

Back On Track Recovery Center Inc.

RFP for Coronavirus State and Local Fiscal Recovery Funds

Back on Track Recovery Center Inc

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Application Form

Question Group

Buncombe County requests proposals for projects to help the community recover from and respond to COVID-19 and its negative economic impacts.

Buncombe County has been awarded \$50,733,290 in Coronavirus State and Local Fiscal Recovery Funds (Recovery Funding), as part of the American Rescue Plan Act. This infusion of federal resources is intended to help turn the tide on the pandemic, address its economic fallout, and lay the foundation for a strong and equitable recovery.

Buncombe County is committed to investing these funds in projects that:

- Align to county strategic plan and community priorities
- Support equitable outcomes for most impacted populations
- Leverage and align with other governmental funding sources
- Make best use of this one-time infusion of resources
- Have a lasting impact

Proposals shall be submitted in accordance with the terms and conditions of this RFP and any addenda issued hereto.

[Click here for the full terms and conditions of the RFP](#)

Coronavirus State and Local Fiscal Recovery Funds*

Name of Project.

Back On Track Recovery Center Inc.

Amount of Funds Requested*

\$4,500,000.00

Recovery Fund Eligible Category*

Please select one:

Enhance behavioral and mental health services

Brief Project Description*

Provide a short summary of your proposed project.

Back On Track Recovery Center Inc. (BOTRC) is a Minority Owned, Peer Lead, 501(c)3 private non profit organization created to support substance abuse and mental health in and around the Buncombe County area. BOTRC originated from one individuals passion to level the playing field for minorities receiving and providing mental and substance abuse services in our community.

Ronald Rudisill, a NCCPSS and CSAC holder, is the driving force and foundational core of BOTRC. Mr. Rudisill has 14 years of experience working in the mental health and substance abuse field and is currently employed at Family Preservation Services, a local mental health and substance abuse provider agency. These years of experience has positioned Mr. Rudisill to formulate a revolutionized proposal on how we provide mental health, substance abuse and co-occurring disorder services.

Back On Track Recovery Center Inc. is a symbol of mental, physical, emotional and spiritual HOPE to the community that we serve.

Project Plan*

Explain how the project will be structured and implemented, including timeframe.

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BOTRC will be constructed, structured and implemented within a one year time frame.

BOTRC will research, study and locate real estate set forth by due diligence to erect BOTRC in the Buncombe county area.

BOTRC will acquire land no less than two acres for the future project constructed site. BOTRC will partner with Trinity Real Estate Development LLC. to complete all construction projects to perfection.

BOTRC will possess a Recovery Center headquarter at each site that will be surrounded by (4) bedroom and (3) full bath quadplex townhomes for the residential inpatient program. Each unit will house 4-6 individuals depending on the market researched area of requested services and we will assure each participant enjoys the luxury and comfort needed to experience a high success level of recovery.

BOTRC will temporarily lease a local property during the time of construction to expedite the hiring process and familiarize on boarding employees with the BOTRC operating system, which provides a smooth and successful transition at the completion of construction.

BOTRC will use the advancement of technology in several scopes of its organization to advance without delay the accessibility of services provided.

BOTRC will create a mobile application for our professional staffs and volunteers consisting of but not limited to (e.g Therapist, RN, and doctors) who will all be afforded the opportunity to provide their services on their time. The majority of our professional services can be offered and delivered virtually, preventing and hindering any contact exposure.

BOTRC is and will forever be a center providing intense and significant recovery services to those who struggle the least and the most with key mental and SA issues.

BOTRC exist because we face a huge substance abuse issue that requires a huge solution and BOTRC is that solution.

BOTRC will place special focus on a national pandemic of racial disparities against men and women of color, veterans, gender and sexuality.

BOTRC will replicate the construction, application of services received and provided with its core values in neighboring communities both near and far.

BOTRC plethora of services spread throughout our local and regional communities sets us and our country on a pathway of getting Back On Track. Replicating BOTRC in different areas, will fill the gap of recovery services needed where the battle appears hopeless.

BOTRC is a start in the right direction of the healing process.

BOTRC will provide evidence based practices from a trusted reputable agency. Addiction is an illness, therefore a unique approach, method and model must be adopted to attain a different outcome.

