

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

December Session of the October Adjourned

Term. 20 14

In the County Commission of said county, on the 11th day of December 20 14

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the utilization of the Jackson County, Missouri Cooperative Contract #35-14 – Police Supplies and Equipment with Ed Roehr Safety Products, Inc., of St. Louis, MO. This is a term and supply contract that Jackson County, Missouri has awarded with a cooperative purchasing clause.

The terms of this Cooperative Contract are stipulated in the attached Purchase Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreement.

Done this 11th day of December, 2014.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

[Signature]

Daniel K. Atwill  
Presiding Commissioner

[Signature]

Karen M. Miller  
District I Commissioner

Absent

Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

**Elizabeth Sanders, CPPB**  
Senior Buyer



613 E. Ash Street, Room 113  
Columbia, MO 65201  
Phone: (573) 886-4393  
Fax: (573) 886-4390

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## MEMORANDUM

**TO:** Boone County Commission  
**FROM:** Elizabeth Sanders, CPPB  
**DATE:** November 21, 2014  
**RE:** Cooperative Contract: #35-14 Police Supplies and Equipment

On behalf of the Boone County Sheriff's Department, Purchasing requests permission to utilize the Jackson County, Missouri cooperative contract #35-14 for Police Supplies and Equipment with Ed Roehr Safety Products, Inc., of St. Louis, Missouri to purchase supplies and equipment on an as needed basis.

This is a term and supply contract that Jackson County, Missouri has awarded with a cooperative purchasing clause. Sheriff's Department has \$16,800.00 in the 2014 FY budget under dept 1251 (Sheriff) and account 92300 (replacement machinery and equipment) to purchase tactical entry vests.

**cc:** Chad Martin, Sheriff Dept.  
Contract File

**PURCHASE AGREEMENT  
FOR  
POLICE SUPPLIES AND EQUIPMENT  
for the Boone County Sheriff Department**

**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and Ed Roehr Safety Products Co., herein "Vendor."

**IN CONSIDERATION** of the parties' performance of the respective obligations contained herein, the parties agree as follows:

1. **Contract Documents** – The agreement shall consist of this Purchase Agreement; the Term and Supply Contract Award Notification #35-14 from Jackson County, Missouri; Ed Roehr Safety Products' bid response in compliance with all bid specifications and any addenda issued for the Jackson County, Missouri Bid No. 35-14 for **Police Supplies and Equipment**; and Boone County Standard Terms and Conditions. All such documents shall constitute the contract documents which are incorporated herein by reference. Service or product data, specification and literature submitted may be permanently maintained in the County Purchasing Office bid file for this contract if not attached. In the event of conflict between any of the foregoing documents, this Purchase Agreement, the Jackson County, Missouri Bid No. 35-14, and Boone County Standard Terms and Conditions shall prevail and control over the vendor's bid response.

2. **Purchase** - The County agrees to purchase from the Vendor and the Vendor agrees to supply the County with police equipment and supplies on an as needed basis, and as identified and responded to in the Vendor's Bid Response. Materials shall be provided as required in the bid specifications and in conformity with the contract documents for the prices listed and/or calculated from discounts set forth in the Contractor's bid response, as needed and as ordered by the County.

3. **Contract Duration**- This agreement shall commence on the date of Commission Order and extend through June 15, 2016 and with two 12-month renewal options to be exercised at the discretion of Boone County and availability of funds.

4. **Billing and Payment** - All billing shall be invoiced to the Boone County Sheriff Department, Attn: Leasa Quick, 2121 County Drive, Columbia, MO 65202 and billings may only include the prices listed and/or calculated from discounts in the vendor's bid response. No additional fees for paper work processing, labor, or taxes shall be included as additional charges in excess of the charges in the Vendor's bid response to the specifications. The County agrees to pay all invoices within thirty days of receipt. In the event of a billing dispute, the County reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the Vendor, the County agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Binding Effect** - This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.



## BOONE COUNTY STANDARD TERMS AND CONDITIONS

1. **Contractor shall comply with all applicable federal, state, and local laws and failure to do so, in County's sole discretion, shall give County the right to terminate this Contract.**
2. Responses shall include all charges for packing, delivery, installation, etc., (unless otherwise specified) to the Boone County Department identified in the Request for Bid and/or Proposal.
3. The Boone County Commission has the right to accept or reject any part or parts of all bids, to waive technicalities, and to accept the offer the County Commission considers the most advantageous to the County. Boone County reserves the right to award this bid on an item-by-item basis, or an "all or none" basis, whichever is in the best interest of the County.
4. Bidders must use the bid forms provided for the purpose of submitting bids, must return the bid and bid sheets comprised in this bid, give the unit price, extended totals, and sign the bid. The Purchasing Director reserves the right, when only one bid has been received by the bid closing date, to delay the opening of bids to another date and time in order to revise specifications and/or establish further competition for the commodity or service required. The one (1) bid received will be retained unopened until the new Closing date, or at request of bidder, returned unopened for re-submittal at the new date and time of bid closing.
5. When products or materials of any particular producer or manufacturer are mentioned in our specifications, such products or materials are intended to be descriptive of type or quality and not restricted to those mentioned.
6. Do not include Federal Excise Tax or Sales and Use Taxes in bid process, as law exempts the County from them.
7. The delivery date shall be stated in definite terms, as it will be taken into consideration in awarding the bid.
8. The County Commission reserves the right to cancel all or any part of orders if delivery is not made or work is not started as guaranteed. In case of delay, the Contractor must notify the Purchasing Department.
9. In case of default by the Contractor, the County of Boone will procure the articles or services from other sources and hold the Bidder responsible for any excess cost occasioned thereby.
10. Failure to deliver as guaranteed may disqualify Bidder from future bidding.
11. Prices must be as stated in units of quantity specified, and must be firm. Bids qualified by escalator clauses may not be considered unless specified in the bid specifications.
12. No bid transmitted by fax machine or e-mail will be accepted.
13. The County of Boone, Missouri expressly denies responsibility for, or ownership of any item purchased until same is delivered to the County and is accepted by the County.
14. The County reserves the right to award to one or multiple respondents. The County also reserves the right to not award any item or group of items if the services can be obtained from a state or other governmental entities contract under more favorable terms.
15. The County, from time to time, uses federal grant funds for the procurement of goods and services. Accordingly, the provider of goods and/or services shall comply with federal laws, rules and regulations applicable to the funds used by the County for said procurement, and contract clauses required by the federal government in such circumstances are incorporated herein by reference. These clauses can generally be found in the Federal Transit Administration's Best Practices Procurement Manual – Appendix A. Any questions regarding the applicability of federal clauses to a particular bid should be directed to the Purchasing Department prior to bid opening.

16. In the event of a discrepancy between a unit price and an extended line item price, the unit price shall govern.
17. Should an audit of Contractor's invoices during the term of the Agreement, and any renewals thereof, indicate that the County has remitted payment on invoices that constitute an over-charging to the County above the pricing terms agreed to herein, the Contractor shall issue a refund check to the County for any over-charges within 30-days of being notified of the same.
18. **For all titled vehicles and equipment the dealer must use the actual delivery date to the County on all transfer documents** including the Certificate of Origin (COO,) Manufacturer's Statement of Origin (MSO,) Bill of Sale (BOS,) and Application for Title.
19. **Equipment and serial and model numbers** - The contractor is strongly encouraged to include equipment serial and model numbers for all amounts invoiced to the County. If equipment serial and model numbers are not provided on the face of the invoice, such information may be required by the County before issuing payment.

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Worker's Compensation coverage shall meet Missouri statutory limits. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Worker's Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers' Liability Insurance for the protection of their employees not otherwise protected.

**Comprehensive General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

The Contractor has the option to provide **Owner's Contingent or Protective Liability and Property Damage** instead of the **Comprehensive General Liability Insurance-** The Contractor shall provide the County with proof of Owner's Protective Liability and Property Damage Insurance with the County as named insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum amounts of such insurance will be \$1,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverage. Should any work be subcontracted, these limits will also apply.

**COMMERCIAL Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00

combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed, and requiring a thirty (30) day mandatory cancellation notice. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any negligent act or failure to act, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/21/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> AHM Insurance Group 11975 Westline Industrial Dr  St Louis MO 63146	<b>CONTACT NAME:</b> Deborah Jennings	
	<b>PHONE (A/C, No, Ext):</b> (314) 523-8800	<b>FAX (A/C, No):</b> (314) 453-7555
<b>E-MAIL ADDRESS:</b> djennings@ahmins.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> CSU Producer Resources Inc.		
<b>INSURER B:</b> Cincinnati Insurance Company		10677
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 14/15 Master      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CSU0062890	9/30/2014	9/30/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS			ENP027885	9/30/2014	9/30/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 0			CSU0062892	9/30/2014	9/30/2015	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	WC2142140	9/30/2014	9/30/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 Boone County Contract: #35-14

Boone County Purchasing is included as an Additional Insured for Commercial General Liability if required by written contract per form no. CSGA437 11/08 and noted under the auto as an additional insured if required by written contract per form No. CSIA405 08/09.

**CERTIFICATE HOLDER****CANCELLATION**

Boone County Purchasing 613 E Ash Street Room 111 Columbia, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Chase Butler/DJENN 

(Please complete and return with Contract)

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

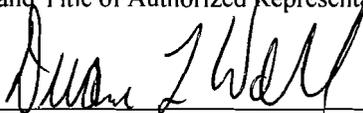
This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Duane L. Wall - President

Name and Title of Authorized Representative



Signature

11-13-14

Date



## **PURCHASING DEPARTMENT**

415 East 12<sup>th</sup> Street  
Kansas City, Missouri 64106

816-881-3267  
Fax 816-881-3268

June 20, 2014

Ed Roehr Safety Products  
Attn: Dathan Baldwin  
2710 Locust Street  
St. Louis, MO 63103

Dear Mr. Dathan Baldwin:

Please consider this letter as Contract Award Notification for a Twenty-four (24) months with two (2) twelve (12) month options to extend Term & Supply Contract for the furnishing of **Police Supplies & Equipment**, for the use by **Various County Departments**, as detailed below:

Bid No: **35-14**

Commodity: **Police Supplies & Equipment**

Resolution No: **18539**

Contract Term: **June 16, 2014 to June 15, 2016**

Jackson County Point of Contact: **Barbara Casamento, 816-881-3253, bcasamento@jacksongov.org**

O'Neil Marketing And Event Management Point of Contact: **Dathan Baldwin, 314-533-9344, dathan@roehrsafety.com**

The following required documents shall be furnished by your firm within ten (10) days after receipt of this agreement in accordance with the bid specifications.

### **CERTIFICATE OF INSURANCE**

#### **NOTE: INDICATE JACKSON COUNTY'S BID NUMBER ON ALL DOCUMENTS**

The Jackson County Executive, or designee, shall be the sole judge as to the fact of the fulfillment of this agreement and upon any breach hereof said Executive or designee shall, at their option, declare this agreement void, and for any loss or damage by reason of such breach, whether this agreement is annulled or not, said Supplier and the sureties on said bond shall be liable.

JACKSON COUNTY MISSOURI

Q. Troy Thomas  
Director of Finance and Purchasing

Jackson County Missouri Invitation to Bid No. 35-14  
Page 2 of 18

A TERM AND SUPPLY CONTRACT for the furnishing of Police Supplies and Equipment for use by Various County Departments.

A Contract between Jackson County Missouri ("County") and the undersigned ("Contractor"), collectively referred to as the "parties". The term "offer" as used herein refers to Contractor's offer made in response to this Bid Number. The parties agree as follows in consideration of the mutual covenants contained herein.

This Contract shall be binding when it is signed by the County's Purchasing Officer and shall run from such date until the end of the 24th consecutive month from the month during which it first took effect unless it is sooner terminated in accord herewith.

This Contract consists of: (1) Contractor's offer, including those papers which Contractor submitted with or expressly incorporated in its offer as a part thereof, to the extent the terms of such papers were expressly or impliedly accepted by the County, or were modified in writing with the express or implied consent of the parties; (2) written modification to this Contract signed by the County's Purchasing Officer and consented to expressly or impliedly by Contractor. This Contract represents the entire agreement between the parties in regard to this Bid Number. All modifications to this Contract must be in writing signed by the County's Purchasing Officer.

The laws of the State of Missouri and Jackson County, Missouri govern this Contract. This Contract shall be binding upon and to the benefit of the successor and assignees of the parties. The Contractor shall not assign this Contract or any monies payable hereunder without the prior written consent of the County. Contractor is an independent contractor of the County and shall indemnify the County for loss, damage or liability which the County incurs to the extent that such results proximately from the negligence or violation of Contractor or its employees, agents or subcontractors.

In regard to any goods which are included in the sale hereunder, Contractor makes to the County the warranties provided in Article Two of the Uniform Commercial Code of the State of Missouri to the extent that they apply by the terms thereof.

The County gives each of its employees an employee identification card having thereon a photograph of the employee. The County will not pay for any goods and/or services delivered by Contractor to any persons who did not present to Contractor at the time of delivery their County Identification Cards and who were not in fact authorized to receive delivery.

The County reserves the right to terminate this Contract for any reason upon at least 14 days written notice to Contractor.

The parties may annually extend this Contract beyond its original term for a time, not to exceed two 12 month extensions, from the last day of the original term provided that the County's consent to such an extension and the extension does not involve changes in the specifications, terms and conditions, or increase in prices unless such changes or increases are provided for in said specifications, terms or conditions in effect at the expiration of the original term has been approved by the County Legislature.

The County will pay to Contractor the applicable pricing quoted by Contractor in its offer for any goods and/or services whose purchase was ordered by the County's Purchasing Officer in consequence of the County's acceptance of Contractor's offer. The County will make good faith effort to make payment within thirty (30) days after the latest of: (1) the date of proper delivery to the County; (2) the date of acceptance by the County; (3) the date when the receiving department has received from the Contractor a correct and complete invoice showing the pertinent County Purchase Order Number(s). Payment may be withheld by the County to protect itself from actual or potential loss which has resulted or may result from the Contractor's non-performance of any of its duties required hereunder.

Contractor warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract. If the County awarded this Contract, would the Contractor sell under the prices and terms of this Contract to any Municipal, County, Public Utility, Hospital, or Educational Institution having membership in the Mid-America Council of Public Purchasing and located within the greater Kansas City Metropolitan Trade Area? [All deliveries are to be F.O.B. Destination and there shall be no obligation on the part of any member of such Council to utilize this Contract].

(Check one) Yes  No  Initials DLB. Minimum order, if applicable: No Minimum order. ALL PAGES OF THIS INVITATION TO BID ARE EXPRESSLY MADE A PART OF THIS CONTRACT. The format of this Contract has been approved by the County Counselor's Office. Signature of vendor as indicated below MUST BE COMPLETED before contract can be awarded:

CONTRACTOR'S NAME: Ed Rogan Safety Products PHONE NO: 816-215-7581  
ADDRESS: 2710 Locust Street FAX NO: 314-633-9344  
NAME OF AUTHORIZED AGENT (print or type): Dathan Babson DATE: 4-26-14  
SIGNATURE OF AUTHORIZED AGENT: [Signature] TITLE: Regional Sales Manager  
EMAIL ADDRESS OF AUTHORIZED AGENT: dathan@edrogan.com  
FEDERAL ID NO: 43-0624955 and/or SOCIAL SECURITY NO: \_\_\_\_\_  
SPECIFY: MINORITY OWNED (MBE): \_\_\_\_\_ WOMAN OWNED (WBE): \_\_\_\_\_ (Check If Applicable)

JACKSON COUNTY MISSOURI BY Q. TROY THOMAS, DIRECTOR OF FINANCE AND PURCHASING

SIGNATURE OF Q. TROY THOMAS: [Signature] DATE: 6/23/2014

7.0 QUOTATIONS

Number	Description	Price/Discount
	<b>Body Armor</b>	
01	Second Chance Summit Model SM01 NIJ Type IIIA, Adult Sizes	\$ 725. <sup>00</sup>
02	Up Charge for 2XL	\$ No Oversize Fee
03	<del>Up Charge for 2XL</del> Second Chance Summit Model SM02-111A	\$ 765. <sup>00</sup>
04	Up Charge for 4XL	\$ No Oversize Fee
	<b>Catalog Discounts</b>	
05	Leather Goods <i>Safariland and Bianchi</i>	35 %
06	Badges and Brass <i>Smith and Warron</i>	35 %
07	Helmets and Helmet Accessories <i>Protect Tactical</i>	30 %
08	Gun Accessories <i>EoTech</i>	10 %
09	Gun Cleaning Supplies <i>Speed Feed - Klean Bore</i>	20 %
10	Batons and Flashlights <i>Monadnock - Streamlight</i>	Monadnock 25 % Streamlight 40%
11	Training Gear and Red Man Guns <i>Blue Guns and Rings MFG</i>	20 %
12	Restraints <i>Safariland</i>	35 %
13	Evidence Collection Supplies	25% - 15% %
14	Teargas and Munitions <i>Defense Technologies</i>	Agency Price
15	Lightbars and Sirens <i>Code 3</i>	40 %
16	Miscellaneous Supplies	20 %
17	Miscellaneous Equipment	20 %
	Delivery Time After Receipt of Order:	30-45 days ARO *

\* Upgraded version of the SM01-III A

Some supplies have lower discount than others

Some Munitions have an immediate mandatory waiting period from the ATF.

Company Name: <i>Ed Rohr Safety Products</i>	Date: <i>4-28-14</i>
Representative Name: <i>Dathon Baldwin</i>	Telephone: <i>816-715-7591</i>
Title: <i>Regional Sales Manager</i>	Cell Phone: <i>636-299-8412</i>
Signature: <i>[Signature]</i>	Fax: <i>314-533-3830</i>
Email Address: <i>dathon@edrohr.com</i>	
Company Web Address: <i>www.edrohr.com</i>	



**PROTECH**<sup>®</sup>  
T A C T I C A L

**RETAIL PRICE LIST**

Effective January 1, 2014



## TACTICAL VESTS

<u>FAV™ MKII ENHANCED</u>	<u>DESCRIPTION</u>	<u>MSRP</u>
<b>SM01 Series (Front/Back/6" x 10" Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 2,230.00
	Optional Collar (Detachable)	\$ 185.00
	Optional Throat (Detachable)	\$ 170.00
	Optional Upper Arm Protection (Detachable)	\$ 460.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
	Optional Standard Groin Protection (Detachable)	\$ 325.00
	Optional Enhanced Groin Protection (Detachable)	\$ 365.00
	Optional A-PEC Side Chest Protection (Detachable)	\$ 425.00
	Optional Spacer-Mesh™ Inserts (Detachable)	\$ 135.00
<b>BR01 Series (Front/Back/6" x 10" Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 2,100.00
	Optional Collar (Detachable)	\$ 165.00
	Optional Throat (Detachable)	\$ 160.00
	Optional Upper Arm Protection (Detachable)	\$ 450.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
	Optional Standard Groin Protection (Detachable)	\$ 240.00
	Optional Enhanced Groin Protection (Detachable)	\$ 315.00
	Optional A-PEC Side Chest Protection (Detachable)	\$ 310.00
	Optional Spacer-Mesh™ Inserts (Detachable)	\$ 135.00
<b>MR01 Series (Front/Back/6" x 10" Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 1,965.00
	Optional Collar (Detachable)	\$ 155.00
	Optional Throat (Detachable)	\$ 150.00
	Optional Upper Arm Protection (Detachable)	\$ 440.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
	Optional Standard Groin Protection (Detachable)	\$ 225.00
	Optional Enhanced Groin Protection (Detachable)	\$ 285.00
	Optional A-PEC Side Chest Protection (Detachable)	\$ 285.00
	Optional Spacer-Mesh™ Inserts (Detachable)	\$ 135.00
<b><u>FAV™ LP (Low Profile) ENHANCED</u></b>		
<b>SM01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Clean Carrier	\$ 1,700.00
	Optional Standard Groin Protection (Detachable)	\$ 325.00
	Optional Enhanced Groin Protection (Detachable)	\$ 365.00
	Optional 6" x 10" Modular Webbing Platform (Detachable)	\$ 20.00
<b>BR01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Clean Carrier	\$ 1,430.00
	Optional Standard Groin Protection (Detachable)	\$ 240.00
	Optional Enhanced Groin Protection (Detachable)	\$ 315.00
	Optional 6" x 10" Modular Webbing Platform (Detachable)	\$ 20.00
<b>MR01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Clean Carrier	\$ 1,325.00
	Optional Standard Groin Protection (Detachable)	\$ 225.00
	Optional Enhanced Groin Protection (Detachable)	\$ 285.00
	Optional 6" x 10" Modular Webbing Platform (Detachable)	\$ 20.00
	<b>Carrier Only</b>	<b>\$ 220.00</b>



