDDR may be invested at the Board's discretion according to CCDDR's Investment Policy.

REFERENCES:

- CARF Standards Manual
- Revised MO Statutes



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-46*

APPROVAL OF MOU – OZARKS RURAL HEALTH NETWORK

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden County voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) promotes collaboration and partnership with other agencies in an effort to enhance services, supports, and positive outcomes for its clients and the community.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the “Board”, hereby acknowledges and agrees that the Ozark Rural Health Network (ORHN) is a collaborative coordination project with multiple agencies partnering to expand and enhance community resources, services, supports, and positive outcomes for Board clients and the community.
2. That the Board acknowledges Central Ozarks Medical Center is coordinating an initiative to develop the ORHN and authorizes the Executive Director to sign and execute a Memorandum of Understanding (MOU) to initiate collaborative participation with other local support/service agencies and formalize the ORHN creation with the hopes of establishing an eventual stand-alone, not-for-profit organization.
3. That the Board recognizes the MOU will include the Board’s participation and/or a position on the ORHN Board of Directors and/or committees, workgroups, and other subgroups and authorizes the Executive Director to act as the Board’s representative.
4. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A” to Resolution
2016-46

MEMORANUM OF UNDERSTANDING

Ozarks Rural Health Network

Statement of Purpose

The organizing purpose of the Ozarks Rural Health Network (ORHN) is to create a coordinated and integrated network that addresses social determinants of health in the Missouri Ozarks region.

The organizing members of ORHN founded the network in response to needs identified through previous collaborative activities, the results of individual organizational and collective community needs assessments, and joint planning activities that have demonstrated an evident need to address social determinants of health in our region.

The mission of the Network is to improve the overall health and wellness of the Ozarks region by addressing underlying social determinants of health.

Operating Principles

In order to maximize the individual and regional impact of its efforts, the operating principles of the Ozarks Rural Health Network are: ***collaboration, integration, and quality***. ORHN focuses on:

Collaborative development of local resources and efforts to improve the health and well-being of the residents of the Ozarks region that minimize the duplication of services;

Integrated efforts that transcend existing systems to coordinate development and implementation of appropriate and effective services that are unavailable or insufficient in the region;

Quality outcomes that result from the use of data and best practices to inform planning, decision-making, and evaluation of Network programs and activities.

This memorandum formalizes the collaboration between the Network partners signing this agreement in support of the development of the Ozarks Rural Health Network. This agreement supports each organization's desire to collaboratively address social determinants of health in our region. The information contained herein describes the role of each entity in the collaboration and the scope of services offered.

Membership

The founding members of the Network include representation from primary health care, public health, hospitals and specialty health care providers, and social service agencies in the Ozarks region. Membership is open to organizations and agencies providing health care or social services in the nine-county region served by existing Network members. New members must be approved by the existing membership.

Each Network member organization shall designate an individual from the leadership team of that organization to represent the member organization on the Network Board of Directors, with authority to represent the member organization in decision-making.

Organizations that are not seeking network membership or are not yet network members may participate in network initiatives, programs, and activities with the approval of the membership.

Memorandum of Understanding
Ozarks Rural Health Network

Officers and Terms

Officers for the Network will include a Chair, Vice-chair, and Secretary/Treasurer to be elected by the members. The term of network officers shall be two years, with officers named through a vote of the network membership. Each member organization or agency shall have one vote in network decision-making.

Committees

Committees shall be named as necessary to focus on specific areas of network activity or specific functions of the network. Committees shall serve in an advisory role to the full network membership, and shall not have decision-making authority.

Staff and Resources

Staff must consist at a minimum of a 1.0 FTE network director, who shall be the sole employee of the network board, with delegated responsibilities from the board. The network director may create additional positions supervised by the network director as necessary with board approval.

Frequency of Meetings

Network meetings will occur at least on a bimonthly basis (every other month), with more frequent meetings as necessary. Committee and full membership meetings will make use of available information technology, so that members who are not able to attend in person may attend through a tele-meeting format. Member organizations must be present in person at the annual meeting of the board, to be held in May of each year.