All services provided by BOTRC is intended to support our families, friends and loved ones in short and long term recovery, provide a conducive recovery environment and safe haven to receive a quality level of care.

Statement of Need*

Describe the need that this project will address. Include data to demonstrate the need, and cite the source of the data.

According to the National Survey on Drug Use and Health (NSDUH), 19.7 million American adults (aged 12 and older) battled a substance use disorder in 2017.¹

Almost 74% of adults suffering from a substance use disorder in 2017 struggled with an alcohol use disorder.¹

About 38% of adults in 2017 battled a drug use disorder.¹

That same year, 1 out of every 8 adults struggled with both alcohol and drug use disorders simultaneously.¹

In 2017, 8.5 million American adults suffered from both a mental health disorder and a substance use disorder, or co-occurring disorders.¹

In 2017, an estimated 20.7 million people age 12 and older needed treatment for a substance use disorder. Only 4 million people received treatment, or about 19% of those who needed it.¹

In 2017, of the more than 18 million people who needed but did not receive treatment for substance use, only 1 million, or 5.7%, of those people felt they needed it.¹

Drug abuse and addiction cost American society more than \$740 billion annually in lost workplace productivity, healthcare expenses, and crime-related costs.²

[1] Substance Abuse and Mental Health Services Administration. (2018). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.

[2]. National Institute on Drug Abuse. (2017). Trends & Statistics.

The Centers for Disease Control estimate that 114 people die a day because of drugs (TIME magazine offers a much higher estimate), and 6,748 will be sent to hospitals for treatment. While addiction and substance abuse are major problems in the US, a survey conducted by the Substance Abuse and Mental Health Services Administration found that as many as 90 percent of those who most need drug rehab do not receive it so there's a desperate need for a solution.

More effective treatment driven by smarter decision-making and outcomes standards has the capability to benefit clients and their loved ones also facilities themselves.

Link to COVID-19*

Identify a health or economic harm resulting from or exacerbated by the public health emergency, describe the nature and extent of that harm, and explain how the use of this funding would address such harm.

The National Council on Behavioral Health conducted an online survey of 880 behavioral health organizations across the country in April 2020. 61.8% of organizations closed at least one program. Nearly all of the organizations (92.6%) have reduced their operations. 46.7% of behavioral health organizations have had to, or plan to, lay off or furlough employees as a result of Covid-19.

According to the latest survey of the industry, published Sept. 9 by the National Council for Behavioral Health (NCBH), which represents about 3,000 mental health and addiction treatment providers, 54% of organizations have closed programs and 65% have had to turn away patients.

Drug overdose deaths rose by close to 30% in the United States in 2020, hitting the highest number ever recorded, the US Centers for Disease Control and Prevention reported.

More than 93,000 people died from drug overdoses in 2020, according to provisional data released by the CDC's National Center for Health Statistics. That's a 29.4% increase from the 72,151 deaths projected for 2019.

"Overdose deaths from synthetic opioids (primarily fentanyl) and psychostimulants such as methamphetamine also increased in 2020 compared to 2019. Cocaine deaths also increased in 2020, as did deaths from natural and semi-synthetic opioids (such as prescription pain medication)," the NCHS said in a statement.

The funding required to address these key issues on a local, regional and national level allots BOTRC to replicate our entire model e.g quality of services provided, delivered and received across the local area.

BOTRC will provide a variety of evidence-based, substance use and co-occurring mental health disorder treatments, with an emphasis on treating the whole person, not just the addiction. Treatment includes individual, group, and family therapy and relies on a variety of evidence-based therapeutic approaches such as motivational interviewing, cognitive behavioral therapy, and trauma-informed counseling.

Population Served*

Define the population to be served by this project, including volume and demographic characteristics of those served.

Recent focus on White populations ignores the havoc that the opioid epidemic has wreaked on people of color, including Black, Hispanic, and Native American populations. Nationally, between 2013 and 2017, deaths from synthetic opioids other than methadone increased eighteen fold among Black people and twelvefold among Hispanic people compared with ninefold among White people. 3 In several states Black people have a higher rate

of opioid-related death than White people,⁴ and the overdose rate among people of color is rising rapidly. 3 Agency for Healthcare Research and Quality. Blacks experiencing fast- rising rates of overdose deaths involving synthetic opioids other than methadone [Internet]. Rockville (MD): AHRQ; 2020 Feb [cited 2021 Apr 9].