## TACTICAL VESTS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>FAV™ LV (Low Vis) ENHANCED</u></b>	
<b>SM01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Clean Carrier</b>	<b>\$ 1,660.00</b>
<b>BR01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Clean Carrier</b>	<b>\$ 1,390.00</b>
<b>MR01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Clean Carrier</b>	<b>\$ 1,285.00</b>
<b>Carrier Only</b>	<b>\$ 180.00</b>
<b><u>FAV™ MKII ENHANCED QR (Quick Release) ENHANCED</u></b>	
<b>SM01 Series (Front/Back/6" x 10" Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Modular Webbing Attachment System</b>	<b>\$ 2,530.00</b>
Optional Collar (Detachable)	<b>\$ 185.00</b>
Optional Throat (Detachable)	<b>\$ 170.00</b>
Optional Upper Arm Protection (Detachable)	<b>\$ 460.00</b>
Optional Upper Arm Protection (Short) (Detachable)	<b>\$ 365.00</b>
Optional Standard Groin Protection (Detachable)	<b>\$ 325.00</b>
Optional Enhanced Groin Protection (Detachable)	<b>\$ 365.00</b>
Optional A-PEC Side Chest Protection (Detachable)	<b>\$ 425.00</b>
Optional Spacer-Mesh™ Inserts (Detachable)	<b>\$ 135.00</b>
<b>BR01 Series (Front/Back/6" x 10" Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Modular Webbing Attachment System</b>	<b>\$ 2,400.00</b>
Optional Collar (Detachable)	<b>\$ 165.00</b>
Optional Throat (Detachable)	<b>\$ 160.00</b>
Optional Upper Arm Protection (Detachable)	<b>\$ 450.00</b>
Optional Upper Arm Protection (Short) (Detachable)	<b>\$ 380.00</b>
Optional Standard Groin Protection (Detachable)	<b>\$ 240.00</b>
Optional Enhanced Groin Protection (Detachable)	<b>\$ 315.00</b>
Optional A-PEC Side Chest Protection (Detachable)	<b>\$ 310.00</b>
Optional Spacer-Mesh™ Inserts (Detachable)	<b>\$ 135.00</b>
<b>MR01 Series (Front/Back/6" x 10" Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Modular Webbing Attachment System</b>	<b>\$ 2,265.00</b>
Optional Collar (Detachable)	<b>\$ 155.00</b>
Optional Throat (Detachable)	<b>\$ 150.00</b>
Optional Upper Arm Protection (Detachable)	<b>\$ 440.00</b>
Optional Upper Arm Protection (Short) (Detachable)	<b>\$ 325.00</b>
Optional Standard Groin Protection (Detachable)	<b>\$ 225.00</b>
Optional Enhanced Groin Protection (Detachable)	<b>\$ 285.00</b>
Optional A-PEC Side Chest Protection (Detachable)	<b>\$ 285.00</b>
Optional Spacer-Mesh™ Inserts (Detachable)	<b>\$ 135.00</b>
<b><u>TITAN™ ASSAULT ENHANCED</u></b>	
<b>SM01 Series (Front/Back Protection) NIJ 0101.06 Type IIIA Compliant Vest w/Modular Webbing Attachment System</b>	<b>\$ 2,065.00</b>
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	<b>\$ 530.00</b>
Optional Collar (Detachable)	<b>\$ 185.00</b>
Optional Throat (Detachable)	<b>\$ 170.00</b>
Optional Shoulder Inserts (Removable)	<b>\$ 225.00</b>
Optional Side Panel Protection (6" x 10") (Removable)	<b>\$ 320.00</b>
Optional Upper Arm Protection (Standard) (Detachable)	<b>\$ 460.00</b>
Optional Upper Arm Protection (Short) (Detachable)	<b>\$ 365.00</b>
Optional Standard Pull Down Groin Protection (Detachable)	<b>\$ 325.00</b>
Optional Enhanced Groin Protection (Detachable)	<b>\$ 365.00</b>
Optional A-PEC Side Chest Protection (Detachable)	<b>\$ 425.00</b>
Optional Spacer-Mesh™ Inserts (Detachable)	<b>\$ 135.00</b>



## TACTICAL VESTS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>TITAN™ ASSAULT ENHANCED</u></b>	
<b>BR01 Series (Front/Back Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,900.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 365.00
Optional Collar (Detachable)	\$ 165.00
Optional Throat (Detachable)	\$ 160.00
Optional Shoulder Inserts (Removable)	\$ 210.00
Optional Side Panel Protection (6" x 10") (Removable)	\$ 250.00
Optional Upper Arm Protection (Standard) (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
Optional A-PEC Side Chest Protection (Detachable)	\$ 310.00
Optional Spacer-Mesh™ Inserts (Detachable)	\$ 135.00
<b>MR01 Series (Front/Back Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,730.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 340.00
Optional Collar (Detachable)	\$ 155.00
Optional Throat (Detachable)	\$ 150.00
Optional Shoulder Inserts (Removable)	\$ 200.00
Optional Side Panel Protection (6" x 10") (Removable)	\$ 240.00
Optional Upper Arm Protection (Standard) (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00
Optional A-PEC Side Chest Protection (Detachable)	\$ 285.00
Optional Spacer-Mesh™ Inserts (Detachable)	\$ 135.00
<b><u>APV</u></b>	
<b>SM01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,965.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 530.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
Optional Dump Pouch Magazine Set (Triple M4) (Detachable)	\$ 65.00
<b>BR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,650.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 430.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
Optional Dump Pouch Magazine Set (Triple M4) (Detachable)	\$ 65.00
<b>MR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,560.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 425.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00
Optional Dump Pouch Magazine Set (Triple M4) (Detachable)	\$ 65.00



## TACTICAL VESTS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>APV QR</u></b>	
<b>SM01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 2,150.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 530.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
Optional Dump Pouch Magazine Set (Triple M4) (Detachable)	\$ 65.00
<b>BR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,950.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 430.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
Optional Dump Pouch Magazine Set (Triple M4) (Detachable)	\$ 65.00
<b>MR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,750.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 425.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00
Optional Dump Pouch Magazine Set (Triple M4) (Detachable)	\$ 65.00
<b><u>APV Low Vis</u></b>	
<b>SM01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Clean Carrier	\$ 1,690.00
<b>BR01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Clean Carrier	\$ 1,340.00
<b>MR01 Series (Front/Back/6" x 10" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Clean Carrier	\$ 1,275.00
<b>Carrier Only</b>	<b>\$ 135.00</b>



## TACTICAL VESTS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b>CAV™ (Core Assault Vest)</b>	
<b>SM01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,430.00
Optional Shoulder Protection (Detachable)	\$ 275.00
Optional Collar (Detachable)	\$ 185.00
Optional Throat (Detachable)	\$ 170.00
Optional Upper Arm Protection (Standard) (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
Optional Outer Cumberbund Kit (Detachable)	\$ 155.00
<b>BR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,290.00
Optional Shoulder Protection (Detachable)	\$ 250.00
Optional Collar (Detachable)	\$ 165.00
Optional Throat (Detachable)	\$ 160.00
Optional Upper Arm Protection (Standard) (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
Optional Outer Cumberbund Kit (Detachable)	\$ 155.00
<b>MR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,160.00
Optional Shoulder Protection (Detachable)	\$ 225.00
Optional Collar (Detachable)	\$ 155.00
Optional Throat (Detachable)	\$ 150.00
Optional Upper Arm Protection (Standard) (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00
Optional Outer Cumberbund Kit (Detachable)	\$ 155.00
<b>FAV™ T1</b>	
<b>SM01 Series (Front/Back/6" x 6" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 2,000.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 565.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
<b>BR01 Series (Front/Back/6" x 6" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,695.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 325.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>MR01 Series (Front/Back/6" x 6" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,510.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 300.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00



## TACTICAL VESTS

DESCRIPTION	MSRP
<b><u>FAV™ T2 - Includes 6 Integrated Mag Pouches</u></b>	
<b>SM01 Series (Front/Back/6" x 6" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 2,100.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 565.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
<b>BR01 Series (Front/Back/6" x 6" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,795.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 325.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>MR01 Series (Front/Back/6" x 6" Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,610.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 300.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00
<b><u>TITAN™ ASSAULT QR (Quick Release)</u></b>	
<b>SM01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 2,315.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 530.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
<b>BR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 2,050.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 365.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>MR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,900.00
Optional Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 220.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00



## TACTICAL VESTS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>RAPID RESPONSE™</u></b>	
<b>SM01 Series (Front/Back/Overlapping Side/Shoulder/Neck Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System and Collar	\$ 2,530.00
Optional Throat (Detachable)	\$ 170.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
<b>BR01 Series (Front/Back/Overlapping Side/Shoulder/Neck Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System and Collar	\$ 2,130.00
Optional Throat (Detachable)	\$ 160.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>MR01 Series (Front/Back/Overlapping Side/Shoulder/Neck Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System and Collar	\$ 1,980.00
Optional Throat (Detachable)	\$ 150.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00
<b><u>RAPID RESPONSE - F1™ - FRONT OPENING</u></b>	
<b>Z-BR01 Series (Front/Back/Overlapping Side/Shoulder/Neck Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System and Collar	\$ 2,500.00
Optional Throat (Detachable)	\$ 160.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b><u>TRIMAX™</u></b>	
<b>SM01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 2,100.00
Optional External Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 530.00
Optional Upper Arm Protection (Detachable)	\$ 460.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 325.00
Optional Enhanced Groin Protection (Detachable)	\$ 365.00
<b>BR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,630.00
Optional External Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 405.00
Optional Upper Arm Protection (Detachable)	\$ 450.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>MR01 Series (Front/Back/Overlapping Side Protection) NIJ 0101.06 Type IIIA Compliant</b>	
Vest w/Modular Webbing Attachment System	\$ 1,515.00
Optional External Yoke (Shoulder, Collar & Throat Protection) (Detachable)	\$ 400.00
Optional Upper Arm Protection (Detachable)	\$ 440.00
Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
Optional Standard Pull Down Groin Protection (Detachable)	\$ 225.00
Optional Enhanced Groin Protection (Detachable)	\$ 285.00



## TACTICAL VESTS

<u>COVER 6 PLUS® HP - FRONT OPENING</u>	<u>DESCRIPTION</u>	<u>MSRP</u>
<b>Z-BR01 Series (Front/Back/Overlapping Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 2,640.00
	Optional Collar (Detachable)	\$ 165.00
	Optional Throat (Detachable)	\$ 160.00
	Optional Upper Arm Protection (Detachable)	\$ 450.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
	Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
	Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>TAC 6® PLUS HP</b>		
<b>SM01 Series (Front/Back/Overlapping Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 2,180.00
	Optional Collar (Detachable)	\$ 185.00
	Optional Throat (Detachable)	\$ 170.00
	Optional Upper Arm Protection (Detachable)	\$ 460.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 365.00
	Optional Standard Pull Down Groin Protection (Detachable)	\$ 325.00
	Optional Enhanced Groin Protection (Detachable)	\$ 365.00
<b>BR01 Series (Front/Back/Overlapping Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 1,850.00
	Optional Collar (Detachable)	\$ 165.00
	Optional Throat (Detachable)	\$ 160.00
	Optional Upper Arm Protection (Detachable)	\$ 450.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 380.00
	Optional Standard Pull Down Groin Protection (Detachable)	\$ 240.00
	Optional Enhanced Groin Protection (Detachable)	\$ 315.00
<b>MR01 Series (Front/Back/Overlapping Side/Shoulder Protection) NIJ 0101.06 Type IIIA Compliant</b>		
	Vest w/Modular Webbing Attachment System	\$ 1,700.00
	Optional Collar (Detachable)	\$ 150.00
	Optional Throat (Detachable)	\$ 150.00
	Optional Upper Arm Protection (Detachable)	\$ 440.00
	Optional Upper Arm Protection (Short) (Detachable)	\$ 325.00
	Optional Standard Pull Down Groin Protection (Detachable)	\$ 225.00
	Optional Enhanced Groin Protection (Detachable)	\$ 285.00



## TACTICAL SOFT ARMOR ACCESSORIES

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>BALLISTIC CHAPS - ONE PAIR</u></b>	
SM01 Series	\$ 800.00
BR01 Series	\$ 730.00
MR01 Series	\$ 665.00

### TACTICAL BELT (Ballistic)

SM01 Series	\$ 730.00
BR01 Series	\$ 600.00
MR01 Series	\$ 570.00

### TACTICAL BELT (Non-Ballistic)

Tactical Belt	\$ 120.00
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### ID PATCHES

Must Specify PATCH and LETTERING COLOR when Ordering

Small "POLICE" ID Patch, 6" x 2"	\$ 10.00
Large "POLICE" ID Patch, 8.5" x 3"	\$ 10.00

Small "SHERIFF" ID Patch, 6" x 2"	\$ 10.00
Large "SHERIFF" ID Patch, 8.5" x 3"	\$ 10.00

Small "CORRECTIONS" ID Patch, 6" x 2"	\$ 10.00
Large "CORRECTIONS" ID Patch, 8.5" x 3"	\$ 10.00

Small "FIREARMS INSTRUCTOR" ID Patch, 6" x 2"	\$ 10.00
Large "FIREARMS INSTRUCTOR" ID Patch, 8.5" x 3"	\$ 10.00

OneTime Set-Up Charge for Custom ID Patches	\$ 30.00
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Small CUSTOM ID Patch	\$ 10.00
Large CUSTOM ID Patch	\$ 10.00

Available Colors for All ID PATCHES LETTERING: Black, White, Yellow, Grey, Reflective, Green

<b><u>TACTICAL CARRY BAG</u></b>	\$ 140.00
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## K-9 VESTS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>BARK-9™</u></b>	
MR01 Type II	\$ 1,360.00
MR01 Type IIIA	\$ 1,760.00



## FIRST RESPONDER PLATE & LOAD CARRYING SYSTEMS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>TACTICAL ASSAULT RACK CARRIER</u></b>	
<b>TAC AR™</b> Assault Rack (w/ Modular Webbing Attachment System)	\$ 320.00
<b><u>TACTICAL PLATE RACK CARRIER</u></b>	
<b>TAC PR™</b> Plate Rack (w/ Modular Webbing Attachment System)	\$ 300.00
<b><u>TACTICAL LOAD BEARING CARRIER</u></b>	
<b>TAC LB™</b> Load Bearing (w/ Modular Webbing Attachment System)	\$ 225.00
<b><u>TACTICAL PLATE HARNESS CARRIER</u></b>	
<b>TAC PH™</b> 10' x 12" Plate Harness (w/ Modular Webbing Attachment System)	\$ 125.00
8" x 10" Plate Harness (w/ Modular Webbing Attachment System)	\$ 125.00



## TACTICAL POUCHES

<u>DESCRIPTION</u>	<u>MSRP</u>
<b>TP SERIES TACTICAL POUCHES - MODULAR WEBBING ATTACHMENT SYSTEM ONLY</b>	
<b>Ammunition / Magazine:</b>	
TP1 -- P90 Mag Pouch - Double	\$ 35.00
TP2 -- UMP 45 Mag Pouch - Double	\$ 35.00
TP3 -- MP5 Mag Pouch - Double	\$ 30.00
TP4 -- M4 Mag Pouch - Stacked - Double	\$ 40.00
TP4A -- M4 Mag Pouch - Staggered - Double	\$ 35.00
TP4B -- M4 Mag Pouch - Tango Down	\$ 55.00
TP5 -- M4 Mag Pouch - Single	\$ 25.00
TP5A -- M4 Mag Pouch - Double	\$ 35.00
TP5B -- M4 Mag Pouch - Triple	\$ 45.00
TP6 -- M4 Mag Pouch - Short - Single	\$ 25.00
TP6A -- M4 Mag Pouch - Short - Double	\$ 35.00
TP6B -- M4 Mag Pouch - Short - Triple	\$ 45.00
TP7 -- M4/Side Arm Mag Pouch - Dual	\$ 40.00
TP8 -- MP5/Side Arm Mag Pouch - Dual	\$ 45.00
TP9 -- SR25 Mag Pouch	\$ 25.00
TP9A -- SR25 Mag Pouch - Double	\$ 35.00
TP10 -- Side Arm Mag Pouch	\$ 25.00
TP10A -- Side Arm Mag Pouch - Double	\$ 35.00
TP10B -- Side Arm Mag Pouch - Triple	\$ 40.00
TP11 -- 12rd Shotgun Pouch	\$ 30.00
TP11A -- 24rd Shotgun Pouch	\$ 35.00
<b>Less Lethal:</b>	
TP12 -- 37/40mm Less Lethal Pouch	\$ 25.00
TP12A -- 37/40mm Less Lethal Pouch - Double	\$ 35.00
TP12B -- 37/40mm Less Lethal Pouch - Triple	\$ 45.00
TP12C -- 37/40mm Less Lethal Pouch - 7 round	\$ 45.00
TP12D -- 37/40mm Less Lethal Pouch - Flip Down 7 round	\$ 90.00
TP13 -- MK3/MK4 Aerosol Pouch	\$ 20.00
TP15 -- Grenade Pouch	\$ 30.00
TP15A -- Grenade Pouch - Double	\$ 40.00
TP16 -- #25 Distraction Device Pouch	\$ 25.00
TP14 -- Expandable Baton/Flashlight Pouch	\$ 25.00
TP14A -- Expandable Baton/Flashlight Pouch - Combo	\$ 35.00
TP14B -- Expandable 26" Baton Pouch	\$ 40.00
TP14C -- Expandable Baton/Pelican 7060 Flashlight Pouch	\$ 40.00
TP17 -- Handcuff Pouch	\$ 25.00
TP17A -- Handcuff Pouch - Double	\$ 30.00
TP18 -- Gas Mask Pouch	\$ 40.00
TP19 -- Utility Pouch 8" x 8"	\$ 40.00
TP19A -- Utility Pouch 4" x 8" - Vertical	\$ 30.00
TP19B -- Utility Pouch 4" x 8" - Horizontal	\$ 35.00
TP20 -- Medic Pouch	\$ 55.00
TP21 -- Radio Pouch - Universal	\$ 35.00
TP21A -- Radio Pouch w/ Bungee - Universal	\$ 50.00
TP22 -- Hydration Pouch	\$ 50.00
TP22A -- Hydration Pouch - Nalgene	\$ 30.00
TP22B -- Hydration Bladder (84.5 oz. / 2.5 L.)	\$ 30.00
TP23 -- Modular Webbing Adapter Platform	\$ 35.00
TP24 -- 6" x 6" Side Plate Pouch	\$ 40.00
TP31 -- Medical Shears Pouch	\$ 50.00
TP32 -- Dump Pouch (Stowable)	\$ 100.00
"Set of Six" Modular Pouch Set -- any six pouches ordered w/vest	\$ 220.00
Modular Belt Loop Set -- five belt loops per set	\$ 125.00



## BALLISTIC RESISTANT HARD ARMOR PLATES

<u>TYPE III</u>	<u>DESCRIPTION</u>	<u>MSRP</u>
<b>NIJ 0101.06 Compliant</b>		
	2120-5, Ceramic/Polyethylene 10" x 12" Multi-Curve (Shooters Cut)	\$ 650.00
	2113MC-3, Polyethylene 10" x 12" Multi-Curve (Shooters Cut)	\$ 930.00
	In-Conjunction Type III/IV, Ceramic 10" x 12" Single-Curve (Rectangle Cut)	\$ 350.00
	In-Conjunction Type III/IV, Ceramic 10" x 12" Single-Curve (Shooters Cut)	\$ 350.00

### TYPE IV

<b>NIJ 0101.06 Compliant</b>		
	2230, Ceramic/Aramid/Unequal 10" x 12" Multi-Curve (Shooters Cut)	\$ 500.00
	In-Conjunction Type III/IV, Ceramic 10" x 12" Single-Curve (Rectangle Cut)	\$ 350.00
	In-Conjunction Type III/IV, Ceramic 10" x 12" Single-Curve (Shooters Cut)	\$ 350.00
<b>NIJ 0101.04 / 2005 I.R. Compliant</b>		
	2116G, Ceramic Composite 8" x 10" Single-Curve (Rectangle Cut)	\$ 280.00
	2115G, Ceramic Composite 10" x 12" Single-Curve (Rectangle Cut)	\$ 330.00
	2115G, Ceramic Composite 10" x 12" Single-Curve (Shooters Cut)	\$ 330.00
	PSA-4C-9812-1, Boron Carbide/Aramid 10" x 12" Multi-Curve (Shooters Cut)	\$ 1,750.00

### MINI SIDE PLATES

<b>Independently Tested</b>		
	2120 6x6, Ceramic/Polyethylene 6" x 6" Single-Curve	\$ 395.00
	2113 6x6, Polyethylene 6" x 6" Single-Curve	\$ 430.00
	2113 8x10, Polyethylene 8" x 10" Single-Curve (Rectangle Cut)	\$ 785.00
	2220 6x6, Ceramic/Aramid 6" x 6" Single-Curve	\$ 385.00

## BALLISTIC RESISTANT INTAC ICW SPECIAL THREAT PLATES

<u>INTAC-LP. (Low Profile) Special Threat Plate</u>	<u>DESCRIPTION</u>	<u>MSRP</u>
	Independently Tested ICW (In-Conjunction w/ MR01 IIIA) 10" x 12" (Shooter's Cut)	\$ 184.00



## BALLISTIC RESISTANT IMPAC™ SPECIAL THREAT PLATES

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>IMPAC™-HT, (Handgun Threats) Special Threat Plate</u></b>	
<b>Independently Tested</b>	
5" x 7"	\$ 115.00
5" x 8"	\$ 115.00
7" x 9"	\$ 135.00
10" x 12" (Shooters Cut)	\$ 195.00
10" x 12" (Rectangle Cut)	\$ 195.00
7" x 8" (Upper Arm/Bicep - Sold as set of 2)	\$ 260.00
7" x 6" (Upper Arm/Bicep (Short) - Sold as set of 2)	\$ 230.00

### **IMPAC™-MT, (Multi-Threats) Special Threat Plate**

<b>Independently Tested</b>	
5" x 7"	\$ 200.00
5" x 8"	\$ 200.00
7" x 9"	\$ 260.00
10" x 12" (Shooters Cut)	\$ 300.00

### **IMPAC™-CT/DT, (Corrections/Duty Threats) Special Threat Plate**

<b>Independently Tested</b>	
5" x 7"	\$ 85.00
5" x 8"	\$ 85.00
7" x 9"	\$ 120.00
10" x 12" (Shooters Cut)	\$ 120.00

## BALLISTIC RESISTANT IMPAC™ SPECIAL THREAT PLATES

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>IMPAC™-RT, (Rifle Threats) Special Threat Plate</u></b>	
<b>Independently Tested</b>	
5" x 7"	\$ 395.00
5" x 8"	\$ 395.00
7" x 9"	\$ 500.00

### **IMPAC™-RT PLUS, (Rifle Threats) Special Threat Plate**

<b>Independently Tested</b>	
5" x 7"	\$ 165.00
5" x 8"	\$ 170.00
7" x 9"	\$ 210.00
10" x 12" (Shooters Cut)	\$ 285.00