Acknowledgement of Responsibilities

My agency/organization understands the requirements and responsibilities of network membership. These include:

- Designating an organization representative with decision making authority for membership on the Ozarks Rural Health Network Board to provide leadership on network health priorities and practices.
- Collaborating with Network partners to implement the activities outlined in the Ozarks Rural Health Network Work Plan.
- Participating with Network members to create an independent nonprofit organization (Network) and governance structure that supports the mission of the Network.
- Distributing information about the Network and providing services, education and assistance to the target population.

Memorandum of Understanding
Ozarks Rural Health Network

Understanding

This agreement represents the complete understanding of the members. Any amendments to this agreement shall be in writing and signed by all parties. This agreement will take effect on November 28, 2016. Each party's participation in this agreement will continue unless terminated by that party. Any party may terminate their individual participation in this agreement by giving 30 days written notice to the Network Board.

By signing below, I affirm my organization's participation in the Ozarks Rural Health Network.

Organization Name

Organization EIN

Address

Signature

Date

Name of Signatory

Title of Signatory



*CAMDEN COUNTY SB40 BOARD OF DIRECTORS
RESOLUTION NO. 2016-47*

NEW POLICY 42 – ELECTRONIC SIGNATURES

WHEREAS, Sections 205.968-205.972 RSMo and subsequent passage by Camden Co. voters of the Senate Bill 40 enabling legislation in August of 1980 allows for the business, property, affairs, administrative control, and management to rest solely with the Camden County SB40 Board of Directors (dba Camden County Developmental Disability Resources).

WHEREAS, the Camden County SB 40 Board (dba Camden County Developmental Disability Resources) reviews, amends, and appeals its existing Bylaws, policies, and job descriptions and creates new Bylaws, policies, and job descriptions as needed to remain effective in its Agency administration and remain compliant with regulatory statutes.

NOW, THEREFORE, BE IT RESOLVED:

1. That the Camden County Senate Bill 40 Board (dba Camden County Developmental Disability Resources), hereafter referred to as the “Board”, hereby acknowledges the need to create Policy Number 42, Electronic Signatures.
2. That the Board hereby adopts Policy 42 as presented in Attachment “A” hereto.
3. A quorum has been established for vote on this resolution, this resolution has been approved by a majority Board vote as defined in the Board bylaws, and this resolution shall remain in effect until otherwise amended or changed.

Chairman

Date

Secretary, Vice Chairman, or Treasurer

Date

Attachment “A”
Resolution 2016-47



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|--|
| Policy Number: 42 Effective Date: November 21 st , 2016 Revised: N/A |
| <hr/> Subject: Electronic Signatures |

PURPOSE:

Federal and state laws authorize the acceptance of electronic signatures as legal and enforceable for most purposes. Camden County Developmental Disability Resources (CCDDR) recognizes this general standard as well as the increased operational efficiency gained from conducting transactions electronically. This policy authorizes the use of electronic signatures to the fullest extent permitted by law, using methods that are secure and practical.

This policy applies to all members of CCDDR, including Board members and employees. This policy does not mandate the use of an electronic signature or otherwise limit the right of a party to conduct a transaction on paper, nor does it apply to any situation where a written signature is required by law. This policy does not require a specific method for acceptance of an electronic signature, but authorizes implementation of any method that provides an appropriate level of authentication assurance.

POLICY:

When a signature is required, an electronic signature will meet the requirement, and will be accepted as legally binding and equivalent to a handwritten signature. Individuals who falsify an electronic signature are subject to disciplinary action, up to and including termination of employment and criminal prosecution under applicable federal and state laws. Individuals are required to report any suspect or fraudulent activities related to electronic signatures immediately.

This policy complements – but does not replace – the Board’s current policies, manuals, and Bylaws.

REFERENCES:

- DMH/Division of DD Support Coordination Manual
- DMH/Division of DD Directive 1.060
- DMH/Division of DD Guideline 22