Veterans are in the grips of a national health crisis, caused in part by toxic stress induced brain injury. Despite billions spent by the federal government, rates of suicide, homelessness, and substance abuse either rise or stay flat in the veteran population. Here, we will briefly discuss the pathogenesis causing this, and the integrative medical therapies available to combat this epic problem.

The American Psychological Association writes that women are 70 times more likely than men to be diagnosed with major depression (and prescribed medications for the condition), and twice as likely as men to develop an anxiety disorder.

Furthermore, the Journal of Psychiatric Research published a January 2013 article that found that women have a “heightened fear response” to trauma that makes women twice more susceptible to development post-traumatic stress disorder in the aftermath of a traumatic event than men. Substance abuse is a very common co-occurring disorder in people who have mental health conditions of depression and anxiety, either prompting them to self-medicate when they are going through periods of their respective mental illness or triggering a relapse when their recovery becomes a struggle.

Results*

Describe the proposed impact of the project. List at least 3 performance measures that will be tracked and reported. If possible, include baselines and goals for each performance measure.

Performance measures set in place by BOTRC will be as follows: Completion of the program, Sobriety rates immediately after treatment, Client interviews, and Internal studies.

According to TIME magazine, there is no standard definition of “rehab,” so there is no standard metric of success for rehabilitation centers. Some facilities simply measure how many of their patients complete their programs; others consider sobriety in the follow-up months and years after “graduation” as the threshold for success.

Some facilities, for example, tout success rates in the 90th percentile, but this can be misleading; there are often very flexible criteria for what defines that kind of success. How such facilities deal with the ever-present topic of relapse, and further rounds of treatment, is left unsaid or not comprehensively addressed.

Since many treatment centers do not follow up with their patients, the “100 percent” success rate some cite only applies to those who complete the length of their stay. Even those who boast a more modest “30 percent success rate” only draw that figure from the immediate sobriety rates after treatment, not from six months or three years down the road.

In addition to the issues about the nature of recovery this statement zeroes in on one of the biggest challenges of defining “recovery” and “success”: DURATION. How long must “healthy” or “desired” behavior be maintained for recovery to be called successful – whether recovery is defined as “abstinence” or absence of certain problematic behaviors? This is difficult to answer because studies that look at 2-5 years out are rare relative to those that look within the first year of the designated conclusion of “treatment.”

Rehab facilities that are worth the investment are those that utilize research-based therapies and that staff professionals in the field. BOTRC will be judged on the quality of the care they provide, even after treatment, not merely the quantity of clients they see.

Evaluation*

Describe the data collection, analysis, and quality assurance measures you will use to assure ongoing, effective tracking of contract requirements and outcomes.

Addiction and addiction treatment are extremely complex. Both the causes and results of addiction affect many areas of a person's life, including job performance, family and social relationships, and mental and emotional well-being. The process of addiction recovery is similarly multifaceted and expands far beyond abstinence versus relapse.

BOTRC approaches treatment and recovery from a holistic perspective, supporting clients to build the quality of life they want in all domains, including physical health, mental and emotional health, family and social systems, and vocational functioning. Aligned with best practices as well as what is known about best programming and optimal outcomes, treatment at BOTRC which includes a combination of therapies and other support services—varies depending on the type of addiction and characteristics of each client seeking treatment.

In consideration of this broader view of recovery and a dedication to delivering client-centered, effective treatment, BOTRC will partner with a local research institute, to build a client outcome monitoring system that supports the systematic collection of client outcome data at intake, discharge, and post-discharge. This client outcome monitoring system will be embedded within the electronic health records and integrated into the clinical workflows for staff who interface with BOTRC clients day-to-day. The function of this system is to standardize data collection within BOTRC to permit comparison, process improvement, and collect longitudinal data about clients' experiences post discharge.

The process includes a description of the client population that will receive care at participating BOTRC and an examination of changes in key client outcomes from intake to two, six, and twelve months post-discharge. Longitudinal analyses will be conducted to examine change over time in the areas of alcohol use, drug use, medical problems, mental health, family functioning, legal matters, and vocational issues.