## BALLISTIC RESISTANT SHIELDS

<u>TYPE IIIA</u>	<u>DESCRIPTION</u>	<u>MSRP</u>
<b>NIJ 0108.01</b>		
<b>(With Viewport)</b>		
Intruder™ G2™, 20" x 34" (with dual LED lighting system)	\$	3,310.00
Intruder™ HS, 20" x 34" (with dual LED lighting system)	\$	3,200.00
Intruder™ HS, 20" x 34" (without lighting system)	\$	2,325.00
Intruder™ HS, 20" x 34" (with dual halogen lighting system)	\$	3,030.00
<b>Mighty Mite, 18" x 30"</b>	\$	1,680.00
<b>Defender, 20" x 34"</b>	\$	2,130.00
<b>Entry I, 24" x 36"</b>	\$	2,215.00
<b>Entry II, 24" x 48"</b>	\$	2,400.00
<b>Body Bunker®, 24" x 36"</b>	\$	2,565.00
<b>Body Bunker®, 31" x 48"</b>	\$	3,430.00
<b>Body Bunker® Breacher™ Shield 31" x 48"</b>	\$	3,575.00
<b>TSI 1, 20" x 34"</b>	\$	1,040.00
<b>TSI 2, 24" x 36"</b>	\$	1,220.00
<b>TSI 3, 20" x 48"</b>	\$	1,300.00
<b>(Without Viewport)</b>		
<b>Patroller™, 18" x 24"</b>	\$	1,130.00
<b>Patroller™ FR (First Responder), 22" x 31"</b>	\$	1,465.00
<b>Strike Shield, Black, 20" x 28" (Soft Roll-Up Shield)</b>	\$	1,480.00
<b>Strike Shield, OD Green, 20" x 28" (Soft Roll-Up Shield)</b>	\$	1,480.00
 <b><u>TYPE III</u></b>		
<b>NIJ 0108.01</b>		
<b>(With Viewport)</b>		
<b>NATO 1™ Enhanced, 17" x 32"</b>	\$	4,600.00
<b>NATO 2™ Enhanced, 20" x 34"</b>	\$	5,800.00
<b>NATO 3™ Enhanced, 26" x 48"</b>	\$	13,500.00
<b>(Without Viewport)</b>		
<b>Assault 1™, 16" x 24"</b>	\$	3,100.00
<b>Assault 2™, 16" x 30"</b>	\$	3,500.00
<b>Assault 3™, 16" x 39"</b>	\$	4,400.00
 <b><u>TYPE IV</u></b>		
<b>NIJ 0108.01</b>		
<b>Phoenix IV™, 24" x 48" (includes 3 panels and wheel base)</b>	\$	14,900.00
<b>Extra Shield Panel, 24" x 16"</b>	\$	3,900.00
<b>Extra Shield Panel, 24" x 16" (with viewport)</b>	\$	4,900.00



## BALLISTIC RESISTANT SHIELD ACCESSORIES

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>SHIELD ACCESSORIES</u></b>	
LED Entry Light - Dual (not compatible with Intruder models or shields w/o viewports)	\$ 1,480.00
LED Entry Light - Single (not compatible with Intruder models or shields w/o viewports)	\$ 1,165.00
High Intensity Entry Light - Single (not compatible with Intruder models or shields w/o viewports)	\$ 960.00
Shield Carry Bag - X-Small (23" x 36")	\$ 100.00
Shield Carry Bag - Small (30" x 46")	\$ 100.00
Shield Carry Bag - Large (30" x 60")	\$ 105.00
Shield Hood - Small (fits model 1630 / 1632P)	\$ 90.00
Shield Hood - Medium (fits models 1934 / 2035W / 2035WL / 2035LED / 2035G2 / 1936P)	\$ 90.00
Shield Hood - Large (fits models 2436S / 2237 / 2448B)	\$ 90.00
Viewport Tear Off - Small (package of 3 - fits model 1630)	\$ 30.00
Viewport Tear Off - Large (package of 3 - fits models 1934 / 2237 / 2448B / 2436S / 3148S / 3124SB / 2448P)	\$ 30.00
Viewport Tear Off - Standard Intruders (package of 3 - fits models 2035LED / 2035WL / 2035W)	\$ 30.00
Viewport Tear Off - Intruder G2 (package of 3 - fits model 2035G2)	\$ 30.00
<b><u>TRAINING SHIELDS</u></b>	
Training Shield, 20" x 34" (non ballistic)	\$ 760.00
Training Shield, 24" x 36" (non ballistic)	\$ 760.00
<b><u>SHIELD COMPONENT CONVERSIONS/REFURBISHMENTS</u></b>	
Single Light LED Conversion Kit (converts High Intensity Light to LED)	\$ 255.00
Re-Edging Kit, (for all Type IIIA Shields except Body Bunker®)	\$ 55.00
<b><u>SHIELD LIGHTING SYSTEM REPLACEMENT PARTS</u></b>	
Replacement NICAD 12V Battery	\$ 130.00
Replacement Charger for NICAD 12V Battery	\$ 95.00
Replacement 35 Watt Bulb	\$ 20.00
Reflector (Lens & 35 Watt Bulb)	\$ 70.00
Replacement Housing & Light (w/ wiring)	\$ 345.00
<b>For Intruder™ Shields Only</b>	
Reflector (Lens & 20 Watt Bulb)	\$ 70.00
Replacement 20 Watt Bulb	\$ 25.00
Replacement Pressure Switch	\$ 130.00
LED Replacement Kit - (2 Lights)	\$ 520.00



## BALLISTIC RESISTANT HELMETS

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>DELTA 4™</u></b>	
Available in sizes Small, Medium, Large, X-Large Available in colors Black, Green, Tan	
<b>NIJ 0106.01</b>	
Delta 4™ w/ R2S™ (Ratchet Retention Suspension System)	\$ 590.00
Delta 4™ w/ Mesh Crown Suspension & 4-Point Retention System	\$ 480.00
Delta 4™ w/ Military Pads Suspension & 4-Point Retention System	\$ 580.00
Delta 4™ MC (Mid Cut) w/ R2S™ (Ratchet Retention Suspension System)	\$ 670.00
Delta 4™ MC (Mid Cut) w/ Mesh Crown Suspension & 4-Point Retention System	\$ 560.00
Delta 4™ MC (Mid Cut) w/ Military Pads Suspension & 4-Point Retention System	\$ 660.00
Delta 4™ HC (High Cut) w/ R2S™ (Ratchet Retention Suspension System)	\$ 670.00
Delta 4™ HC (High Cut) w/ Mesh Crown Suspension & 4-Point Retention System	\$ 560.00
Delta 4™ HC (High Cut) w/ Military Pads Suspension & 4-Point Retention System	\$ 660.00
Delta 4™ BTL (Boltless) w/ R2S™ (Ratchet Retention Suspension System)	\$ 600.00
Delta 4™ BTL (Boltless) w/ Mesh Crown Suspension & 4-Point Retention System	\$ 490.00
Delta 4™ BTL (Boltless) w/ Military Pads Suspension & 4-Point Retention System	\$ 590.00
Delta 4™ LT w/ R2S™ (Ratchet Retention Suspension System)	\$ 650.00
Delta 4™ LT w/ Mesh Crown Suspension & 4-Point Retention System	\$ 540.00
Delta 4™ LT w/ Military Pads Suspension System & 4-Point Retention System	\$ 640.00
<b><u>PASGT</u></b>	
Available in sizes Small, Medium, Large, X-Large Available in colors Black, Green, Tan	
<b>NIJ 0106.01</b>	
PASGT w/ R2S™ (Ratchet Retention Suspension System)	\$ 590.00
PASGT w/ Mesh Crown Suspension & 4-Point Retention System	\$ 480.00
PASGT w/ Pads Suspension System & 4-Point Retention System	\$ 580.00



## **BALLISTIC RESISTANT HELMET ACCESSORIES**

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>REPLACEMENT R2S™ SUSPENSION/RETENTION SYSTEM KITS</u></b>	
R2S™ (Large)	\$ 120.00
R2S™ (Xlarge)	\$ 120.00
<b><u>REPLACEMENT MESH CROWN SUSPENSION/RETENTION SYSTEM KITS</u></b>	
Mesh Crown (Small - 1")	\$ 45.00
Mesh Crown (Medium/Large - 3/4")	\$ 45.00
Mesh Crown (Medium/Large - 3/4" w/ Extended Retention)	\$ 45.00
Mesh Crown (Xlarge - 1/2")	\$ 45.00
<b><u>REPLACEMENT MILITARY PAD SUSPENSION SYSTEM SETS (Set of 8)</u></b>	
Military Pads (Small - 1")	\$ 130.00
Military Pads (Medium/Large - 3/4")	\$ 130.00
Military Pads (Xlarge - 1/2")	\$ 130.00
<b><u>REPLACEMENT RETENTION SYSTEM (For use w/ Military Pad Sets)</u></b>	
Standard	\$ 15.00
<b><u>HELMET ACCESSORIES</u></b>	
NVG Mount Drilling	\$ 10.00
Nape Curtain (Non-Ballistic)	\$ 25.00
Helmet Cover	\$ 30.00
Carry Bag (for Helmet and Face Shield)	\$ 90.00

## **BALLISTIC / NON-BALLISTIC FACE SHIELDS**

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>BALLISTIC FACE SHIELDS (Includes Headband)</u></b>	
NIJ 0108.01	
Single-Hit 9MM Protection	\$ 365.00
Multi-Hit 9MM Protection	\$ 380.00
Multi-Hit Tokarev Protection	\$ 415.00
Ballistic Face Shield Locking Mechanism Replacement Kit	\$ 8.00
<b><u>NON-BALLISTIC FACESHIELDS (Includes Attachment System)</u></b>	
NIJ 0104.02/Mil-V-43511C	
Standard (4.0mm)	\$ 130.00



## **BALLISTIC / FRAG RESISTANT BLANKETS**

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>BLANKETS</u></b>	
NIJ 0108.01/Mil-Std-662F Ballistic Barrier Blanket, 4' x 6' (w/ carry bag)	\$ 4,100.00
Mil-Std-662F Fragmentation Blanket, 4' x 6' (w/ carry bag)	\$ 2,900.00
<b><u>ACCESSORIES</u></b>	
Blanket Stand (w/ Carry Bag)	\$ 1,035.00

## **MISC. EQUIPMENT**

<u>DESCRIPTION</u>	<u>MSRP</u>
<b><u>BALLISTIC SHIN GUARDS</u></b>	
Independently Tested Ballistic Shin Guards (Hard)	\$ 1,000.00
Independently Tested Ballistic Shin Guards (Soft)	\$ 700.00
<b><u>BREACHING DEVICES</u></b>	
Knock-Knock	\$ 765.00



## PURCHASING DEPARTMENT

415 East 12<sup>th</sup> Street  
Kansas City, Missouri 64106

816-881-3267  
Fax 816-881-3268

INVITATION TO BID NO. 35-14  
ISSUED: APRIL 2, 2014  
PAGE 1 OF 18

Jackson County, Missouri is seeking bids for a Twenty-Four Month Term and Supply Contract, with Two Twelve Month Options to Extend, for the furnishing of **Police Supplies and Equipment** for the use by Various County Departments.

Enclose your bid in a sealed opaque envelope with the above Invitation to Bid number written on the face of the envelope and deliver it to the **Office of the Jackson County Purchasing Department, Room G-1, Ground Floor, Jackson County Courthouse, 415 East 12th Street, Kansas City, Missouri 64106** no later than **2:00pm CDT on April 29, 2014**, otherwise your bid will be **REJECTED**. There will be a public opening of bids at 2:05pm CDT on April 29, 2014, in the Dutch Newman Conference Room, Second Floor of the Jackson County Courthouse at the above address.

Disabled Persons wishing to participate in the Bid Opening and who require a reasonable accommodation may call Jackson County Purchasing Department at 881-3267 or 1-800-735-2466 (Missouri Relay). Forty-eight (48) hour notice is required.

Point of Contact for this Invitation to Bid is Barbara Casamento @ 816-881-3253. All questions must be emailed to [bcasamento@jacksongov.org](mailto:bcasamento@jacksongov.org) as detailed under General Conditions, Item 5 on Page 10 of this Invitation to Bid.

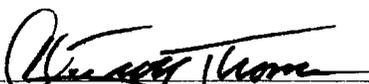
By submitting a Bid, you offer to enter into a Contract with the County, and your offer is not revocable for Ninety (90) Days following the Response Deadline indicated above.

Jackson County, Missouri reserves the right to: (1) waive any defect in the offer of any bidder; and (2) to reject any or all offers; and (3) split the contract award for Police Supplies and Equipment.

Your returned Bid MUST include of: (1) all pages of this Invitation to Bid, including the Affidavit on Page 3, fully executed and notarized; (2) Compliance: If you do not have a Jackson County, MO Certificate of Compliance, the Compliance Report Form, Pages 4 and 5 hereof, must be fully completed and signed by you OR if you have a current (issued within in the last 12 months and Mandatory Annual Report turned in) Certificate of Compliance from Jackson County, MO, a copy of that certificate can be attached to your report. Failure to complete this report OR attach a current certificate may result in the **REJECTION OF YOUR BID**; (3) submit your quotation on the forms provided herein, do not include taxes as the County is tax exempt; (4) Statement of Contractor's Qualifications, Pages 6 and 7 hereof, fully completed and signed; (5) Receipt of Addendum, Page 9, completed and signed; (6) the Statement of No Bid, Page 8 hereof, if you do not intend to submit a bid; (7) the Bidder's Exceptions, Page 18, completed and signed; and, (8) the Contractor's signature portion of the Proposed Contract, Page 2 hereof, fully completed and signed by you; (9) the Required Submittals, Section 4.0, Page 15 hereof.

Jackson County, Missouri reserves the right to request corrections, clarifications, and/or additional information pertaining to Bidder's response to Items 1, 2, 4, 5, 6, 7, 8 and 9. Such information must be received in the Office of the Director of Finance and Purchasing within forty-eight (48) hours immediately following notification to the Bidder or the Bidder's bid will be deemed NON-RESPONSIVE.

**PLEASE NOTE:** The Successful Bidder will have to provide a Certificate of Insurance as outlined in Paragraph 15 of the General Conditions on Page 11 and Exhibit A, Page 17 of this Invitation to Bid.

  
\_\_\_\_\_  
Q. TROY THOMAS  
Director of Finance and Purchasing

Jackson County Missouri Invitation to Bid No. 35-14

Page 2 of 18

A TERM AND SUPPLY CONTRACT for the furnishing of Police Supplies and Equipment for use by Various County Departments.

A Contract between Jackson County Missouri ("County") and the undersigned ("Contractor"), collectively referred to as the "parties". The term "offer" as used herein refers to Contractor's offer made in response to this Bid Number. The parties agree as follows in consideration of the mutual covenants contained herein.

This Contract shall be binding when it is signed by the County's Purchasing Officer and shall run from such date until the end of the 24th consecutive month from the month during which it first took effect unless it is sooner terminated in accord herewith.

This Contract consists of: (1) Contractor's offer, including those papers which Contractor submitted with or expressly incorporated in its offer as a part thereof, to the extent the terms of such papers were expressly or impliedly accepted by the County, or were modified in writing with the express or implied consent of the parties; (2) written modification to this Contract signed by the County's Purchasing Officer and consented to expressly or impliedly by Contractor. This Contract represents the entire agreement between the parties in regard to this Bid Number. All modifications to this Contract must be in writing signed by the County's Purchasing Officer.

The laws of the State of Missouri and Jackson County, Missouri govern this Contract. This Contract shall be binding upon and to the benefit of the successor and assignees of the parties. The Contractor shall not assign this Contract or any monies payable hereunder without the prior written consent of the County. Contractor is an independent contractor of the County and shall indemnify the County for loss, damage or liability which the County incurs to the extent that such results proximately from the negligence or violation of Contractor or its employees, agents or subcontractors.

In regard to any goods which are included in the sale hereunder, Contractor makes to the County the warranties provided in Article Two of the Uniform Commercial Code of the State of Missouri to the extent that they apply by the terms thereof.

The County gives each of its employees an employee identification card having thereon a photograph of the employee. The County will not pay for any goods and/or services delivered by Contractor to any persons who did not present to Contractor at the time of delivery their County Identification Cards and who were not in fact authorized to receive delivery.

The County reserves the right to terminate this Contract for any reason upon at least 14 days written notice to Contractor.

The parties may annually extend this Contract beyond its original term for a time, not to exceed two 12 month extensions, from the last day of the original term provided that the County's consent to such an extension and the extension does not involve changes in the specifications, terms and conditions, or increase in prices unless such changes or increases are provided for in said specifications, terms or conditions in effect at the expiration of the original term has been approved by the County Legislature.

The County will pay to Contractor the applicable pricing quoted by Contractor in its offer for any goods and/or services whose purchase was ordered by the County's Purchasing Officer in consequence of the County's acceptance of Contractor's offer. The County will make good faith effort to make payment within thirty (30) days after the latest of: (1) the date of proper delivery to the County; (2) the date of acceptance by the County; (3) the date when the receiving department has received from the Contractor a correct and complete invoice showing the pertinent County Purchase Order Number(s). Payment may be withheld by the County to protect itself from actual or potential loss which has resulted or may result from the Contractor's non-performance of any of its duties required hereunder.

Contractor warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract.

If the County awarded this Contract, would the Contractor sell under the prices and terms of this Contract to any Municipal, County, Public Utility, Hospital, or Educational Institution having membership in the Mid-America Council of Public Purchasing and located within the greater Kansas City Metropolitan Trade Area? (All deliveries are to be F.O.B. Destination and there shall be no obligation on the part of any member of such Council to utilize this Contract).

(Check one) Yes \_\_\_ No \_\_\_ Initials \_\_\_\_\_. Minimum order, if applicable\$\_\_\_\_\_.

ALL PAGES OF THIS INVITATION TO BID ARE EXPRESSLY MADE A PART OF THIS CONTRACT. The format of this Contract has been approved by the County Counselor's Office. Signature of vendor as indicated below MUST BE COMPLETED before contract can be awarded:

CONTRACTOR'S NAME: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ FAX NO: \_\_\_\_\_

NAME OF AUTHORIZED AGENT (print or type): \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF AUTHORIZED AGENT: \_\_\_\_\_ TITLE: \_\_\_\_\_

EMAIL ADDRESS OF AUTHORIZED AGENT: \_\_\_\_\_

FEDERAL ID NO: \_\_\_\_\_ and/or SOCIAL SECURITY NO: \_\_\_\_\_

SPECIFY: MINORITY OWNED (MBE): \_\_\_\_\_ WOMAN OWNED (WBE): \_\_\_\_\_ (Check If Applicable)

\*\*\*\*\*

JACKSON COUNTY MISSOURI BY Q. TROY THOMAS, DIRECTOR OF FINANCE AND PURCHASING

SIGNATURE OF Q. TROY THOMAS: \_\_\_\_\_ DATE: \_\_\_\_\_



**JACKSON COUNTY, MISSOURI  
COMPLIANCE REVIEW FORM**

**Report Date:** \_\_\_\_\_ (All reports expire annually on December 31<sup>st</sup>)

**DIRECTIONS FOR COMPLETION:**

Please fill out form completely. If a question refers to "past report" and this is your first one, place "1<sup>st</sup> Report" in the blank. If a question addresses an area which does not apply to your company, such as (subcontractors), place "N/A" in the blank. Please be sure this and subsequent reports are SIGNED AND DATED. If you have any questions, please call our office at (816) 881-3467.

Mail/Fax or Email reports to:  
Tom Wyrsh  
Contract Compliance Review Director  
415 East 12<sup>th</sup> Street - 2<sup>nd</sup> Floor  
Kansas City, Missouri 64106  
EMAIL: [cro@jacksongov.org](mailto:cro@jacksongov.org)  
FAX: (816) 881-1223

**1. COMPANY DESCRIPTION:**

Name of Company \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_  
Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_  
Representative Name \_\_\_\_\_

**2. COMPANY STATISTICS:**

- A. Total number of Employees \_\_\_\_\_
- B. Total Number of Employees who are:
- |                   |                          |
|-------------------|--------------------------|
| 1. Women _____    | 4. Asian _____           |
| 2. Hispanic _____ | 5. American Indian _____ |
| 3. Black _____    | 6. Other _____           |

**YES NO N/A**

3. Has your company advertised for applicants since your report? \_\_\_\_\_  
If so, please attach a list of publications in which ads appeared, the dates of advertising, and copies of such advertisement

4. Has there been an effort since your last report to further orientate supervisors and key personnel to the spirit and intent of the program? \_\_\_\_\_  
**If so, please attach a detailed report of such efforts**

5. Have there been any adjustments in your job prerequisites or your recruiting and intake procedures?  
If so, please attach a narrative of such efforts. \_\_\_\_\_

	YES	NO	N/A
6. Has any effort been made since your last report in disseminating your policy to all your employees or in encouraging them to refer Minority or Female applicants? <u>If so, please attach a narrative of such efforts.</u>	---	---	---
7. Are you attaching any other comments or concerns which you would like to have reviewed as part of determining compliance with your programs?	---	---	---

List all minority contractors/suppliers (Minority Owned Business Enterprises MBE or Women Owned Business Enterprises WBE) with which you have contracted during this reporting period.

NAME OF COMPANY \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 REPRESENTATIVE NAME \_\_\_\_\_  
 TELEPHONE NUMBER \_\_\_\_\_  
 EMAIL ADDRESS \_\_\_\_\_  
 WEBSITE ADDRESS \_\_\_\_\_  
 PRODUCTS, SERVICE, AREA OF SCOPE OF WORK:

DURATION OF CONTRACT \_\_\_\_\_  
 AMOUNT OF CONTRACT \_\_\_\_\_

REPEAT THE ABOVE INFORMATION ON A SEPARATE SHEET FOR ADDITIONAL MBE/WBE FIRMS WITH WHOM YOU HAVE CONTRACTED.