Equity Impact*

How will this effort help build toward a just, equitable, and sustainable COVID-19 recovery? How are the root causes and/or disproportionate impacts of inequities addressed?

The Coronavirus pandemic, which is infecting and killing people of color and other marginalized communities at disproportionately high rates, has magnified existing disparities driven by a highly inequitable system and underlying structural inequities.

Build trust in outreach through targeted messaging and by collaborating with local media outlets and trusted community partners. BOTRC will collaborate with local underserved community-based organizations such as community centers, recovery agencies and faith-based groups to inform families of services offered by BOTRC. BOTRC also recommends the hiring of public substance abuse and mental health staff who reflect the makeup of their own minority community to expand exposure notification capacity.

BOTRC will provide information about the next phases in the recovery process BOTRC will provide transparent based services to involve community support by using technology and creating video recordings for questions concerning substance use or mental health recovery.

Promote an equitable and inclusive economic recovery by investing in historically marginalized communities and urging businesses to support the movement addressing racial disparities and focus their recovery policies on equitable and sustainable solutions. These broad recommendations include supporting

small businesses operated in and owned by communities of color, addressing racially disparate housing security patterns, and designing job programs for diverse youth.

BOTRC will extend and increase staffing and residency to people of color by 26-33%.

Project Partners*

Identify any subcontractors you intend to use for the proposed scope of work. For each subcontractor listed, indicate:

- 1.) What products and/or services are to be supplied by that subcontractor and;
- 2.) What percentage of the overall scope of work that subcontractor will perform.

Also, list non-funded key partners critical to project.

BOTRC is partnering with the local community agencies and providers for inclusion in all services provided. Agencies involved in this agenda includes:

Trinity Real Estate Development LLC. They're responsible for constructing BOTRC in established locations. Trinity is responsible for 50 % of BOTRC success.

JFK Alcohol and Drug Abuse Treatment Center, due their established facility partnership consist on providing and receiving referrals for services provided. JFK will support BOTRC detox program by providing detox services for participants in the program. JFK will have a 10% involvement with BOTRC.

Sistas Caring 4 Sistas Inc. is partnered with the BOTRC organization and will have a BOTRC office established at their location to house a BOTRC representative. This position is used to provide substance abuse and mental health card evaluations. They're responsible for 5% of the BOTRC success.

Hire Powered Staffing will support BOTRC through the staffing process, providing professionals who are applicable to the position. They are 5% of the success of BOTRC.

Family Preservation Services role is to support BOTRC with education, trainings and operations. They are responsible for 5% of BOTRC success.

Crestview Recovery Center a former employer and direct competitor will provide and receive referrals for services provided. They're responsible for 5% of BOTRC success.

Pisgah Legal Services will provide legal insight and advice concerning contracts, policy and procedures and consultations when needed. PLS is responsible for 5% of BOTRC success.

Sunrise Community for Recovery and Wellness which is a peer lead agency to provide peer trainings, peer employees and operational guidance. They will be responsible for 5% of BOTRC success.

Hamilton Trucking Company will provides additional support during local constructing phase. Percentage of support lies at 5%.

Dell Fell will provide PCP support for medical treatment care. They're responsible for 5% of BOTRC success.

Capacity*

Describe the background, experience, and capabilities of your organization or department as it relates to capacity for delivering the proposed project and managing federal funds.

The scope and magnitude of Back On Track Recovery Center is impactful and dynamic. It's a modern day approach to address key mental and substance abuse issues. Back On Track Recovery Center is minority owned, peer lead, managed and operated by Asheville native Ronald Rudisill (founder).

Founder has made an immediate impact in the field of substance abuse and mental health recovery, boasting 11 years of direct experience with a plethora of community services. Ronald is currently employed at Family Preservation Services as a North Carolina Certified Peer Support Specialist (NCCPSS) and has completed the course to be Certified Substance Abuse Counselor (CSAC).

Mr. Rudisill is a part of the ACT Team which is an Adult Enhanced mental health and substance abuse component providing the highest level of care. He has worked with several individuals along the way from those needing minimal levels to maximum level of care.

Ronald has worked with and for several mental health agencies in the area that has provided him the opportunity and experience to birth Back On Track Recovery Center Inc. (BOTRC). This center is a direct reflection of who Mr. Rudisill is as a father, friend, entrepreneur and counselor.

The foundation laid will display the integrity and moral aspects of Ronald that will take BOTRC anywhere it wants to go. Mr. Rudisill has replicated himself in the form of BOTRC.

The services provided and the level of care provided will reflect the experience of Ronald in our daily operations. Ronald will oversee all components of the operation via daily meetings to gather all information needed to make any necessary adjustments and or corrections to services provided or received.

His approach to address key modern day substance abuse and mental health issues has landed Ronald in the driver seat to establish the core and foundation of the our program. It's a new day, a great collaboration of community support assuring Ronald has what it takes to be successful.

Budget*

Provide a detailed project budget including all proposed project revenues and expenditures, including explanations and methodology. For all revenue sources, list the funder and denote whether funds are confirmed or pending. For project expenses, denote all capital vs. operating costs, and reflect which specific expenses are proposed to be

funded with one-time Buncombe County Recovery Funds.

Download a copy of the budget form [HERE](#). Complete the form, and upload it using the button below.

Recovery-Funds-budget-template(2).xlsx

Special Considerations*

Provide any other information that might assist the County in its selection.

Pages from BOTRC _2_.pdf

As of 2017, Blacks made up 13% of the population, only 3.5% of US-based businesses were Black-owned. Meanwhile, 81% of businesses that year were owned by Whites as they made up 60% of the population.

Access to capital plays a pivotal role in the divide between Black and White-owned businesses. According to a 2016 Stanford study comparing Black and White startups, Black-owned startups have 60% less capital investment than White-owned start ups.

Minority owned, peer lead entities of this magnitude are as successful as their counterparts, whenever the playing field is leveled and are not underfunded. People of color are able to perform at high levels as well when not placed in environments of oppressive systems created to keep certain people stuck in their physical, mental and financial states. Leveling the playing field allows people of color the opportunity to be professionally successful in business, family and life.

The funding sources provided over the years have been vacuumed by the same individuals and same companies that's doing the same thing. An exclusion of people of color while monopolizing the city and county of Asheville, making it impossible to catch up. Our counterparts are building the same houses providing the same services as before which has drove the price of living in historical black areas UP and forced the local native population of color OUT of their historical places of dwelling. If we continue doing it the same way we will continue getting the same results, insanity. Due to the nature of this monopolization Asheville African American population has decreased significantly to (7%) over the past 10 years. People of color has lost the soul purpose and structures of the communities built from the blood sweat and tears of their ancestors, to the point of making African American historical communities white. It's time we build and introduce a new perspective to Asheville that will impact the people of color just as much as the majority.

File Attachment Summary

Applicant File Uploads

- Recovery-Funds-budget-template(2).xlsx
- Pages from BOTRC _2_.pdf

Coronavirus State and Local Fiscal Recovery Funds Proposed Project Budget

Organization Name: Back On Track Recovery Center	
Project Name: Back On Track	
Amount Requested: 4,500,000.00	

Proposed Project Revenue Funder	Amount	Confirmed or Pending?	Notes
Proposed Buncombe COVID Recovery Funds	\$ 4,500,000.00	Pending	
List other sources here Gifts, Grants and Contributions		pending	
List other sources here Sponsorships		pending	
List other sources here Donations/ Fundraising			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
List other sources here			
Total	\$ 4,500,000.00		