Figures of Employment Analysis section of this report was obtained from:

	YES	NO
1. Available employment	---	---
2. Visual check	---	---
3. Other (specify) _____	---	---

This Compliance Review Form was prepared and submitted by:

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Name and Title

\_\_\_\_\_  
 Date

**I certify that all answers and information herein contained are true to the best of my knowledge, and I understand that any mis-statement of fact may subject this company to non-compliance procedures.**

**STATEMENT OF CONTRACTOR'S QUALIFICATIONS**  
 (Complete in full, Use attachments if necessary)

Name of Bidder:	
Address with Zip Code:	
Federal Tax I.D. Number:	
Check One: Corporation          Partnership          Sole Proprietorship	
If <b>SOLE PROPRIETORSHIP</b> , state name, address and phone number of owner:	
<b>If CORPORATION:</b>	
Date of Incorporation:	Name of State(s) in which incorporated:
President's Name:	Vice-President's Name:
Secretary's Name:	Treasurer's Name:
<b>If PARTNERSHIP:</b>	
Is the Partnership:          General          Limited          Association          (Check one)	
Date of Organization:	
Name and addresses of all partners:	
1.	
2.	
3.	
<b>GENERAL INFORMATION:</b>	
Percent of work to be done under the proposed contract by your own staff:	
No. of Permanent Employees:	Geographical Limits of Operation:
No. of years in business:	
Have you ever done business under a different name: Yes          No          (Check one)	
If Yes, give Name and Location:	
Has contractor ever withdrawn or defaulted on a contractual obligation: Yes          No          (Check one)	
If Yes, state where and why:	

**STATEMENT OF CONTRACTOR'S QUALIFICATIONS - Continued**

Has Contractor ever been sued for breach of any contract? Yes      No      (Check one)

If Yes, Explain:

List Completed Contracts within the Past Three Years, Including Amount of Each:

List of Current Contracts, Including Amount of Each:

Customer Reference (state name, address, and phone number):

List each subcontractor you plan to use if awarded the contract. If no, so state.

SUBCONTRACTOR'S NAME & PHONE #	ITEM OF WORK	\$ AMOUNT OF CONTRACT	MBE/WBE

State any other relevant information concerning Contractor's history, credentials, responsibility and capabilities (If none, so state):

**DBE STATUS** Indicate status claimed:

- 1. Minority Owned Business (MBE)      YES \_\_\_ NO \_\_\_  
     African American \_\_\_ Latino \_\_\_ Native American \_\_\_ Asian \_\_\_ Pacific Islander \_\_\_
- 2. Woman Owned Business (WBE)      YES \_\_\_ NO \_\_\_
- 3. Small Business      YES \_\_\_ NO \_\_\_

For consideration as an MBE, WBE or Small Business, a copy of any governmental entity or Minority Supplier Council certification must be attached.

Prepared by (print or type):	Title:
Signature:	Date:

**STATEMENT OF NO BID**

TO: Jackson County Purchasing Department  
Jackson County Courthouse  
415 East 12th Street, Room G1  
Kansas City, MO 64106

We, the undersigned, have declined to submit a bid in response to the above Invitation to Bid for the following reasons(s):

- Specifications too "tight", i.e., geared toward one brand or supplier.
- Insufficient time to respond to the bid.
- We do not offer this product or service.
- Our schedule would not permit us to perform.
- We are unable to meet specifications.
- We are unable to meet bond requirements.
- Specifications are not clear (explain).
- We are unable to meet insurance requirements.
- Remove us from your list for this commodity or service.
- Other (explain). \_\_\_\_\_

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Company Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**

The undersigned acknowledges receipt of Addenda through and including numbers \_\_\_\_\_ and that this Bid is submitted in accordance with information, instructions, and stipulations set forth therein.

\_\_\_\_\_  
Signature of Respondent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, and Zip

\_\_\_\_\_  
Phone

## GENERAL CONDITIONS

The General Conditions which follow apply to and are a part of this Invitation to Bid unless otherwise specified herein. Subject to State and County laws and all rules, regulations and limitations imposed by legislation of the Federal Government, responses on all advertisements and invitations issued by the Jackson County Purchasing Department will bind Respondents to applicable conditions and requirements herein set forth unless otherwise specified in the Invitation to Bid. Respondents or their authorized representatives are expected to fully inform themselves as to the conditions, requirements, and specifications before submitting a response to a bid; failure to do so will be at the Respondent's own risk and he cannot secure relief on the plea of error.

1. **Withdrawal of Response to Bid:** A written request for the withdrawal of a bid or any part thereof may be granted if the request is received in the Office of the Director of Finance and Purchasing prior to the response deadline.
2. **Completeness:** All information required by the Invitation to Bid must be supplied to constitute a proper bid. Respondents shall not alter the Invitation to Bid documents except upon instruction by receipt of addendum. Respondents shall furnish information required by the invitation in the form requested. The County reserves the right to reject bids with incomplete information or which are presented in a form other than that requested in this Invitation to Bid. Bids must be submitted in "hard copy" form. Bids submitted electronically, on computer diskettes, or by FAX will not be considered by the County.
3. **Bids Binding For 90 Days:** Unless otherwise specified all bids submitted shall be binding for ninety (90) calendar days following the response deadline, unless the Respondent(s), upon request of the Director of Finance and Purchasing, agrees to an extension.
4. **Exceptions:** Conditional or qualified bids are subject to rejection in whole or in part. All exceptions to the specifications of this Invitation to Bid must be made in writing and attached as Exhibit F to the bid when it is submitted by the Respondent. The County will consider minor exceptions to its specifications. A minor exception is one which is a matter of form, not substance. The minor exception is considered immaterial and inconsequential when its significance to price, quantity, quality, or delivery is trivial or negligible when contrasted with total scope of the Invitation to Bid (ex: comparable manufacturer or alternate bids where allowed by the Invitation to Bid). The County will not consider exceptions to its General Conditions, Forms or Insurance Requirements. The County reserves the right in its sole discretion to accept or reject any exceptions included in Exhibit F. Exceptions made in any other manner or form whether by omission or by inclusion in any other manner other than as specifically entered and described in full on Exhibit F shall not be made a part of the resulting contract. Exceptions which are made by the Respondent and entered on Exhibit F and determined to be acceptable to the County shall be made a part of the resulting contract by inclusion as a provision of a mutually executed Amendment to the contract. Exceptions which are not made a part of said Amendment shall not be included in the contract nor be binding upon the County and the specifications of the Invitation to Bid shall prevail.
5. **Questions Regarding Specifications:** Any information relative to interpretation of specifications shall be requested of the Purchasing Supervisor, in writing, in ample time before the response deadline. All questions must be received in the Office of the Purchasing Department by **5:00 PM, CDT on April 22, 2014**. Any interpretation made to prospective respondents will be expressed in the form of an addendum to the Invitation to Bid which, if issued, will be posted no later than three (3) business days before the response deadlines. Addendums to this Invitation to Bid will be posted on the County's website @ [www.jacksongov.org](http://www.jacksongov.org). Oral answers will not be binding on the County. Each respondent shall ascertain prior to submitting his bid that he has received all Addenda issued, and shall acknowledge the receipt of such on the form provided herein. Failure to adhere to this policy may cause your bid to be REJECTED.
6. **Multiple Bids:** No Respondent will be allowed to offer more than one bid on each item requested even though he may feel that he has two or more types or styles that will meet specifications. **IF SAID RESPONDENT SHOULD SUBMIT MORE THAN ONE BID ON ANY ITEM REQUESTED, ALL BIDS FOR THAT ITEM MAY BE REJECTED AT THE DISCRETION OF THE DIRECTOR OF FINANCE AND PURCHASING.**
7. The County reserves the right to split the award of the bid, reject any or parts of bids, to waive technical defects in bids, consider administrative costs and to select the bid(s) deemed most advantageous to the County. The County shall consider bids submitted on an "all or nothing" basis only if the bid is clearly designated as such by the Respondent, affixing the words "ALL OR NOTHING" on the quotation portion of the Invitation to Bid.
8. **Applicable State Law:** The contract shall be construed according to the laws of the State of Missouri. The Contractor must be registered and maintain good standing with the Secretary of State, of the State of Missouri and other regulatory agencies as may be required by law or regulation.

9. Communications and Notices: Any notice to the Contractor shall be deemed sufficient when deposited in the United States Mail postage prepaid; faxed; e-mailed; delivered to a telegraph office fee prepaid; or hand-carried and presented to an authorized employee of the Contractor at the Contractor's address as listed on the signature page of the contract or at such address as the contractor may have requested in writing.

10. Bankruptcy or Insolvency: Upon filing for any bankruptcy or insolvency proceedings by or against the Contractor, whether voluntary or involuntary, or upon the appointment of a receiver, trustee, or assignee for the benefit of creditors, the Contractor must notify Jackson County's Director of Finance and Purchasing immediately in writing. Upon learning of the actions herein identified, Jackson County reserves the right at its sole discretion to either affirm the contract, or, cancel the contract and hold the Contractor responsible for damages.

11. Patents: Contractor agrees to defend, indemnify, protect, and save harmless, Jackson County, Missouri, against all claims for royalties for patents or suit for infringement thereon which may be involved in the manufacture or use of the materials or items to be furnished.

12. By virtue of statutory authority, the Director of Finance and Purchasing shall give preference to all commodities manufactured, mined, produced or grown within the State of Missouri and to all firms, corporations or individuals doing business as Missouri firms, corporations or individuals, when quality is equal or better and delivered price is same or less.

13. Material Standards: All material or equipment furnished shall meet the minimum requirements of the Occupational Safety & Health Standard (OSHA) published in the Federal Register.

14. Tax Clearance Required: No person, firm or corporation, resident in Jackson County, or otherwise legally within the taxing jurisdiction of the County, shall be eligible to provide any goods, contractual services or anything covered by the County Purchasing Ordinance, unless said person, firm or corporation is duly listed and assessed on the County tax rolls, and is in no way delinquent on any taxes payable to the County.

Where any individual, firm or corporation is a resident of Jackson County, or it otherwise appears that such firm is legally within the taxing jurisdiction of the County, and has made an offer, bid, or quotation for any County purchase, or has submitted an application to be given an opportunity to make quotations for County purchases, the Director of Finance and Purchasing shall cause a search to be made of the County tax rolls, to determine the eligibility of that person, firm or corporation under this section.

When the lowest/highest responsible bidder for a given Purchase Order or Contract is ineligible under this section, the Director of Finance and Purchasing may, where time is not of the essence to the County, notify the bidder and allow three (3) days for the bidder to correct the deficiency or pay up any delinquency involved. If the bidder fails, after such notice, to comply within three (3) days, or if the Director of Finance and Purchasing deems time to be of the essence, he shall proceed as though the next lowest/highest responsible bidder who is eligible under this section had entered the lowest/highest bid.

15. Insurance and Indemnification: The Successful Contractor shall defend, indemnify, and hold harmless Jackson County and any of its agencies, officials, officers, or employees from and against all claims, damages, liability, losses, costs and expenses, including reasonable attorney's fees, arising out of or resulting from any acts or omissions in connection with the operations or work included or undertaken in the performance of this contract, caused in whole or in part by Contractor, its employees, agents, or subcontractors, or caused by others for whom Contractor is liable, regardless of whether or not caused in part by any act or omission of Jackson County, its agencies, officials, officers, or employees. Contractor's obligations under this section with respect to indemnification for acts or omissions of Jackson County, its agencies, officials, officers, or employees shall be limited to the coverage and limits of insurance that Contractor is required to procure and maintain under this Contract. Insurance shall be procured and maintained by Contractor as described in Exhibit A of this Invitation to Bid. Contractor shall file Certificates of Insurance with Jackson County Purchasing Department in the form described in Exhibit A within the time limit also described in the Exhibit.

16. The County is not responsible for articles or services furnished without a Purchase Order.

17. Inspection and Acceptance: Inspection and acceptance will be at destination. Prior to the time of delivery and acceptance by the County, or after any rejection, risk or loss shall be the responsibility of the Contractor unless loss results from negligence of the County.

18. Equal Opportunity: The Contractor shall maintain policies of employment as follows:

a) The Contractor and the Contractor's Subcontractor(s) shall not discriminate against any employee or applicant for employment because of race, religion, color, sex, disability, or national origin. The Contractor shall take affirmative action to insure that applicants are employed, and that employees are treated during employment without regard to their race, religion, color, sex, disability, or national origin. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth the policies of non-discrimination.

b) The Contractor and the Contractor's Subcontractor(s) shall, in all solicitations or advertisements for employees placed by them or on their behalf, state that all qualified applicants will receive consideration for employment without regard to race religion, color, sex or national origin.

19. Foreign Corporations: Firms submitting bids as corporations which are not incorporated in the State of Missouri must include with their bid a copy of a properly executed **Certificate of Registration for Foreign Corporation** authorizing the firm to do business in the State of Missouri.

20. Errors in Bids: Respondent shall be bound by its bid even though the bid is based on an erroneous calculation, and Respondent shall have no right to withdraw its bid after the Response Deadline on the basis of an error in calculation of its bid. Carelessness in quoting prices, or in preparation of bid, will not relieve the Respondent in case of errors. Erasures or changes in bids must be initialed.

21. Omission in Bids: Omission in the bid of any provision herein prescribed shall not be construed as to relieve the contractor of any responsibility or obligation requisite to the complete and satisfactory operation of any and all equipment and services. Any exception to the bid must be in writing and not by omission.

22. No lowest/highest Respondent shall receive a business expectancy merely because his bid is the lowest/highest one received; until the contract has been awarded, no business expectancy exists.

23. Conflict of Interest: Respondent warrants that no officer or employee of the County, whether elected or appointed, shall in any manner whatsoever be interested in or receive any benefit from the profits or emoluments of this contract.

No official or employee of Jackson County or its governing body and no other public official in Jackson County who exercises any functions or responsibilities in the review or approval of the undertaking or carrying out of the project covered by this contract shall voluntarily acquire any personal interest, directly or indirectly, in this contract.

The Contractor covenants that he/she presently has no interest and shall not acquire any interest, directly or indirectly, which would conflict in any manner or degree with the performance of the services hereunder. The Contractor further covenants that no person having any such known interest shall be employed or conveyed an interest, directly or indirectly, in this contract.

24. It shall be the responsibility of all Respondents to warrant that all goods, services and/or work to be procured and/or performed under this contract shall conform to and/or be performed in compliance with all applicable Federal, State and Local Statutes, Ordinance and Codes including but not limited to the American with Disabilities Act of 1990. Failure to comply in any manner with applicable Statutes, Ordinances or Codes shall result in said Contractor replacing the goods, services and/or work performed in order to effect compliance or in liquidated damages in the amount required to effect compliance with said Statutes, Ordinance and Codes together with any costs associated with collection of said damages.

25. Bidder certifies that all goods to be supplied to the County as a result of contracts awarded under this Invitation to Bid were produced in compliance with all applicable requirements of sections 6, 7, and 12 of the Fair Labor Standards Act, as amended, and of regulations and orders of the United States Department of Labor issued under section 14 thereof.

26. Fund Allocation: Continuance of any resulting agreement, contract or issuance of purchase orders after December 31 of the current calendar year is contingent upon the allocation of County funds for the next proceeding calendar year.

27. Qualifications of Bidders: The County may make such reasonable investigations as deemed proper and necessary to determine the ability of the bidder to perform the work and the bidder shall furnish to the County all such information and data for this purpose, as may be requested. The County reserves the right to inspect bidder's physical plant prior to award to satisfy questions regarding the bidder's capabilities. The County further reserves the right to reject any bid if the evidence submitted by or investigations of such bidder fails to satisfy the County that such bidder is properly qualified to carry out the obligations of the contract and to complete the work contemplated herein.

28. Except for the furnishing and transportation of materials, the Contractor shall not sublet, sell, transfer, assign, or otherwise dispose of any portion of this contract to any individual, firm, or corporation without written consent of Jackson County. This consent of the County will not be given unless, and until the Contractor has submitted satisfactory evidence that the proposed subcontractor is qualified to execute the work and has an Affirmative Action Plan acceptable to the County, together with a complete copy of the subcontract if so requested by the County. The subcontract shall bind the subcontractor to comply with all requirements of this contract including but not limited to wage rates, equal employment opportunity regulations, submittal of payrolls, etc. Assignment of the entire contract may be made only upon written consent of the County.

No assigning, transferring, or subletting, even though consented to, shall relieve the Contractor of his liabilities under this contract.

The Contractor shall give his personal attention to any portion of this contract which has been sublet and he shall be responsible for its proper completion.

The Contractor, as a condition of this contract, is responsible for assuring submission of proof or documentation regarding Affirmative Action Compliance by his subcontractors and for the subsequent Affirmative Action performance by such subcontractors.

Jackson County reserves the right to approve or reject the Bidder's proposed subcontractors in accordance with these and any other requirements of this Invitation to Bid.

29. As a condition for the award of any contract or grant in excess of five thousand dollars by the County to a business entity, the business entity shall, by sworn affidavit and provision of documentation, affirm its enrollment and participation in a federal work authorization program with respect to the employees working in connection with the contracted services. Every such business entity shall also sign an affidavit affirming that it does not knowingly employ any person who is an unauthorized alien in connection with the contracted services. Any entity contracting with the state or any political subdivision of the state shall only be required to provide the affidavits required in this subsection to the state and any political subdivision of the state with which it contracts, on an annual basis.

30. This contract shall be construed according to the laws of the State of Missouri, including Missouri Revised Statute Chapter 610.111.1, which requires that all records of Jackson County, Missouri will be open to the public, unless subject to statutory exception, as Jackson County, Missouri is a public governmental body. Pursuant to Missouri Revised Statute Chapter 610.021(12), sealed bids and related documents, once the bid documents have been opened, along with any related documents, are considered public records subject to disclosure upon request. Missouri Revised Statute Chapter 610.021(12) also requires, upon request, disclosure of any negotiated contract and documents related to such contract once the contract has been executed or until all bids have been rejected.

31. If awarded a Contract as a result of this bid; you must have a hard copy of a purchase order issued by the Jackson County, Missouri Finance and Purchasing Department **BEFORE** providing any goods and/or services. Failure to adhere to this policy will result in the immediate termination of said contract.

32. All prices are to be FOB Destination to the delivery point; all shipping, packing and drayage charges are the responsibility of the bidder. COD shipments will not be accepted.

## 1.0 INTRODUCTION

Jackson County, Missouri is seeking bids for a Twenty-Four Month Term and Supply Contract, with Two Twelve Month Options to Extend for the furnishing of Police Body Armor, Supplies and Equipment for the Sheriff's Office, the Department of Corrections, the Drug Task Force and the Park Rangers. Items specified herein will be ordered on an "as needed" basis throughout the Contract Term. Although exact usage may vary, the County did spend in excess of \$50,000.00 for Police Body Armor, Supplies and Equipment in 2013.

## 2.0 AWARD REQUIREMENTS

- 2.1 Certificate of Insurance: The Successful Contractor will be required to submit to the Purchasing Department a Certificate of Insurance meeting or exceeding the provisions of Item Fifteen under "General Conditions" and Exhibit A included herein within ten business days after receiving Notification of Award. The Certificate of Insurance must be received by the County prior to the commencement of any work/purchases on this Contract.
- 2.2 W-9 Form: The Successful Contractor must submit a completed IRS W-9 Form.
- 2.3 Ten Copies of Catalog or Pricing Sheets.

## 3.0 SPECIFICATIONS

### General:

- 3.1 Purchase Orders will be issued as required; they may be "Miscellaneous Purchase Orders" that are for estimated dollar amounts and the Successful Contractor will bill the County monthly against the Purchase Order until the stated dollar amount is spent or the Contract terminated; and there may be Purchase Orders for specific items. Do not provide any Body Armor, Supplies or Equipment unless you have a hard copy of the Purchase Order.
- 3.2 Payment Terms for the County are "Net 30 Days"
- 3.3 Successful Contractor is to pay all freight under this Term and Supply Contract. Terms are FOB Destination, Inside Delivery Only. No Fuel Surcharge will be applicable on this Contract.
- 3.4 Jackson County, Missouri reserves the right to: (1) split the contract award for Body Armor, Supplies and Equipment; (2) determine if items bid are equal to items specified; and (3) waive defects in the offer of any bidder and to reject all bids.
- 3.5 Specifications and manufacturer's references are furnished as a minimum standard of quality only; other manufacturer's will be considered **except where noted "No Alternates or Substitutes Accepted"**. Bids offering other than the items specified herein shall be identified by Manufacturer's Name and Catalog Number and Manufacturer's descriptive literature shall be included with your bid for evaluation purposes.
- 3.6 Material Data Safety Sheets must be furnished with all deliveries of gun cleaning supplies.
- 3.7 You do not have to bid on all items to be considered for Award.

3.8 Delivery Locations:

3.8.1 Sheriff's Office  
3310 NE Rennau Road  
Lee's Summit, Missouri 64063

3.8.2 Department of Corrections  
1300 Cherry Street  
Kansas City, Missouri 64106

3.8.3 Jacomo Ranger Station  
22103 Woods Chapel Road  
Blue Springs, Missouri 64015

3.8.4 There may be other delivery locations within Jackson County, Missouri.

**Body Armor:**

3.9 Successful Contractor to measure employees for fit at the Delivery Locations detailed above during daytime business hours.

3.10 Sheriff's Office and Park Rangers: **Second Chance Summit Model SM01 NIJ, Type IIIA** with two carriers in black and one soft trauma plate. Adult Sizes Small to 4XL. **NO ALTERNATES OR SUBSTITUTIONS ARE ACCEPTABLE ON THIS ITEM.** Estimated Annual Usage: 40 to 50 Vests.