Proposed Project Expenses	Proposed	Other Funds	Total	Capital or Operating	Notes
List expenses here Construction of site	\$ 2,100,000.00		\$ 2,100,000.00	Operating	
List expenses here Interior Furnishing	\$ 400,000.00		\$ 400,000.00	operating	
List expenses here President/CEO	\$ 141,000.00		\$ 141,000.00	operating	
List expenses here Vice President	\$ 120,000.00		\$ 120,000.00	operating	
List expenses here Medical Physician	\$ 200,000.00		\$ 200,000.00	operating	
List expenses here Psychiatrist	\$ 225,000.00		\$ 225,000.00	operating	
List expenses here (6) Therapist	\$ 360,000.00		\$ 360,000.00	operating	
List expenses here (4) Registered Nurses	\$ 260,000.00		\$ 260,000.00	operating	
List expenses here (8) Peer Support	\$ 332,000.00		\$ 332,000.00	operating	
List expenses here (4) Case Managers	\$ 160,000.00		\$ 160,000.00	operating	
List expenses here (2) Receptionist	\$ 40,000.00		\$ 40,000.00	operating	
List expenses here General Maintenance	\$ 43,000.00		\$ 43,000.00	operating	
List expenses here Insurance	\$ 3,500.00		\$ 3,500.00	operating	
List expenses here Marketing & Advertisements	\$ 20,000.00		\$ 20,000.00	operating	
List expenses here Website Setup and Maintenance	\$ 20,000.00		\$ 20,000.00	operating	
List expenses here Phone, fac Internet	\$ 5,000.00		\$ 5,000.00	operating	
List expenses here Licensure and Credentials	\$ 18,000.00		\$ 18,000.00	operating	
List expenses here Transportation	\$ 45,000.00		\$ 45,000.00	operating	
List expenses here Program Materials	\$ 25,000.00		\$ 25,000.00	operating	
List expenses here Fund Raising	\$ 2,500.00		\$ 2,500.00	operating	
List expenses here Office supply	\$ 15,000.00		\$ 15,000.00	operating	
List expenses here Attorney	\$ 1,000.00		\$ 1,000.00	operating	
List expenses here Electronic monitors/Surveillance System	\$ 10,000.00		\$ 10,000.00		
List expenses here			\$ -		

List expenses here			\$	-		
			Total	\$ 4,546,000.00		

CONFIDENTIALITY AGREEMENT



1. Definition of Confidentiality. As used in this Agreement, "Confidential Information" refers to any information which has commercial value and is either (I) technical information, including patent, copyright, trade secret, and other proprietary information, techniques, sketches, drawings, models, inventions, know-how, processes, apparatus, equipment, algorithms, software programs, software source documents, and formulae related to the current, future and proposed products and services of Company, or (ii) non-technical information relating to Company's products, including without limitation pricing, margins, merchandising plans and strategies, finances, financial and accounting data and information, suppliers, customers, customer lists, purchasing data, sales and marketing plans, business plans and any other information which is proprietary and confidential to Company.

2. Nondisclosure and Non-use Obligations. Recipient will maintain in confidence and will not disclose, disseminate, or use any Confidential Information belonging to Company, whether in written form. Recipient agrees that Recipient shall treat all Confidential Information of Company with at least the same degree of care as Recipient accords its own confidential information. Recipient further represents that Recipient exercises at least reasonable care to protect its own confidential information. If Recipient is not an individual, Recipient agrees that Recipient shall disclose Confidential Information only to those of its employees who need to know such information and certifies that such employees have previously signed a copy of this Agreement.

3. Survival. This Agreement shall govern all communications between the parties. Recipient understands that its obligations under Paragraph 2 ("Nondisclosure and Non-use Obligations") shall survive the termination of any other relationship between the parties. Upon termination of any relationship between the parties, Recipient will promptly deliver to Company, without retaining any copies, all documents and other materials furnished to Recipient by Company.

4. Governing Law. This Agreement shall be governed in all respects by the laws of United States, as such laws are applied to agreements entered and to be performed entirely within **United States** residents.



5. Injunctive Relief. A breach of any of the promises or agreements contained herein will result in irreparable and continuing damage to Company for which there will be no adequate remedy at law, and Company shall be entitled to injunctive relief and/or a decree for specific performance, and such other relief as may be proper (including monetary damages if appropriate).

6. Entire Agreement. This Agreement constitutes the entire agreement with respect to the Confidential Information disclosed herein and supersedes all prior or contemporaneous oral or written agreements concerning such Confidential Information. This Agreement may only be changed by mutual agreement of authorized representatives of the parties in writing.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written below.

COMPANY:

Name: Back On Track Recovery Center Inc.

Signature: *[Handwritten Signature]*

Date: 7/15/2021

Title: President/CEO

RECIPIENT:

Name: _____

Signature: _____

Date: _____

Title: _____