**Catalog Items:**

3.11 Other than the specified Body Armor, bids will be based upon discounts from your 2014 Police Supplies Catalog or Pricing Sheets. Catalog and Pricing Sheets must be submitted with your bid. Discounts quoted shall remain firm throughout the term of the Contract. Pricing in the Catalog or Pricing Sheets shall remain firm for the year 2014. Newer or updated Catalogs or Pricing Sheets may replace the 2014 material; however, it will be the Successful Contractor's responsibility to send the updated information to the County with a letter specifically explaining which Catalog or Pricing Sheet is being replaced. Any subsequent Contract extension will follow this established pattern.

3.12 The Successful Contractor must supply the County with at least ten copies of the Catalog or Pricing Sheets at no charge.

**4.0 REQUIRED SUBMITTALS**

4.1 The Catalog or Pricing Sheets your bid is based upon.

**5.0 EVALUATION PROCESS**

All bids received that are responsive to the General Conditions, Specifications and other provisions of this Invitation to Bid will be evaluated. An Evaluation Committee made up of Jackson County, Missouri personnel will evaluate bids and make recommendations. Jackson County, Missouri shall be the sole judge of the bids submitted and its decision shall be final.

**6.0 QUESTIONS**

All questions regarding this Invitation to Bid must be in writing and emailed as detailed under General Conditions, Item Number Five on Page Ten of this Invitation to Bid by 5:00 PM, CDT on April 22, 2014. Point of Contact for the Purchasing Department is Barbara Casamento, email address [bcasamento@jacksongov.org](mailto:bcasamento@jacksongov.org). All questions will be answered in the form of Addenda on the Jackson County, Missouri website. Failure to follow this procedure may result in the REJECTION of your bid.

**7.0 QUOTATIONS**

Number	Description	Price/Discount
	<b>Body Armor</b>	
01	Second Chance Summit Model SM01 NIJ Type IIIA, Adult Sizes	\$
02	Up Charge for 2XL	\$
03	Up Charge for 3XL	\$
04	Up Charge for 4XL	\$
	<b>Catalog Discounts</b>	
05	Leather Goods	%
06	Badges and Brass	%
07	Helmets and Helmet Accessories	%
08	Gun Accessories	%
09	Gun Cleaning Supplies	%
10	Batons and Flashlights	%
11	Training Gear and Red Man Guns	%
12	Restraints	%
13	Evidence Collection Supplies	%
14	Teargas and Munitions	%
15	Lightbars and Sirens	%
16	Miscellaneous Supplies	%
17	Miscellaneous Equipment	%
	Delivery Time After Receipt of Order:	

Company Name:	Date:
Representative Name:	Telephone:
Title:	Cell Phone:
Signature:	Fax:
Email Address:	
Company Web Address:	

### EXHIBIT A, INSURANCE

Contractor shall procure and maintain in effect throughout this duration of the contract insurance coverages not less than the types and amounts specified in this section. If due to the nature of the goods and/or services provided by the contractor are such that they may be excluded from coverage listed below, an addendum shall be made to the contract requesting coverage and limits required (Professional Liability, Work on bodies of water, Garage or tow services, Liquor liability are some examples).

All subcontractors of the contractor are required to carry the same coverages and limits as the contractor. All Liability policies required are to be written on an "occurrence" basis unless an agreement, in writing, is made with Jackson County.

#### 1. COMMERCIAL GENERAL LIABILITY

Commercial General Liability Insurance: with limits of not less than \$1,000,000 per occurrence and \$2,000,000 Annual Aggregate (both General and Products-Completed Operations). Aggregate shall be on a "per project" basis where more than one project is to be performed by the contractor under this contract. Policy shall include Severability of Interests coverage applying to Additional Insureds and also include Contractual Liability with no limitation endorsements. Policy shall include \$100,000 limit each occurrence for Damage to Rented Premises, \$1,000,000 limit each occurrence for Personal & Advertising injury liability, \$5,000 Medical Expense (any one person), and Employee Benefits Liability coverage with a \$1,000,000 limit.

#### 2. COMMERCIAL AUTOMOBILE LIABILITY

Commercial Automobile Liability Insurance: with a limit not less than \$1,000,000 Combined Single Limit for Bodily Injury and Property Damage Limit (each accident), covering owned, hired, borrowed, and non owned vehicles. Coverage shall be provided on a "any auto" basis and be on a Commercial Business Auto form, or acceptable equivalent, and will protect against claims arising out of the operation of motor vehicles in connection with this contract.

#### 3. WORKERS COMPENSATION AND EMPLOYERS LIABILITY COVERAGE

Contractor shall provide coverage for Workers Compensation and Employers Liability for all claims by employees of the contractor or by anyone for whose acts it may be liable under the statutes of the State of Missouri with limits of:

-Workers Compensation	Statutory
-Employers Liability	\$500,000 each accident
	\$500,000 Disease-each employee
	\$500,000 Disease-Policy limit

#### 4. EXCESS/UMBRELLA LIABILITY COVERAGE

Contractor shall provide Excess/Umbrella liability, on an occurrence basis, with \$10,000 Retention, to provide coverage limits over all liability coverages listed above, at a limit not less than \$1,000,000 each occurrence and \$1,000,000 Aggregate.

#### 5. ADDITIONAL INSURED & CERTIFICATE OF INSURANCE

The Commercial General and Automobile Liability Insurance specified above shall provide that Jackson County Missouri and its agencies, officials, officers, and employees, while acting within the scope of their authority, will be named as additional insured for the services performed under this contract.

A Certificate of Insurance shall be filed with the County's Director of Finance and Purchasing within 10 calendar days of the date when requested or before commencement of the work that are acceptable to the Director that the insurance requirements have been satisfied. Should any of the required insurances be cancelled before the expiration date, a notice shall be filed with the County's Director of Finance and Purchasing in accordance with policy provisions. In the case of multi-year, renewable, or extended term on the contract; Contractor must supply the Director with current Certificate(s) on any coverage mentioned above within Thirty (30) days prior to the expiration date of coverage(s). The Director of Finance and Purchasing may request copies of the Contractor's insurance policies for verification of coverage(s).

#### 6. QUALIFICATIONS INSURANCE CARRIERS

All insurance coverage must be written by companies that have an A. M. Best's rating of "B+ V" or better or Lloyd's of London, and are licensed and approved by the State of Missouri to do business in Missouri.

#### 7. FAILURE TO MAINTAIN INSURANCE COVERAGE

Regardless of any approval by Jackson County, it is the responsibility of the contractor to maintain the required insurance coverage in force at all times; its failure to do so will not relieve it of any contractual obligation or responsibility. In the event of Contractor's failure to maintain the required insurance in effect, Jackson County may order Contractor to stop work immediately and, upon 10 days notice and an opportunity to cure, may pursue its remedies for breach of this contract as provided for herein and by law.



JASON KANDER

MISSOURI  
SECRETARY  
OF STATE

MISSOURI ONLINE BUSINESS FILING



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General Information	Filings	Address	Owners	Contact(s)
<p>Name(s) ED ROEHR SAFETY PRODUCTS CO</p> <p>Type Fictitious Name</p> <p>Status Fictitious Active</p>		<p><u>Address</u> 2710 LOCUST ST ST LOUIS, MO 63103</p>		<p>Charter No. X01029307</p> <p>Date Formed 1/22/2010</p> <p>Expiration Date 1/22/2015</p>

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Action	Type	Filing Type	Date Filed	Effective Date
<a href="#">View Document</a>	Creation	Application for Fictitious Name Registration	1/22/2010	1/22/2010

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Select filing from the list.

Filing Type   Fictitious Name Cancellation

FILE  
**ONLINE**

**Owners**  Show Previous Owners

Name	Type	Address	Since	To
ED. ROEHR AUTO RADIO COMPANY	Organization	2710 LOCUST ST. LOUIS, MO 63103	1/22/2010	

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#### Glossary

##### **Search Results**

Entity

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##### **Search Filters**

##### **By Record Status**

By

Functional Area - Entity Management

By

Functional Area - Performance Information

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#### Glossary

#### **Search Results**

Entity

Exclusion

#### **Search Filters**

By Record Status

By Functional Area - Entity Management

By Functional Area - Performance Information

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# CERTIFIED COPY OF ORDER

December ~~Session of the~~ October Adjourned

14

STATE OF MISSOURI }  
County of Boone } ea.

Term. 20

11th

December

14

In the County Commission of said county, on the

day of

20

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve a partial award for bid 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s to the following:

Burrell, Inc.  
Community Psychiatric Rehabilitation Programming  
\$252,935.00

CHA Low-Income Services, Inc.  
MAP Mental Health Program  
\$191,463.00

Lutheran Family and Children’s Services of Missouri  
Counseling and Case Management Services  
\$186,280.00

Sustainable Farms & Communities, Inc.  
Access to Healthy Food  
\$45,000.00

Pathways Community Behavioral Healthcare, Inc. dba Family Counseling Center of Missouri, Inc.  
Parachute Program for Boone County Youth  
\$205,925.00

University of Missouri  
Mental Health Evaluations  
\$46,197.50

University of Missouri  
Mental Health Screenings  
\$29,087.00

University of Missouri  
Evidence Based Treatment Services  
\$254,136.00

University of Missouri  
Easy Childhood Positive Behavior Support Training and Coaching  
\$246,582.00

University of Missouri  
Psychiatric Visits and Nurse Case Management  
\$488,163.20

# CERTIFIED COPY OF ORDER

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STATE OF MISSOURI }  
County of Boone } ea.

Term. 20

In the County Commission of said county, on the \_\_\_\_\_ day of \_\_\_\_\_ 20

the following, among other proceedings, were had, viz:

The terms of the partial bid award are stipulated in the attached Contract Agreements. It is further ordered the Presiding Commissioner is hereby authorized to sign said Contract Agreements.

Done this 11th day of December, 2014.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill

Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller

Karen M. Miller  
District I Commissioner

Absent

Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St., Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390

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## MEMORANDUM

TO: Boone County Commission  
FROM: Melinda Bobbitt, CPPO, CPPB  
DATE: December 8, 2014  
RE: RFP Award Recommendation: *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services*

Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services* closed on July 10, 2014. 33 proposal responses were received.

The following is a partial recommendation of contract award. More contracts will follow at a later date. The contract file will become part of public record as soon as we have completed negotiations of contracts.

Burrell, Inc.

Community Psychiatric Rehabilitation Programming

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$252,935

CHA Low-Income Services, Inc.

MAP Mental Health Program

✓ Contract from date of award through June 30, 2016 with two, optional one-year renewals  
\$191,463

Lutheran Family and Children's Services of Missouri

Counseling and Case Management Services

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$186,280

Sustainable Farms & Communities, Inc.

Access to Healthy Food

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$45,000

Pathways Community Behavioral Healthcare, Inc. dba Family Counseling Center of Missouri, Inc.

Parachute Program for Boone County Youth

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$205,925

University of Missouri

Mental Health Evaluations

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$46,197.50

University of Missouri

Mental Health Screenings

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$29,087

University of Missouri

Evidence Based Treatment Services

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$254,136

University of Missouri

Easy Childhood Positive Behavior Support Training and Coaching

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$246,582

University of Missouri

Psychiatric Visits and Nurse Case Management

✓ Contract from date of award through December 31, 2015 with two, optional one-year renewals  
\$488,163.20

Invoices will be paid from department 2161 – CCS Funding Opportunities, account 71106 – Contracted Services.

cc: Proposal File



**AGREEMENT FOR PURCHASE OF SERVICES  
Community Psychiatric Rehabilitation Programming**

---

**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Burrell, Inc.**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "BBH".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the BBH has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to BBH thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY BBH**

BBH is expected to the greatest extent possible to maximize funding from all other sources. BBH shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. BBH shall only request reimbursement for services not reimbursable by any other source. BBH shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. BBH will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. BBH agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and BBH’s response to the County of Boone’s Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the BBH’s Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the BBH and the BBH agrees to furnish **Community Psychiatric Rehabilitation Programming** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the BBH’s response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$252,935.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of BBH be **renewed for an additional two (2) one-year periods**. BBH agrees and understands that the BCCSB may require supplemental information to be submitted by BBH prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

<b>Service Description</b>	<b>Unit Measurement</b>	<b>Unit Cost</b>
Therapy	1 hour	\$60.00
RN Visit/Health Session	15 minutes	\$22.44
Psychiatric Case Management	15 minutes	\$24.44
Psychiatric Medication Management	15 minutes	\$51.36
Annual Assessment/Evaluation	1 Assessment	\$480.00

All billing shall be invoiced to BCCSB monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the BBH, the BCCSB agrees to pay interest at

a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

#### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by BBH to monitor service delivery and program expenditures. BBH agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by BBH and, if so stipulated, are noted on this contract document. Payments may be withheld from BBH if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. BBH agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** BBH also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of BBH's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from BBH, if reports designated here are not made available upon request.

9. **Monitoring.** BBH agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect BBH's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, BBH hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event BBH requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from BBH must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with BBH's policies and procedures and in accordance with any local/state/federal regulations. BBH agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. BBH must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** BBH will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** BBH agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to BBH's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** BBH agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and BBH, and this shall include any transaction in which BBH is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** BBH may enter into subcontracts for components of the contracted service as BBH deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the BBH shall comply with all local, state, and federal

laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** BBH agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. BBH shall require each subcontractor to affirmatively state in its Agreement with the BBH that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide BBH a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** BBH agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against BBH or any individual acting on the BBH's behalf, including subcontractors, which seek to enjoin or prohibit BBH from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If BBH ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if BBH no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, BBH will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event BBH, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to BBH as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the BBH fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the BBH, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** BBH agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of (AGENCY NAME), (meaning anyone, including but not limited to consultants having a contract with the BBH or subcontractor for part of the services), or anyone directly or indirectly employed by BBH, or of anyone for whose acts BBH may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** BBH shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. BBH will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. BBH will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. BBH agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and BBH. The BCCSB does not recognize any of the BBH's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** BBH shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of

the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the BBH shall be mailed or delivered to:

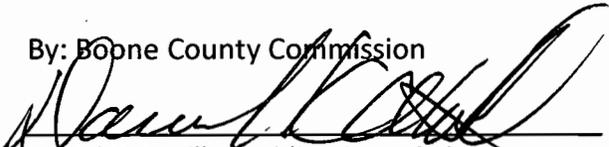
Burrell, Inc.  
Holly Jones, Ph.D., Director of Grant Development and Management  
1300 Bradford Parkway  
Springfield, MO 65804

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

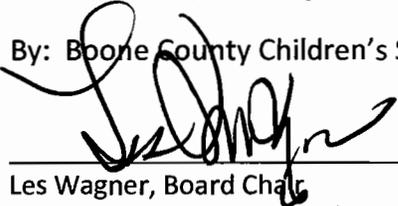
**Burrell, Inc.**

**Boone County, Missouri**

By:   
Signature

By: Boone County Commission  
  
Daniel K. Atwill, Presiding Commissioner

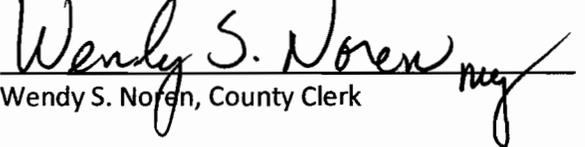
By: TODD SCHAIBLE, Ph.D. - PRESIDENT  
Printed Name/ Title AND CEO

By: Boone County Children's Services Board  
  
Les Wagner, Board Chair

APPROVED AS TO FORM:

  
County Counselor

ATTEST:

  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by mj 12/02/14 2161 / 71106 / \$252,935  
Signature Date Appropriation Account  
An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL:** 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

 (Psychiatric)

- a. We received multiple proposals offering similar services from Burrell, University of Missouri –Psychiatric Department, and University of Missouri – School of Social Work. Please communicate with UMC – Psychiatric and UMC – School of Social Work regarding the proposals they submitted. If all are funded, how would we move forward in not duplicating services and what process will be used between the entities?

**Contact Information:**

University of Missouri – Department of Psychiatric  
Outpatient Psychiatric Services  
Dr. Laine Young-Walker  
Associate Professor of Psychiatry  
Division Chief and Training Director, Child and Adolescent Psychiatry  
E-mail: [YoungWalkerL@health.missouri.edu](mailto:YoungWalkerL@health.missouri.edu)  
Phone Number for Megan White, Senior grants and Contracts Administrator:  
573-882-4223. E-mail: [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

University of Missouri – School of Social Work  
Training for school-age staff in Boone County

Dr. Wendy Reinke

Associate Professor

Department of Education, School, & Counseling Psychology

E-mail: [reinkew@missouri.edu](mailto:reinkew@missouri.edu)

Phone Number for Megan White, Senior grants and Contracts Administrator:

573-882-4223. E-mail: [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

Psychiatric

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
mbobbitt@boonecountymmo.org

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October 3, 2014

Burrell, Inc.  
Dr. Holly Jones, Ph.D.  
Director of Grant Development and Management  
1300 Bradford Parkway  
Springfield, MO 65804  
E-mail: holly.jones@burrellcenter.com

RE: Request for Additional Information #1 – 27-10JUN14- Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Dr. Jones:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00a.m., Tuesday, October 14, 2014 by email to mbobbitt@boonecountymmo.org.

Your **interview** has been scheduled for:

October 14, 2014

Time: 12:00-1:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail Mbobbitt@boonecountymmo.org. I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in black ink, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL:** *27-10JUN14- Purchase of Service Contracts for Children's Services Fund*

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: Burrell Behavioral Health

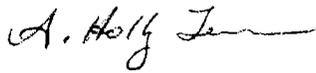
Address: 1300 Bradford Parkway, Springfield, MO 65804 (Headquarters)

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Telephone: (417) 761-5026 Fax: (417) 761-5011

Federal Tax ID (or Social Security#): 43-1081715

Print Name: Holly Jones, Ph.D. Title: Director, Grant Development and Management

Signature: 

Date: 10/8/2014

E-mail: holly.jones@burrellcenter.com



(Psychiatric)

- a. Please specify what is included in the start-up costs?

Startup costs will include five laptops at \$600 each (\$3,000). Some initial travel costs may be incurred for the staff to attend implementation meetings with relevant agencies (schools, community partners).

- b. Please provide a more detailed description of the Target Population? Are there any specific criteria set up for admission into this program?

Our target population will be Boone County children and youth age two through nineteen who have behavioral health issues and the family is underinsured, has private insurance or is uninsured. All participants will have a mental health diagnosis; however they will not have to have a CPR eligible diagnosis. Clients will be prioritized based on their DECA or DLA 20 scores which indicate severity.

- c. Will insurance claims be filed for services that are provided?

For children who meet CPR diagnostic criteria and are insured, un-insured or underinsured we will access DMH POS dollars until those funds are depleted. The children who do not meet CPR diagnostic criteria will likely be funded through the Children's Services Fund. If psychiatry and therapy are recommended available insurance will be billed. Boone County Children's Fund will be payer of last resort.

- d. What is the individual cost of the services listed in the Unit Measurement section? (ex. 1 therapy/week = \$?)

In the Unit Measurement section, the following Straight Medicaid Rates apply: (1) therapy session per week is \$60.00 per hour; (1) RN visit bi-monthly is \$44.88 (\$22.44/15 minutes); (1) psychiatry session per quarter is \$72.76 (\$36.38/15 minutes); the psychiatric case management rate is \$20.50 per 15 minute session; and, (1) annual assessment/evaluation is \$480.

- e. Please relate these costs to current Missouri Department of Mental Health reimbursement rates.

Current Missouri Department of Mental Health Reimbursement rates as they relate to the above are higher in all categories: (1) therapy session per week is \$73.72 per hour; (1) RN visit bi-monthly is \$64.14 (\$32.07/15 minutes); (1) psychiatry session per quarter is \$102.72 (\$51.36/15 minutes); the psychiatric case management rate is \$24.44 per 15 minute session, or \$97.76 per hour; and, (1) annual assessment/evaluation is \$480.

- f. Please justify the amount requested for travel reimbursement.

Mileage is built in to the per unit costs listed above. This is a conservative figure. Any additional costs will be covered by BBH. There will be no transportation costs billed to the Children's Services Fund that isn't already included in the per unit costs.

- g. Has the agency looked into opportunities of getting match funding from the Missouri Department of Mental Health?

DMH POS dollars will be used for clients diagnostically eligible for the existing CPR program but who do not qualify for Medicaid. When POS dollars are exhausted Children's Services Fund will be utilized for these clients. Clients who are not diagnostically eligible but are in need of psychiatric care and do not have adequate resources; services will be billed to the Children's Services Fund.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
mbobbitt@boonecountymo.org

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October 3, 2014

Burrell, Inc.  
Dr. Holly Jones, Ph.D.  
Director of Grant Development and Management  
1300 Bradford Parkway  
Springfield, MO 65804  
E-mail: [holly.jones@burrellcenter.com](mailto:holly.jones@burrellcenter.com)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Dr. Jones:

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Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

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Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Psychiatric)**

- a. Please specify what is included in the start-up costs?
- b. Please provide a more detailed description of the Target Population? Are there any specific criteria set up for admission into this program?
- c. Will insurance claims be filed for services that are provided?
- d. What is the individual cost of the services listed in the Unit Measurement section? (ex. 1 therapy/week = \$?)
- e. Please relate these costs to current Missouri Department of Mental Health reimbursement rates.
- f. Please justify the amount requested for travel reimbursement.
- g. Has the agency looked into opportunities of getting match funding from the Missouri Department of Mental Health?

2-10 JUN 17  
Psychiatry

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

This contract bid is valid for one year (365 days) commencing from the opening date (July 10, 2014)

**Agency Name:** Burrell, Inc.

**Agency Address:** 1300 Bradford Parkway, Springfield, MO 65804

**Agency Phone Number:** (417) 761-5000

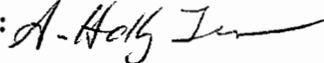
**Primary Agency Contact (include title):** Holly Jones, Ph.D., Director of Grant Development and Management

**Email Address:** holly.jones@burrellcenter.com

**Contact Phone Number:** (417) 761-5026

**Amount Requested:** \$252,935

**Federal Tax ID (or Social Security #):** 43-1081715

**Signature:** 

**Date:** 6/27/2014

Julie Arment  
Project Director  
573-777-8397  
Julie.Arment@burrellcenter.com

**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i. Attach a copy of your agency's Mission Statement.
- ii. Attach a list of your agency's Board of Directors.
- iii. Provide a summary of your agency's services within Boone County.
- iv. Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i. Describe your agency's target population(s).
- ii. State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii. Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv. Describe any impediments your agency has in serving your target population.

## 1. AGENCY AND SERVICE INFORMATION

### a. Background Information

- i. Burrell's Mission Statement: "To meet behavioral health needs when and where they occur and before they become more serious."
- ii. Burrell, Inc. Board of Directors 2013-2014: Dennis Sheppard (Chairman of the Board), Clifford Brown (Vice Chairman), Fred Hall (Secretary/Treasurer of the Board), Todd Schaible, Ph.D. (President & CEO), Fern Nevatt (Board Member), Steve Edwards (Board Member), Tom Rankin (Board Member), Don Thomson (Board Member), Denise Mills (Assistant Secretary)
- iii. Burrell is the administrative agent of the Missouri Department of Mental Health (DMH) for service area 12, which includes Boone County and nine additional counties in central Missouri. Burrell provides the most comprehensive array of specialized DMH-funded behavioral health services for adults, youth, and families. Since BCCS is the payor of last resort, Burrell's status as the administrative agent in Boone County is particularly important. In Boone County, Burrell provides the following services: counseling services, medication management, Parent-Child Interaction Therapy (PCIT), parent management training, diagnostic testing and evaluation, child and youth case management, school-based services, and residential services.
- iv. **Services brochure** (attached)

**b. Target Population:**

i. **Target Population Description:** The proposed target population is youth ages 19 and younger who have behavioral health issues and their families who are unable to access psychiatric case management services due to being underinsured, private insured, uninsured, or do not have a qualifying diagnosis but a demonstrated level of impairment and need.

ii. **Statutorily Eligible Service Area(s):** As the Administrative Agent for DMH in Boone County, Burrell is statutorily eligible to serve youth with serious emotional and behavior problems if they meet the prescribed diagnostic and income guidelines for CPRC service delivery. Burrell is eligible to serve those not meeting the guidelines, but the costs are often prohibitive for these clients and their families. The proposed target population falls within the following statutorily-eligible service areas: home-based and community-based family intervention programs; crisis intervention services, inclusive of telephone hotlines; individual, group, or family professional counseling and therapy services; and, mental health screenings.

iii. **Within your target population, is there a segment of the population your agency is unable to serve?** If funded, Burrell foresees no segment of the proposed population that staff would be unable to serve. In fact, Burrell's Administrative Agent status allows us to provide a more comprehensive services array than many.

iv. **Describe any impediments your agency has in serving your target population.** Currently, the program experiences some impediments in consistently serving some of the uninsured, underinsured, private insurance, and those with diagnosis restrictions due to fluctuations in state funding. Due to staff availability, Burrell proposes to limit the caseload to 45 families in the first year, with the goal of increasing the caseload in following years if necessary. Burrell anticipates that more families will qualify for Medicaid or other forms of assistance that

will result in improved access to services and thereby lessen the need for supplemental funding over time. Burrell also believes that a portion of the youth and families referred may be found to later qualify for state funding and hence will be transferred to its current CPRC services which would free those families of the restrictions.

**c. Service Need:**

i. **Provide a detailed description of the unmet need in Boone County for your agency's services.** As the administrative agent for the DMH in Boone County, and 16 additional counties throughout the state, Burrell is cognizant of the increasing need for integrated behavioral health services. The unmet mental health needs in Boone County are illustrated in two recent reports. First, *The Report of School-Based Mental Health Committee* (Columbia Public Schools, 2013:3) states that mental health “is characterized by the ability to do well functionally (e.g., academically, socially, physically) and signifies the ability to cope with challenges (Scheffkind, Bazyk, & Fette, 2012).” The report (Columbia Public Schools, 2013:4) identifies key areas of need specific to students, families, and teachers regarding child and adolescent mental health. In response to these findings, the Committee recommended specific actions to mitigate these shortfalls. These activities include implementing: 1) school-based mental health services to provide prevention education, intervention, and treatment; 2) data-driven and evidenced-based service practices and evaluation procedures; 3) an integrated system-of-services approach among all school staff; and, 4) education and professional development opportunities for all stakeholders (educators, families, professionals, community members).

Second, in February 2014, the Boone County Community Services Board (BCCSB) held a Community Input session to invite responses from community agencies regarding shelter and at-risk populations. According to the *Community Input Analysis & Needs Assessments Synthesis*

(The Institute of Public Policy 2014), session participants identified: 1) the need for immediate access to mental health evaluations and treatment; 2) the necessity for emotional support for families and homeless populations; 3) a lack of local services for clients outside of Columbia; 4) parallel developmental needs of parents and children; and, 5) a lack of basic life skills among clients. In terms of service gaps, participants identified the need for mental health and case management services, to include mental health screenings. Participants also indicated a need for performance and goal measures. The DMH and Substance Abuse and Mental Health Services Administration (SAMHSA) recognize that to improve quality of life and reduce costs, the adoption of, and fidelity to, Evidence Based Practices must become the standard. Burrell is committed to the use of Evidence Based Practices and performance-based measures, both quantitative and qualitative.

ii. **Provide statistical data with cited sources regarding unmet need and the target population you propose to serve.** As of 2013, Boone County's estimated population was 170,773, with 20.6% (n=35,179.24) of that population under the age of 18 (U.S. Census Bureau 2014). According to the Missouri District Enrollment data (Missouri Department of Elementary and Secondary Education 2014), 22,441 students were enrolled in Boone County public schools, or 90.6% of the population ages 5 to 18. A recent study (Depue, Breejen, Evans, & Sale 2012) indicated that 18.5% of 98,000 Missouri students grades 6 through 12 surveyed reported being sad in the last month "often" or "always," while 19.7% reported some means of self-harm in their lifetime. According to these rates, over 4,000 Boone County students are potentially depressed or suffering from another mental health issue.

In Columbia, 19.6% of students (Missouri Safe and Drug Free Schools s 2010) surveyed answered that during the last 30 days, they had "often" or "always" felt sad, 25.7% "often" or

“always” felt grouchy, and 14.5% “often” or “always” felt helpless about the future. The Missouri Behavioral Health Epidemiology Workgroup (MO-BHEW) reported in 2013 that over the last 10 years Missouri has had a higher rate of suicide than the national average. According to the Adolescent Health Needs Assessment prepared by the Columbia/Boone County Department of Public Health and Human Services (2012), suicide is one of the principal causes of death among adolescents ages 15 to 24 (Academy of Child and Adolescent Psychiatry 2008). In a 2010 survey (Missouri Safe and Drug Free Schools), 13.55% of those surveyed responded that suicide had been considered, while 10% responded that they had made a suicide plan.

Further, the number of clients served by comprehensive psychiatric services (CPS) in 2011 steadily increased from age six (less than 1000) to 20 (7,000) before peaking at age 25, then declining throughout the later twenties to mid-thirties (MO-BHEW 2013:55). Data from 2010 indicates that Boone County experienced 101.5-122.8 inpatient hospitalizations for mental disorders per 10,000 Missouri residents (MO-BHEW 2013:56). If these rates remained stable through 2014, Boone County could expect between 1,733.35 and 2097.09 inpatient psychiatric hospitalizations. It has been demonstrated outpatient treatment coupled with psychiatric case management reduces the number of inpatient psychiatric hospitalizations (Vigod et. al., 2013).

A survey of students at Hickman and Rockbridge High School conducted by Columbia Public Schools in 2010 indicated that 31.3% of students had “a lot” of stress in their lives; and 75.1% responded that school/academics was the primary cause of stress. Of those surveyed, 47.3% ranked “thinking about the future” as the second-leading cause of stress, and 40.8% ranked “family” as the third-leading cause of stress. The survey (Missouri Safe and Drug Free Schools 2010) results indicated that 48.5% of students surveyed had used some kind of alcohol

in the past, 28.7% used marijuana, and 13.2% had used prescription medications not prescribed by a physician.

As Columbia is now the second fastest growing city in Missouri (Missouri Data Center 2014), these rates will continue to rise without early intervention. The National Alliance for Mental Illness (NAMI) recently stated (NAMI, 2013:18), “Integrated mental health, addiction and primary care for children and adults with multiple chronic conditions improves overall health, reduces costs, prevents duplication and gaps in care and makes more efficient use of service providers.” With this in mind, Burrell has developed its community psychiatric rehabilitation (CPR) program to offer comprehensive, evidence-based practices in service of its mission statement, “To meet mental health needs where and when they occur and before they become more serious. To provide as much care as is needed, and no more than is needed.”

**iii. State the purpose of your proposed service.** This program is a person-centered approach that emphasizes individual choices and needs; features flexible community-based services and supports; uses existing community resources and natural support systems; and promotes independence and the pursuit of meaningful living, working, learning, and leisure-time activities in normal community settings. The program provides an array of key services to persons with severe, disabling mental illnesses. Services include clinical evaluations, crisis intervention, community support, medication management, individual, group, and family therapy and patient-centered medical home health care.

**iv. State the goals of your proposed service.** The program goals are: 1) To address the basic needs and mental and physical health needs of children and families that are unable to access psychiatric case management services due to being underinsured, private insured and uninsured or due to not having a qualifying diagnosis but a demonstrated level of impairment

and need; and, 2) Facilitating a smooth, direct and collaborative process with other referring sales tax recipients and community providers to determine eligibility and facilitate access to care. Through the psychiatric case management delivery model, the process will enhance the continuity of care with treatment team providers including community agencies working directly with the child and family.

**v. Describe the anticipated outcomes of your proposed service.** Anticipated outcomes of this service are improved overall daily living functioning for the child and family. Categories of daily living functioning include improved mental and physical health status, decrease in alcohol/substance abuse, and improved academic and behavioral performance of the child in the school setting.

**vi. Identify other providers of this proposed service in Boone County.** Burrell Behavioral Health (BBH) currently provides psychiatric in-home case management services in Boone County for clients who are Medicaid eligible and have qualifying diagnostic criteria. Psychiatric case management services are unique in that they provide access to psychiatrists, nurses and qualified mental health professionals who deliver mental health services in addition to other wrap around services in home, community and school settings. Within this psychiatric case management model, families have provider choice regarding psychiatry and therapy services.

**vii. What agencies do you receive referrals from and to what agencies do you make referrals?** Burrell makes referrals to and receives referrals from the following Boone County agencies and programs: all Boone County School Districts, Children's Division, private counseling agencies, not-for-profit agencies, University of Missouri-Columbia (MU Assessment Consultation Clinic, MU Psychiatric Center, MUPC Outpatient), Vocational Rehabilitation,

Substance Abuse Treatment Facilities (McCambridge, Phoenix House, Preferred, Pathways), Primary Care Providers (Tiger Pediatrics, Green Meadows Pediatrics, include NBC providers), MedZou, Mid-Missouri Dental, Voluntary Action Center, Central Missouri Food Bank, Boone County Sheriff Department, Centralia Police Department, Love, Inc. The Wardrobe, Central Missouri Community Action, Job Point, Youth Empowerment Zone, Central Missouri Regional Office, Boone County Family Resources and The Thompson Center.

Burrell is in a collaborative relationship with the following agencies and programs: Juvenile Courts, Mental Health Court, Juvenile Justice Center, Housing Authority (Paquin Towers), Family Health Center, Basic Needs Coalition, Project Launch, YC2, Community Transitions, Columbia Police Department (Crisis Intervention Team, Virtual Mobile Crisis Intervention), Community Mental Health Liaison, Juvenile Alternative to Detention Initiative, Boone County Interagency Team and Emergency Room Diversion Program. Burrell has an expanded partnership with specific Northern Boone County and Columbia Public schools and these partnerships include Memorandums of Understanding (See attached). With these specific partners, Burrell serves on the problem solving team to identify children and families in need of support beyond what the school district can provide. Burrell facilitates family access to community resources, including mental and physical health and basic needs. All collaborations vary in scope. For example, a Burrell staff person may serve as an integrated member of an agency/program, or participate in planning and program development meetings, or serve as an active member of a problem-solving team for specific tasks, or as trainers for specific community agencies/programs. Burrell is also involved in partnerships where mental health services are a required component of the service model.

viii. **Memorandums of Understanding** are attached to this proposal.

## 2. EVALUATION

### a. Performance Information:

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

### b. Outcomes:

- i. **Describe your service outcomes (outcomes need to be measurable and time specific).**

Burrell's anticipated outcomes include: 1) Functional improvement in daily living activities as measured by the Daily Living Activities 20 (DLA 20), pre- and post-test; 2) A decrease in self-reported negative behaviors, as well as increases in self-reported functioning level as measured by the Ohio Functional Assessment Battery (Ohio) as measured at intake and quarterly thereafter. These outcomes are reported by the client, parent(s), and worker(s); 3) Increased matriculation rates as measured by the Devereux Early Childhood Assessment (DECA) as measured pre- and post-test; and, 4) Improvement in co-occurring health issues that interfere with daily living, as measured by both the DLA-20 and the Ohio at the proscribed intervals mentioned above.

### c. Indicators:

- i. **Identify and describe the indicators which will measure your service outcomes.** The DLA-20 for Youth has 20 activities that measure functionality in daily activities that include: health practices, housing stability/maintenance, communication, safety, managing time and money, nutrition, problem solving, family relationships, substance use, leisure, community resources, social network, sexuality, productivity, coping skills, behavior norms, personal hygiene, grooming, and dress. Each indicator is scored by the clinician from 1 (disabling impairment) to 7 (no problems). The DLA-20 is administered at intake, discharge, and quarterly

post-intake. The Ohio Functional Assessment Battery is an instrument to determine a client's self-reported functional level and may be reported by the client, parent(s), or clinicians. There are three test options: Functional Living Skills Assessment (FLSA), the Quick Functional Screening Test (QFST), and the Recreation and Leisure Profile (RLP). The FLSA employs 19 parameters within six activities and is generally used to assess clients with lower-moderate to severe cognitive impairment. The test will be administered at intake and quarterly thereafter during the course of treatment. The DECA, a strengths-based tool, evaluates 27 positive behaviors within three primary domains (Initiative, Self Control, and Attachment). The tool was developed within the framework of resilience theory and utilizes three separate scales plus a composite (the Total Protective Factors) to evaluate the strength of a child's social and emotional competence. The BBH Satisfaction Survey is a 42-question tool developed by Burrell's Research Department as a component of its Quality Assurance program. The survey was structured to measure primarily efficiency and effectiveness of Burrell services, and collects client self-reported perceptions of the services they received from Burrell and is administered annually.

ii. **Identify your agency's performance target of these indicators.** It is anticipated that the performance target for the DLA-20 will be 80% of clients will increase the score by three points within six months of treatment. The performance target for the Ohio FLSA will be scores that are clinically significant for each reporting group (child, parent, and agency worker), and that 80% of clients will increase functioning by 1.96. Each child's performance target is relative to their scores at intake (baseline). The mean for youth problems is 18.18 (15.04 SD), the mean for youth functioning is 61.07 (12.99 SD), and the mean for hope is 9.61 (3.78 SD). For change to be considered "clinically significant," the Reliable Change Index (RCI) must be greater than 1.96. Change scores for problem severity must be at least 10; 25 is the cutoff. Change scores for

functioning rated by the parent, youth, and agency worker must be at least 8, with cutoffs set at 50 for the parent and worker reports, and 60 for the youth reports. It is expected that 80% of clients will demonstrate the differences required for significance when comparing DECA T-scores between raters (see attached DECA Advanced Interpretation Tables). The Client Satisfaction Survey (MHSIP, see attached) benchmarks are: 83% for Access, 81% for General Satisfaction, 65% Outcomes, 86% Participation in Treatment Planning, and 90% Cultural Sensitivity of Providers.

#### **d. Measurement**

**i. Discuss who will be responsible for the accomplishment of each of the outcomes.**

Burrell's Directors of School Based Services and Clinical Services in Columbia will oversee the accomplishment of all outcomes.

**ii. Discuss how the data will be collected.** Burrell's research department will establish a data collection strategy for each aspect of the project. All client data is entered into Burrell's electronic health records (EHR) system and evaluation reports will be generated for each component. Burrell will include pertinent school data for academic improvement measures and behavioral data for all clients with authorization/releases to schools.

**iii. Identify your agency's timeline for each outcome.** The following timelines are based on general expectations, but will vary according to the severity of the problem presented. Once a client is enrolled, it is anticipated that clinically significant change will occur within three months for low-to-moderate severity problems and within 6 months for moderate-to-severe problems, if not sooner.

**iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.** Please find attached the OHIO (Child,

Guardian, Provider scales), DLA20, DECA, and BBH Satisfaction Survey (Annual Assessment). Burrell's clinical staff members have utilized a variety of tools over the years and have found these evidenced-based tools to yield the best indication of performance and improvement in daily functioning and treatment adherence.

**e. Input**

**i. Clinical Expertise:**

1. **Discuss the capacity of your agency to deliver the proposed service.** Burrell is the administrative agent of the DMH in Boone County and 16 other counties in Missouri. With over 784 employees, Burrell offers comprehensive services including a 24-hour crisis line, adolescent and family counseling services, medication management, parent-child interaction therapy, parent management training, diagnostic testing and evaluation, among many other services. Burrell ([www.burrellcenter.com](http://www.burrellcenter.com)) has a fully-staffed accounting department, grants management office, inpatient/outpatient programs, child and adult psychiatry, residential services, substance abuse programs, and has locations throughout its 17-county catchment area.

ii. **Service Activity 1.** Describe the interventions and/or activities that will be used to address the unmet need in Boone County. Psychiatric case management service is a research-based delivery model. Interventions and activities will include screenings for services, evaluations, needs assessments, treatment planning and quarterly reviews, program evaluations, crisis intervention, community support, medication management, and psychosocial rehabilitation, individual and family therapy, referrals to existing community resources, building natural supports, integrating mental and physical health care interconnected with other agencies and

programs that touch the child and family. Evidenced-based therapeutic interventions will be used in individual and group therapy.

**2. Evidence-based Practices and Supporting Research.** Burrell will employ the following evidence-based practices, all of which may be found on SAMHSA's National Registry of Evidence-based Programs and Practices website <http://nrepp.samhsa.gov>: 1) Cognitive-Behavioral Therapy (CBT) because it has the strongest research base for effectiveness; 2) Trauma-Focused CBT because it is designed to treat post-traumatic stress, emotional, and behavioral problems in children and adolescents; 3) Community Psychiatric Rehabilitation Model (ACT) because it increases clients' ability to engage in positive behaviors regardless of negative thoughts or feelings; 4) Parent-Child Interactive Therapy because it is designed for younger children and focuses on improving the parent-child relationship; 5) Parent Management Training because it focuses on promoting child and family wellness; and, 6) Motivational Interviewing because it is client-centered and goal-oriented to stimulate behavioral change. The Child & Family Health Team has been modeled after, and enhanced from, the DMH Community Psychiatric Rehabilitation Model which is approved by the state and Medicaid.

**3. Lack of Supporting Documentation.** Not applicable.

**f. Output**

i. **Service to be provided.** Burrell is proposing to extend its highly developed CPR services to the underserved populations identified in this application. Services will include psychiatric case management, psychiatry, therapy, and medication management.

ii. **Unit measurement.** Output would include on average per client: one therapy session per week; one nurse (RN) visit bi-monthly; one psychiatry session per quarter, and 4 psychiatric case management sessions per month.

iii. **Unit cost.** Unit cost is calculated as the total project cost divided by 45 clients for a unit cost of \$5,620.78 per client in Year 1 (\$4,985.78 in Year 2, \$5,130.61 in Year 3). Year 1 reflects start-up costs not required in Years 2 and 3.

iv. **Amount requested:** \$252,935 Year 1 (\$299,146.75 Year 2, \$307,836.37 Year 3).

v. **Number of individuals to be served:** Year 1: 45 families (60 in Year 2; 60 in Year 3).

vi. **Average units of services per individual:** The following represents the average number of services per youth based on those provided to 420 youth clients in Burrell's Columbia office over the last rolling 12 months: Therapy, 104 visits; Psychiatrist, four visits; Nurse (RN), four visits; Psychiatric Case Management, 44 hours; Annual Assessment/Evaluation, one.

### **3. BUDGET**

a. **Budget Worksheets B and C are attached.**

b. **Budget Narrative:**

Agency Budget Prior Year Actual Agency Revenue:

Federal funds (Medicaid and Medicare): \$18,530,881

State funds: \$29,119,956 (DMH, purchase of services, state grants)

Other revenue: \$5,294,537 (Commercial Insurance, other contracts, self pay).

Agency Prior Year Expenses:

Expenses for Program Services: \$43,573,659 (salaries, wages, other operating costs)

Expenses for Management and General: \$5,360,100 (administrative, maintenance)

Agency Current Year Revenue: Federal funds: \$18,724,043 (Medicaid and Medicare).

State funds: \$29,423,497 (DMH, purchase of services, state grants)

Other revenue: \$5,349,727 (Commercial Insurance, other contracts, self pay).

Agency Current Year Expenses:

Expenses for Program Services: \$45,110,406 (salaries, wages, other operating costs)

Expenses for Management and General: \$9,330,282 (administrative, maintenance)

Agency Proposed Year Revenue (reflects an anticipated 5% increase)

Boone County – Social Service Funding Requested: \$252,935

Federal funds: \$19,660,246 (Medicaid and Medicare).

State funds: \$30,894,672 (DMH, purchase of services, state grants)

Other revenue: \$5,617,213 (Commercial Insurance, other contracts, self pay).

Agency Proposed Year Expenses (reflects an anticipated 5% increase):

Expenses for Program Services: \$47,365,926 (salaries, wages, other operating costs)

Expenses for Management and General: \$9,796,796 (administrative, maintenance)

**Program Budget:** Attachment B: Line item 2A. \$252,935 to provide program services as described in this proposal (see detailed budget below). Line Item G reflects current program funding from Medicaid and Medicare. Line Item H reflects current program funding from DMH, purchase of services, and state grants. Program Expenses comprise Burrell’s Personnel costs that include salaries/wages and fringe at 25.65% of salaries/wages. Non-personnel costs represent all other program operating costs. The program currently has 25 FTEs and proposes adding 5 FTEs.

<u>A. Personnel</u>	<u>Annual Salary</u>	<u>Level of Effort</u>	<u>Cost</u>
Project Director	\$80,000	0.25	\$20,000
Psychiatrist	\$215,000	0.022	\$4,644
RN, Child Psychiatry	\$51,500	1.00	\$51,500

Therapist, Masters/LCSW	\$41,000	1.00	\$41,000
Psychiatric Case Managers (3)	\$28,600	1.000	\$114,400
<u>Total Personnel</u>			<u>\$177,194</u>

B. Fringe Benefits\*                      Rate                      Annual Salary                      Cost

\*Fringe Benefits include taxes, insurance (health, life, dental, disability, workers compensation, unemployment) and pension.

Fringe	25.65%	\$177,194	\$38,363
<u>Total Fringe</u>			<u>\$38,363</u>

C. Travel\*                      Location                      Rate                      Item                      Cost

\*Travel costs for psychiatric case managers to visit clients and attend community meetings

Local Travel	Boone County	1111 x .45/mile x 12 mo	Mileage	\$5,999
<u>Total Travel</u>				<u>\$5,999</u>

D. Supplies                      Rate                      Cost

General Office supplies	\$150 / mo x 12 mo	\$1,800
Laptops, 5 laptops	\$600 x 5 laptops	\$3,000
<u>Total Supplies</u>		<u>\$4,800</u>

Indirect Costs                      Rate                      Cost

<u>Total Indirect</u>	15% of salaries/wages	<u>\$26,579</u>
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**Year 1 Total Project Cost: \$252,935                      Year 1 Total Unit Cost: \$5,620.78 per client**

Budget request for Year 2: \$299,146.75 (Project Cost)                      (Total Unit Cost: \$4,985.78) for addition of one psychiatric case manager to increase clients served from 45 (Year 1) to 60 in Year 2 and COLA adjustment. Budget request Year 3: \$307,836.37 (Project Cost) (Total Unit Cost: \$5,130.61) to continue to serve 60 clients per year with annual COLA adjustments.

30 copies

The Whitlock Company  
**REPORT ROUTE SHEET**  
 (To be filed in Engagement w/ .pdf copy of report)

**ENGAGEMENT INFORMATION**

Client Name Forest Institute Date Due: \_\_\_\_\_  
 Client Number 82669 Period Ended 9/30/12 Draft \_\_\_\_\_  
 Account Admin. JDP Audit Partner \_\_\_\_\_  
 (if different from Account Administrator) \_\_\_\_\_  
 Type of Report (check one):  
 Audit  Special Report  Management Letter  
 (including AUP's) (including SAS 114/115 Letter)  
 Review  Compilation  Other (specify): \_\_\_\_\_  
 (Non-SBS dept.)  
 Engagement Letter (only steps 1,3,5)  Management Rep Letter  Internal Audit:

HOLD ITEMS		
DESCRIPTION	CLEARED BY	DATE
mgmt rep letter	<i>[Signature]</i>	1-8-13
G.S. Bank Waiver	<i>[Signature]</i>	1-7-13

1. Prepare draft
2. Verification
3. Proofread draft
4. Type changes
5. Partner review  Return to partner after concurring review
6. Type changes
7. Concurring review (and quality control review if applicable)  
(QC review required for initial audits of A-133, FI, EB plans and audits evaluated for going concern)
8. Partner re-review (if applicable)
9. Client draft sent
10. Authorize report assembly (can be concurring partner)
11. Create final report PDF
12. Apply firm letterhead watermark to final report PDF
13. Assemble & bind reports
14. Proof assembled reports
15. Authorize release of reports (can be concurring partner)
16. Scan route sheet into Engagement binder
17. Enter report dates and release dates in Engagement binder

	SIGNATURE	DATE
1.	AS	12/16/12
2.	C. Dollarhide	12/11/12
3.	<i>[Signature]</i>	12-11-12
4.	AS	12/11/12
5.	<i>[Signature]</i>	1-7-13
6.		
7.	<i>[Signature]</i>	1/7/2013
8.		
9.	<i>[Signature]</i>	1-7-13
10.	<i>[Signature]</i>	1-8-13
11.		✓
12.	<i>[Signature]</i>	1-8-13
13.	<i>[Signature]</i>	1-8-13
14.	C. Johnson	1.8.13
15.	<i>[Signature]</i>	1-8-13
16.	<i>[Signature]</i>	✓
17.	✓	✓

Next Step in XCM:  Awaiting Tax Return  Finalize Binder  Complete Task Only  
 SHEET REVISED 12/12

**FOREST INSTITUTE  
OF  
PROFESSIONAL PSYCHOLOGY**

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**FINANCIAL STATEMENTS  
with  
INDEPENDENT AUDITORS' REPORT**

**YEARS ENDED SEPTEMBER 30, 2012 AND 2011**

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# THE WHITLOCK CO.

*CPAs and Consultants*

## INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Forest Institute of Professional Psychology  
Springfield, Missouri

We have audited the accompanying statements of financial position of **Forest Institute of Professional Psychology (a non-profit organization)**, as of September 30, 2012 and 2011, and the related statements of activities and cash flows for the years then ended. These financial statements are the responsibility of the Institute's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **Forest Institute of Professional Psychology** as of September 30, 2012 and 2011, and the changes in its net assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America.

In accordance with *Government Auditing Standards* we have also issued our report dated January 7, 2013, on our consideration of **Forest Institute of Psychology's** internal control over financial reporting and our tests of its compliance with provision of laws, regulations, contracts, and grants. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* and should be read in conjunction with this report in considering the results of our audit.

*THE WHITLOCK CO., LLP*

January 7, 2013

**STATEMENTS OF FINANCIAL POSITION**

**FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY**

**STATEMENTS OF FINANCIAL POSITION**

ASSETS

	September 30,	
	2012	2011
<b>Current assets:</b>		
Cash and cash equivalents	\$ 1,292,392	\$ 1,184,972
Tuition and clinic receivables, net of allowance for bad debts of \$31,419 in 2012 and \$21,149 in 2011	149,923	174,866
Other receivables	14,780	162,810
Prepaid expenses	68,834	75,440
Short term investments	97,217	356,273
	1,623,146	1,954,361
<b>Property, plant and equipment:</b>		
Land, land improvements and buildings	10,112,286	10,103,634
Equipment, furniture and fixtures	1,671,961	1,665,913
Library books	412,922	382,625
Leasehold improvements	65,624	64,246
	12,262,793	12,216,418
Less accumulated depreciation	4,689,655	4,338,707
	7,573,138	7,877,711
<b>Other assets:</b>		
Collections	74,827	74,827
Deferred bond issuance costs, net	27,810	30,777
	102,637	105,604
<b>Total assets</b>	<b>\$ 9,298,921</b>	<b>\$ 9,937,676</b>

The accompanying notes are an integral part of the financial statements.

LIABILITIES AND NET ASSETS

	<u>September 30,</u>	
	<u>2012</u>	<u>2011</u>
<b>Current liabilities:</b>		
Current portion of long-term debt	\$ 301,550	\$ 286,478
Accounts payable	39,889	47,006
Deferred revenue	1,228,471	1,342,802
Accrued expenses	<u>232,322</u>	<u>257,185</u>
	<u>1,802,232</u>	<u>1,933,471</u>
<b>Long-term liabilities:</b>		
Long-term debt	<u>1,679,434</u>	<u>1,980,733</u>
Total liabilities	<u>3,481,666</u>	<u>3,914,204</u>
<b>Net assets:</b>		
Unrestricted	5,794,595	6,000,812
Temporarily restricted	<u>22,660</u>	<u>22,660</u>
Total net assets	<u>5,817,255</u>	<u>6,023,472</u>
<b>Total liabilities and net assets</b>	<u>\$ 9,298,921</u>	<u>\$ 9,937,676</u>

**STATEMENTS OF ACTIVITIES**

**FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY**

**STATEMENTS OF ACTIVITIES**

	Year ended September 30, 2012		
	Unrestricted	Temporarily Restricted	Total
<b>Revenues and support:</b>			
Student tuition and fees, net	\$ 5,119,460	\$ -	\$ 5,119,460
Less: Scholarships	110,001	-	110,001
	5,009,459	-	5,009,459
Clinic revenues	283,217	-	283,217
Gifts and donations	44,035	-	44,035
Student housing	111,190	-	111,190
Grant revenue	-	-	-
Other sources	75,365	71,903	147,268
Investment income	5,886	-	5,886
Satisfaction of program restrictions	71,903	(71,903)	-
	5,601,055	-	5,601,055
<b>Total revenues and support</b>	<b>5,601,055</b>	<b>-</b>	<b>5,601,055</b>
<b>Expenditures:</b>			
Academic education	3,208,540	-	3,208,540
Educational clinic	467,382	-	467,382
Administration	2,035,790	-	2,035,790
Grant expenditures	2,699	-	2,699
Housing	92,861	-	92,861
	5,807,272	-	5,807,272
<b>Total expenditures</b>	<b>5,807,272</b>	<b>-</b>	<b>5,807,272</b>
<b>Increase (decrease) in net assets</b>	<b>(206,217)</b>	<b>-</b>	<b>(206,217)</b>
Net assets at beginning of period	6,000,812	22,660	6,023,472
Net assets at end of period	\$ 5,794,595	\$ 22,660	\$ 5,817,255

The accompanying notes are an integral  
part of the financial statements.

Year ended September 30, 2011

Unrestricted	Temporarily Restricted	Total
\$ 5,675,663	\$ -	\$ 5,675,663
114,197	-	114,197
5,561,466	-	5,561,466
270,803	-	270,803
43,379	-	43,379
105,153	-	105,153
-	936,820	936,820
47,595	68,549	116,144
10,972	-	10,972
1,005,369	(1,005,369)	-
7,044,737	-	7,044,737
3,218,735	-	3,218,735
519,630	-	519,630
2,247,652	-	2,247,652
874,061	-	874,061
106,242	-	106,242
6,966,320	-	6,966,320
78,417	-	78,417
5,922,395	22,660	5,945,055
<u>\$ 6,000,812</u>	<u>\$ 22,660</u>	<u>\$ 6,023,472</u>

**FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY**

**STATEMENTS OF CASH FLOWS**

	Years ended September 30,	
	2012	2011
<b>Cash flows from operating activities:</b>		
Tuition and fees received	\$ 5,428,493	\$ 5,848,899
Grant receipts	-	994,307
Clinic fees received	284,539	280,085
Contributions received	44,035	43,379
Cash paid to employees	(3,339,514)	(3,401,462)
Cash paid to suppliers	(2,134,176)	(3,053,374)
Interest received	5,886	10,972
Interest paid	<u>(108,297)</u>	<u>(121,822)</u>
Net cash provided by operating activities	<u>180,966</u>	<u>600,984</u>
<b>Cash flows from investing activities:</b>		
Purchase of property, plant and equipment	(46,375)	(318,489)
Decrease (increase) in short term investments	<u>259,056</u>	<u>(2,579)</u>
Net cash provided by (used in) investing activities	<u>212,681</u>	<u>(321,068)</u>
<b>Cash flows from financing activities:</b>		
Principal payments on long-term debt	<u>(286,227)</u>	<u>(272,702)</u>
Net cash used in financing activities	<u>(286,227)</u>	<u>(272,702)</u>
<b>Increase in cash</b>	107,420	7,214
Cash and cash equivalents at beginning of period	<u>1,184,972</u>	<u>1,177,758</u>
Cash and cash equivalents at end of period	<u><u>\$ 1,292,392</u></u>	<u><u>\$ 1,184,972</u></u>

(Continued)

**FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY**

**STATEMENTS OF CASH FLOWS**

(Continued)

	Years ended September 30,	
	2012	2011
<b>Reconciliation of increase (decrease) in net assets to net cash provided by operating activities</b>		
Increase (decrease) in net assets	\$ (206,217)	\$ 78,417
Adjustments to reconcile increase (decrease) in net assets to net cash provided by operating activities:		
Depreciation	350,948	373,928
Amortization	2,967	2,967
Bad debts	11,075	4,542
Decrease (increase) in:		
Tuition, clinic and other receivables	161,898	132,905
Prepaid expenses	6,606	38,752
Other assets	-	(10,500)
Increase (decrease) in:		
Accounts payable	(7,117)	(50,003)
Deferred revenue	(114,331)	(10,647)
Accrued expenses	(24,863)	40,623
<b>Net cash provided by operating activities</b>	<b>\$ 180,966</b>	<b>\$ 600,984</b>

The accompanying notes are an integral  
part of the financial statements.

# FOREST INSTITUTE OF PROFESSIONAL PSYCHOLOGY

## NOTES TO FINANCIAL STATEMENTS

SEPTEMBER 30, 2012 AND 2011

### **1. Summary of significant accounting policies**

This summary of significant accounting policies of Forest Institute of Professional Psychology, is presented to assist in understanding the Institute's financial statements. The financial statements and notes are representations of the Institute's management, which is responsible for their integrity and objectivity. These accounting policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of financial statements. In preparing financial statements in conformity with accounting principles generally accepted in the United States of America, management makes estimates and assumptions that affect the reported amounts of assets and liabilities and disclosures of contingent assets and liabilities at the date of the financial statements, as well as the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

#### Nature of operations

Forest Institute of Professional Psychology (the "Institute") is a private not-for-profit educational institution, which offers academic programs and vocational preparation in psychology. The Institute is funded primarily by student tuition and fees and clinic revenues. The Institute also participates in the Federal Work Study and Federal Family Education Loan Program financial aid programs. The Institute is located in Springfield, Missouri.

#### Income taxes

The Institute is a not-for-profit organization as described in Section 501(c)(3) of the Internal Revenue Code and is exempt from federal income taxes pursuant to Section 501(a) of the Code, except for the net unrelated business income which is subject to federal and state income taxes at statutory rates.

The Institute follows the provisions Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 740 relating to the accounting for uncertainty in income taxes. The standard prescribe a recognition threshold and measurement attribute for financial statement recognition and measurement of a tax position taken or expected to be taken in a tax return and also provides guidance on various related matters such as the position the Institute has taken that the organization is exempt from income taxes.

The Institute's income tax filings are subject to audit by various taxing authorities. The Institute's open tax audit periods are 2009 - 2012. In evaluating the Institute's tax positions, interpretations and tax planning strategies are considered. The Institute believes their estimates are appropriate based on current facts and circumstances.

## **1. Summary of significant accounting policies (continued)**

### Financial statement presentation

Financial statement presentation follows the provisions of FASB Accounting Standards Codification topic 958, Financial Statements of Not-for-Profit Organizations. Under the topic, the Institute is required to report information regarding its financial position and activities according to three classes of net assets: unrestricted net assets, temporarily restricted net assets and permanently restricted net assets.

### Cash equivalents

The Institute considers all liquid investments with original maturities of three months or less to be cash equivalents. At September 30, 2012 and 2011, the Institute had no cash equivalents.

### Tuition and clinic receivables

The Institute grants open end credit to students and customers, substantially all of whom are in south central Missouri. The Institute maintains an allowance for doubtful accounts carried at an amount which bad accounts are reasonably expected not to exceed. Receivables are considered past due after 30 days. Periodically, the Institute's management review past due receivables and allow for all accounts uncollectible after all reasonable collections efforts have been exhausted.

### Property, plant and equipment

Property, plant and equipment are stated at historical cost or fair value at date of donation in the case of gifts. Depreciation of property, plant and equipment is provided on the straight-line method over the estimated useful life of each asset, ranging from 3 years to 40 years.

Maintenance, repairs and renewals which neither materially add to the value of the property nor appreciably prolong its life are charged to expenditures as incurred.

### Investments

Investments in equity securities having a readily determinable fair value and all debt securities are carried at fair value. All other investments are carried at the lower of cost (or fair value at time of donation, if acquired by contribution) or market value. Investment income and gains that are initially restricted by donor stipulation are included in temporarily restricted net assets. When the donor restriction expires, temporarily restricted investment income and gains are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions. Other investment income, gains and losses are reflected in the statement of activities as unrestricted, temporarily restricted or permanently restricted based upon the existence and nature of any donor or legally imposed restrictions.

### Collections

All collections of works of art, historical treasures and similar assets are capitalized. Items added to the collections are capitalized at cost, if purchased, or at estimated fair value on the acquisition date if donated. Collection items sold or removed are reported as unrestricted or temporarily restricted gains or losses depending on donor stipulations, if any, placed on the items at the time of acquisition.

**1. Summary of significant accounting policies (continued)**

Deferred bond issuance costs

Bond issuance costs are amortized using the straight-line method over the life of the bonds.

Contributions

Contributions are recorded as revenues increasing permanently restricted, temporarily restricted or unrestricted net assets based on the presence or absence of donor-imposed restrictions. When donor restrictions on temporarily restricted net assets are met, they are reported as unrestricted support with a corresponding decrease in temporarily restricted net assets. Restricted gifts that are received and the restriction is satisfied in the same year are recorded as temporarily restricted and reclassified to unrestricted net assets when the restriction has been met.

Clinic revenues

The Clinic provides services to Medicaid, Medicare, insurance and private-pay patients. The Clinic operates on flat fee schedules. Medicaid and Medicare contractual allowances are reflected in the net revenues.

Reimbursement by third-party payers is subject to audit and retroactive adjustment based on terms of agreements which may affect the actual reimbursements for the year.

Functional allocation of expenses

The costs of supporting the various programs and other activities have been summarized on a functional basis in the statements of activities. Certain costs have been allocated among the program and support services categories based on various methods.

Reclassifications

Certain accounts relating to the prior year have been reclassified to conform with the current year's presentation. Such reclassification had no effect on net income.

**2. Concentration of credit risk**

The Institute grants credit to certain students and clinic patients who meet the Institute's pre-established credit requirements. Credit losses are provided for in the Institute's financial statements and consistently have been within management's expectations.

The Institute maintains cash deposits with financial institutions, which are insured by the Federal Deposit Insurance Corporation up to \$250,000. At times, the balances may be in excess of the FDIC insurance limit.

**3. Short term investments**

Short term investments consists of investment in money market funds at September 30, 2012 and 2011.

#### 4. Fair value of financial instruments

Financial Accounting Standards Board (FASB) *Accounting Standards Codification* (ASC) 820, *Fair Value Measurements*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

*Level 1 inputs* : Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access.

*Level 2 inputs* : Inputs to the valuation methodology include: quoted prices from similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.

*Level 3 inputs* : Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The following are major categories of assets and liabilities measured at fair value on a recurring basis at September 30:

	September 30, 2012			
	Fair Value Level 1	Level 2	Level 3	Carrying Amount
Short term investments:				
Money market funds	\$ 97,217	\$ -	\$ -	\$ 97,217
	September 30, 2011			
	Fair Value Level 1	Level 2	Level 3	Carrying Amount
Short term investments:				
Money market funds	\$ 356,273	\$ -	\$ -	\$ 356,273

## 5. Long-term debt

Long-term debt consists of the following at September 30:

	<u>2012</u>	<u>2011</u>
Note payable to The Industrial Development Authority of Greene County, Missouri	\$ 1,827,691	\$ 2,091,333
Note payable to MOHEFA	<u>153,293</u>	<u>175,878</u>
	\$ 1,980,984	\$ 2,267,211
Less current portion	<u>301,550</u>	<u>286,478</u>
	<u>\$ 1,679,434</u>	<u>\$ 1,980,733</u>

The note payable to the Industrial Development Authority of Greene County, Missouri is for the repayment of Private Activity Revenue Bonds (Bonds) issued for the benefit of the Institute in connection with the construction, furnishings, and equipping of an academic facility. The Bonds mature in various amounts between 2003 and 2018 with principal and interest payable monthly at 5.125%. The note is secured by a mortgage on the academic facility including land and equipment. Under a loan agreement with the Authority, the Institute must meet certain financial covenants relating to debt ratio and current ratio.

At September 30, 2012, the Institute had failed to meet the current ratio requirement under the loan agreement. However, subsequent to September 30, 2012, the financial institute waived the current ratio requirement for the year ended September 30, 2012.

Principal requirements for years subsequent to September 30, 2012, are as follows:

Year ended September 30:	
2013	\$ 301,550
2014	317,112
2015	333,481
2016	350,576
2017	368,822
2018 and Thereafter	309,443

Interest expense totaled \$108,297 for the year ended September 30, 2012 and \$121,822 for the year ended September 30, 2011.

**6. Operating lease**

The Institute leases real estate in St. Louis, Missouri. The following is a yearly schedule of future minimum rental payments under non-cancelable operating leases:

Year ended September 30:	
2013	\$ 133,000
2014	137,084
2015	58,333
2016	-
2017	-
2018 and Thereafter	-

Rent expense totaled \$130,837 for the year ended September 30, 2012 and \$130,376 for the year ended September 30, 2011.

**7. Temporarily restricted net assets**

Temporarily restricted net assets are available for the following purposes at September 30:

	<u>2012</u>	<u>2011</u>
Hart Pastoral Care Program	<u>\$ 22,660</u>	<u>\$ 22,660</u>

**8. Employee benefit plans**

The Institute provides a 403(b) contributory retirement plan covering all full-time faculty and staff. The Institute's contribution is based on 1% of covered wages for each participating employee. Contributions for the year ended September 30, 2012 and year ended September 30, 2011 amounted to \$15,255 and \$17,541, respectively.

**9. Employment contract**

The Institute has an employment contract with the Institute's President through September 30, 2016. The contract provides for automatic one year extensions absent written notification by either the Board of Trustees or the President at least ninety days prior to October 1 of each year. The contract specifies the duties, responsibilities and compensation of the President subject to a provision allowing the Institute to terminate the contract at any time for cause.

**10. Subsequent events**

In preparing these reports, the management has evaluated events and transactions for potential recognition or disclosure through January 7, 2013, the date the reports were available to be issued.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboonc.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

**Response: For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

**Response: Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

**Response: Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

**Response: Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

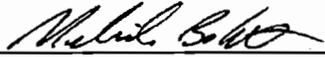
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

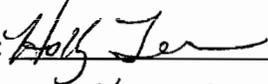
OFFEROR has examined copy of Addendum #1 to Request for Proposal **27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application** receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/30/2014

Authorized Representative Printed Name: HOLLY JONES

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

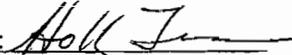
OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - *Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.

III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

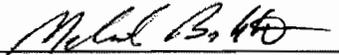
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

28-10JUN14 – Service Contracts for Boone County Children’s Services  
May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-9583
5.	J. Arment	BBH	777-8377	
6.	Frances Jones	BBH	777 8330	777 8300
7.	Julia Adair	GC	443-8331	-
8.	Carole Schutz	MUPC	424-2287	
9.	Cynthia Jobe	MU		
10.	Vikki Dewitt	T		
11.	Emmel Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zilak	Great Circle		
15.	Paula Porcuna	Preferred Family Healthcare		
16.	Wos Toine	"		
17.	Sara Mork	"		

Kelly Tretter "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Petrus	Cradle to Career	882-8274	
20.	Ryan Winkley	Tooth Community Coalition	449-1993	268-0848
21.	Mark Bennett	Bussell	777-8336	
22.	Craig Valone	" "	777-8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-402-5925
25.	Bryan White	Central Mo Community Health	443-8706	
26.	Pic Douber	Self	356-6397	
27.	Anna Drake	Dept of Missouri CPA	(573)443-4670	NA
28.	Marissa Emmer	Assessment + Consultation Clinic	573-884-3101	573-884-3399
29.	Steve Hollis	City/County HHS	874-7427	
30.	Scott Mattingly	All Parents	573-268-2746	
31.	Heather Smith	Big Boy Boys	573-874-3677 x.201	
32.	GRANT BRACKEN	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bordin	U. Missouri	573-882-4578	
35.	Nellma Alms	CMI-CIA	573-353-0571	
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DL

FAX

41.	Francigalina	CMAA	443-8706	
42.	Pamela Berry	CMAA	443-8706	
43.	Randy Hill	Love INC	256-7662 ext. 29	256-7665
44.	Janice Carter Jones	CPS	214 3462	214-3402
45.	Megan Carney	MU ACC	573-884-1085/6	573-884-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children's services	815-9955	449-4640
5.	Christine Curran	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard-Wallis	Great Circle	314-623- 6589	314-968-8308
8.	Harp Zolota	Great Circle	314-626-6242	
9.	Misty (K) Keefe	Child Care Aware Missouri	314-952-9716	314-754-0730
10.	Shelly Lock	Child Care Aware of MD	573-353-1930	314-754-0830
11.	Whitney Jones	Youth Empowerment ZWR	(713) 677-215	
12.	Chrissy Mayer	DCCA / Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785 841-5777
13.	Anita Kesting-Cover	PCHAS	573 259-7590	
14.	Becky Markt	CHA Low Income Services	573 943-2556	
15.	Andreea Taparia	" HCV	" ext 1407	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

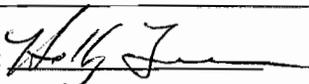
OFFEROR has examined copy of Addendum #3 to Request for Proposal **28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance -** The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance -** The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability –** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance -** The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. Agency and Service Information, Item C. viii. States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature: Holly Jones Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

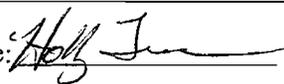
OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

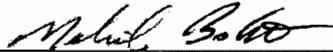
Address: 1300 E. Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

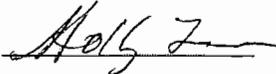
OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Burrell, Inc.

Address: 1300 Bradford Parkway, Springfield, MO 65804

Phone Number: (417) 761-5026 Fax Number: (417) 761-5011

E-mail: holly.jones@burrellcenter.com

Authorized Representative Signature:  Date: 6/27/2014

Authorized Representative Printed Name: Holly Jones, Ph.D.

**Attachment A – Logic Model**

<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Evaluation</b>	3-5 hour annual assessment	Provides baseline data on child's functioning	Number of new program enrollees	Utilize functional scores from DLA-20 at intake for baseline, Ohio at intake for baseline, and DECA at intake for baseline.
<b>Therapy</b>	Average of 104 45-minute sessions for 45 clients	Improves academic performance and daily function	Number and percent of participants who receive better grades, achieve better attendance, and increase functioning compared to baseline data.	Utilize functional scores from DLA-20, Ohio, and DECA at proscribed intervals (baseline, quarterly, annually), BBH Satisfaction Survey at discharge.
<b>Psychiatry</b>	Average of four 15-minute medication	Improves mental functioning and	Number and percent of participants who self-report	Ohio at proscribed intervals, BBH Satisfaction Survey

	management sessions per client for 45 adolescent clients	behavior.	negative behavior compared to baseline data.	administered annually.
<b>Nurse (RN)</b>	Average of four 15-minute health sessions per client for 45 clients	Improves health functioning	Number and percent of participants who report improved health status compared to baseline data.	DLA-20 at proscribed intervals, Ohio at proscribed intervals, and BBH Satisfaction Survey administered annually.
<b>Psychiatric Case Management</b>	Average of 44 hours per client, 45 clients	Improves daily living functioning and increased matriculation.	Number and percent of participants who show clinically significant improvement in functional areas compared to baseline data.	DLA-20, Ohio, and DECA at proscribed intervals. Will also rely on academic records to measure improvement.

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	0.00%
B. Other United Ways				0.00%	0.00%
C. Capital Campaigns				0.00%	0.00%
D. Grants (non-governmental)				0.00%	0.00%
E. Fund Raising & Other Direct Support				0.00%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	0	0	0	0	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	\$252,935.00	0.45%	100.00%
B. Boone County - Other				0.00%	0.00%
C. Other Counties				0.00%	0.00%
D. City of Columbia - Social Service Funding				0.00%	0.00%
E. City of Columbia - Other				0.00%	0.00%
F. Other Cities				0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	\$18,530,881	\$18,724,043	\$19,660,246	35.00%	6.09%
H. State (Purchase of Services, Grants, etc.)	\$29,119,956	\$29,423,497	\$30,894,672	55.00%	5.00%
I. Other (Schools, Courts, etc.)				0.00%	0.00%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	\$47,650,837	\$48,147,540	\$50,554,917	90.00%	
3. Program Service Fees				0.00%	0.00%
4. Investment Income (realized & unrealized)	\$0			0.00%	0.00%
5. Other Revenue Items	\$5,294,537	\$5,349,727	\$5,617,213	10.00%	5.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$52,945,374</b>	<b>\$53,497,267</b>	<b>\$56,172,130</b>		5.00%

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	\$43,573,659	\$45,110,406	\$47,365,926	82.86%	5.00%
Expenses for Management and General	\$5,360,100	\$9,330,282	\$9,796,796	17.14%	5.00%
Expenses for Fundraising	\$0	\$0	\$0	0.00%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>\$48,933,759</b>	<b>\$54,440,688</b>	<b>\$57,162,722</b>		5.00%
% of Management and Fundraising Expenses	10.95%	17.14%	17.14%		0.00%

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$41,542,152	\$50,350,330	\$52,867,847	5.00%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$131,810,290	\$14,598,484	\$15,328,408	5.00%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0			0.00%	0.00%
B. Other United Ways	0			0.00%	0.00%
C. Capital Campaigns	0			0.00%	0.00%
D. Grants (non-governmental)	0			0.00%	0.00%
E. Fund Raising & Other Direct Support	0			0.00%	0.00%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	\$0	\$0	\$252,935	20.89%	100.00%
B. Boone County - Other	\$0			0.00%	0.00%
C. Other Counties	\$0			0.00%	0.00%
D. City of Columbia - Social Service Funding	\$0			0.00%	0.00%
E. City of Columbia - Other	\$0			0.00%	0.00%
F. Other Cities	\$0			0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	\$652,505	\$328,320	\$344,736	28.48%	5.00%
H. State (Purchase of Services, Grants, etc.)	\$1,160,009	\$583,680	\$612,864	50.63%	5.00%
I. Other (Schools, Courts, etc.)				0.00%	0.00%
3. Program Service Fees				0.00%	0.00%
4. Investment Income (realized & unrealized)				0.00%	0.00%
5. Other Revenue Items				0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$1,812,514</b>	<b>\$912,000</b>	<b>\$1,210,535</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	\$749,731	\$720,000	\$924,871	63.66%	28.45%
2. Non-Personnel	\$449,897	\$480,000	\$528,000	36.34%	10.00%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$1,199,628</b>	<b>\$1,200,000</b>	<b>\$1,452,871</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	25 1.0 FTE	25 1.0 FTE	30 1.0 FTE

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Todd Schaible, Ph.D. President & CEO  
Printed Name - Agency Executive Director/President/CEO

6/25/2014  
Date

  
Signature - Agency Executive Director/President/CEO

6/25/2014  
Date

Denise Mills, Assistant Secretary of the Board, Burrell, Inc.  
Printed Name - Agency Board Chair

6/26/2014  
Date

  
Signature - Agency Board Chair

6/26/2014  
Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Todd Schaible, Ph.D.                      President & CEO  
\_\_\_\_\_  
Name and Title of Authorized Representative

  
\_\_\_\_\_  
Signature

6/25/2014  
\_\_\_\_\_  
Date





Company ID Number: 406415

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Burrell Behavioral Health (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts or to verify the entire workforce if the contractor so chooses.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor with the FAR E-Verify clause") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed

**Company ID Number: 406415**

by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and non-citizens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for employees through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to make available to the Employer at the E-Verify Web site and on the E-Verify Web browser, instructional materials on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of employees' employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and



**Company ID Number: 406415**

Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.

5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.

- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The photocopy must be of sufficient quality to allow for verification of the photo

**Company ID Number: 406415**

and written information. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in good faith compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 and E-Verify system compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after the Form I-9 has been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual, or in the case of Federal contractors with the FAR E-Verify clause, the E-Verify User Manual for Federal Contractors. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer

**Company ID Number: 406415**

uses the E-Verify system for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees in private of the finding and providing them written notice of the findings, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA, as applicable, by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-

**Company ID Number: 406415**

Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS WITH THE FAR E-VERIFY CLAUSE**

1. The Employer understands that if it is a subject to the employment verification terms in Subpart 22.18 of the FAR, it must verify the employment eligibility of any existing employee assigned to the contract and all new hires, as discussed in the Supplemental Guide for Federal Contractors. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors with the FAR E-Verify clause agree to become familiar with and comply with the most recent versions of the E-Verify User Manual for Federal Contractors and the E-Verify Supplemental Guide for Federal Contractors.

b. Federal contractors with the FAR E-Verify clause agree to complete a tutorial for Federal contractors with the FAR E-Verify clause.

c. Federal contractors with the FAR E-Verify clause not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify at the time of a contract award must enroll as a Federal contractor with the FAR E-Verify clause in E-Verify within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States,

**Company ID Number: 406415**

whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor with the FAR E-Verify clause, the Employer must initiate verification of employees assigned to the contract within 90 calendar days from the time of enrollment in the system and after the date and selecting which employees will be verified in E-Verify or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Employers that are already enrolled in E-Verify at the time of a contract award but are not enrolled in the system as a Federal contractor with the FAR E-Verify clause: Employers enrolled in E-Verify for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. Employers enrolled in E-Verify as other than a Federal contractor with the FAR E-Verify clause, must update E-Verify to indicate that they are a Federal contractor with the FAR E-Verify clause within 30 days after assignment to the contract. If the Employer is enrolled in E-Verify for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor with the FAR E-Verify clause in E-Verify must initiate verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

e. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors with the FAR E-Verify clause that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors with the FAR E-Verify clause may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

f. Verification of all employees: Upon enrollment, Employers who are Federal contractors with the FAR E-Verify clause may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only new employees and those existing employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

g. Form I-9 procedures for existing employees of Federal contractors with the FAR E-Verify clause: Federal contractors with the FAR E-Verify clause may choose to complete new Forms I-9 for all existing employees other than those that are completely exempt from this process. Federal contractors with the FAR E-Verify clause may also update previously completed Forms I-9 to initiate E-Verify verification of existing employees who are not completely exempt as long as that Form I-9 is complete (including the SSN), complies with

**Company ID Number: 406415**

Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the Supplemental Guide for Federal Contractors. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor with the FAR E-Verify clause.

2. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

### **ARTICLE III**

## **REFERRAL OF INDIVIDUALS TO SSA AND DHS**

### **A. REFERRAL TO SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it

**Company ID Number: 406415**

determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the E-Verify system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation. The Employer must review the tentative nonconfirmation with the employee in private.

2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding. The Employer must review the tentative nonconfirmation with the employee in private.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (paid for at employer expense).

7. If the Employer determines that there is a photo non-match when comparing the photocopied List B document described in Article II.C.5 with the image generated in E-Verify, the Employer must forward the employee's documentation to DHS using one of the means described in the preceding paragraph, and allow DHS to resolve the case.

Company ID Number: 406415

## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual, the E-Verify User Manual for Federal Contractors or the E-Verify Supplemental Guide for Federal Contractors. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials. An Employer that is a Federal contractor with the FAR E-Verify clause may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor with the FAR E-Verify clause must provide written notice to DHS. If an Employer that is a Federal contractor with the FAR E-Verify clause fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to participants that are not Federal contractors with the FAR E-Verify clause, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor with the FAR E-Verify clause, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

**Company ID Number: 406415**

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

Company ID Number: 406415

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

<b>Employer Burrell Behavioral Health</b>	
<b>Sabrina Wilford</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>04/05/2011</b>
Signature	Date
<b>Department of Homeland Security – Verification Division</b>	
<b>USCIS Verification Division</b>	
Name (Please Type or Print)	Title
<b>Electronically Signed</b>	<b>04/05/2011</b>
Signature	Date

Information Required for the E-Verify Program

Information relating to your Company:

Company Name:	<b>Burrell Behavioral Health</b>
Company Facility Address:	<b>1300 E. Bradford Parkway</b>
	<b>Springfield, MO 65804</b>
Company Alternate Address:	
County or Parish:	<b>GREENE</b>
Employer Identification Number:	<b>431081715</b>

Company ID Number: 406415

North American Industry Classification Systems Code:	621
Administrator:	
Number of Employees:	500 to 999
Number of Sites Verified for:	1
<b>Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:</b>	
<ul style="list-style-type: none"><li>MISSOURI 1 site(s)</li></ul>	

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	<b>Donna Bracht</b>	Fax Number:	<b>(573) 777 - 8467</b>
Telephone Number:	<b>(573) 777 - 8458</b>		
E-mail Address:	<b>donna.bracht@burrellcenter.com</b>		
Name:	<b>Michelle Cooper</b>	Fax Number:	<b>(417) 761 - 5041</b>
Telephone Number:	<b>(417) 761 - 5043</b>		
E-mail Address:	<b>michelle.cooper@burrellcenter.com</b>		
Name:	<b>Sabrina D Wilford</b>	Fax Number:	<b>(417) 761 - 5011</b>
Telephone Number:	<b>(417) 761 - 5042</b>		
E-mail Address:	<b>sabrina.wilford@burrellcenter.com</b>		

# Memorandum of Understanding (MOU)

Burrell Behavioral Health (BBH) and Centralia R-VI School District have come together as partners to collaborate for the purpose of providing Centralia R-VI School District behavioral health consultation and to increase access to mental health supports for families and students who attend Centralia R-VI School District.

BBH and Centralia R-VI School District desire to reflect in a *Memorandum of Understanding* the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to enhance the collaboration so that students served at Centralia R-VI School District have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Centralia R-VI School District.

## Description of Partner Agencies

### *Centralia R-VI School District*

Centralia R-VI School District is a public school district serving the students residing within the Centralia R-VI School District boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

### *Burrell Behavioral Health (BBH)*

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, parent management training, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

## Roles and Responsibilities

It is agreed by and between the partners as follows:

Centralia R-VI School District will provide a BBH CSS (Community Support Specialist) an office within the school district. If shared office space, privacy and confidentiality shall be maintained by the

individuals in this office space.

The CSS shall adhere to Centralia R-VI School District policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH

Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with Centralia R-VI School District complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of Centralia R-VI School District students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by Centralia R-VI School District under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to Centralia R-VI School District if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to Centralia R-VI School District .

Compliance with FERPA – Centralia R-VI School District shall maintain confidentiality of personally identifiable information about Centralia R-VI School District students as required by the Family Educational Rights and Privacy Act regulations. With respect to Centralia R-VI School District students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with Centralia R-VI Schools to ensure that the FERPA rights of each student, parent or eligible student are observed.

Centralia R-VI School District shall share, personally identifiable information about a student with BBH when Centralia R-VI School District determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as Centralia R-VI School District behavioral health consultant and with the purpose of problem solving and supporting students and families in accessing mental health support available to them; however, personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by Centralia R-VI School District staff/team.

BBH shall support students in the school setting by assisting with verbal de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA.

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

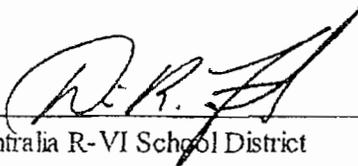
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

**Timeline**

The roles and responsibilities described above will be reviewed and evaluated yearly.

**Commitment to Partnership**

We, the undersigned have read, understand, agree, and approve of this MOU:

By  \_\_\_\_\_  
Centralia R-VI School District

Partner 1  
Date 10/10/2013

By  \_\_\_\_\_  
Burrell Behavioral Health Partner 2  
Date 10/14/2013

## **Memorandum of Understanding (MOU)**

**Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS)** have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for Families in CPS whose students participate in the Child and Family Support Process (CFSP).

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that all students served by CFSP have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students participating in CFSP.

### ***Description of Partner Agencies***

#### ***Columbia Public Schools (CPS)***

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

#### ***Burrell Behavioral Health (BBH)***

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

### ***History of Relationship***

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

## ***Roles and Responsibilities***

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) office space. If shared office space, privacy and confidentiality shall be maintained by the individuals in the office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant. In that role, the CSS will participate in building problem-solving teams. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH staff shall participate as an active member of the CFSP problem solving team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA.

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

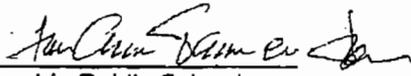
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

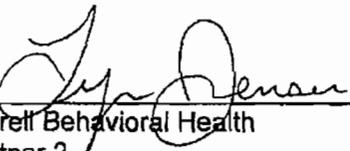
**Timeline**

The roles and responsibilities described above will be reviewed and evaluated yearly.

**Commitment to Partnership**

We, the undersigned have read, understand, agree, and approve of this MOU:

By   
Columbia Public Schools,  
Partner 1  
Date 10/24/13

By   
Burrell Behavioral Health  
Partner 2  
Date 10/31/2013

## **Memorandum of Understanding (MOU)**

**Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS)** have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for families in CPS whose students receive education at CPS's Center of Responsive Education (CORE). This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that all students served at CORE have an opportunity to receive support for mental and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students in CPS who receive education at CORE.

### ***Description of Partner Agencies***

#### ***Columbia Public Schools (CPS)***

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

#### ***Burrell Behavioral Health (BBH)***

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

### ***History of Relationship***

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

## ***Roles and Responsibilities***

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at CORE. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS. Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations.

With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH (and/or CSS) when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant; however, personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

The CSS shall participate as an active member of the school's Problem Solving Team, as requested by CPS staff/team.

The CSS shall support students in CORE's setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA.

When a student is referred to CORE services, the CSS will further assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

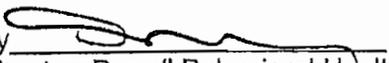
**Timeline**

The roles and responsibilities described above will be reviewed and evaluated yearly.

**Commitment to Partnership**

We, the undersigned have read, understand, agree, and approve of this MOU:

By   
Columbia Public Schools,  
Partner 1  
Date \_\_\_\_\_

By   
Director, Burrell Behavioral Health  
Partner 2  
Date 8/20/13

## **Memorandum of Understanding (MOU)**

**Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS)** have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for Families in CPS whose students attend Parkade Elementary. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that students served at Parkade have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Parkade Elementary.

### ***Description of Partner Agencies***

#### ***Columbia Public Schools (CPS)***

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

#### ***Burrell Behavioral Health (BBH)***

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

### ***History of Relationship***

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

### ***Roles and Responsibilities***

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Parkade. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). Insofar as BBH has access to or has been provided with individually identifiable health information ("IIHI"), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS's students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS's students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS's behavioral health consultant. In that role, the CSS shall serve on the building problem solving team. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by CPS staff/team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

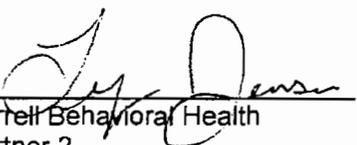
**Timeline**

The roles and responsibilities described above will be reviewed and evaluated yearly.

**Commitment to Partnership**

We, the undersigned have read, understand, agree, and approve of this MOU:

By   
Columbia Public Schools,  
Partner 1  
Date 10/24/13

By   
Burrell Behavioral Health  
Partner 2  
Date 10/31/2013

## MEMORANDUM OF UNDERSTANDING (MOU)

Burrell Behavioral Health (BBH) and Hallsville R-IV School District (HR4) have come together as partners to collaborate for the purpose of providing HR4 behavioral health consultation and to increase access to mental health supports for families and students who attend HR4.

BBH and HR4 desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to enhance the collaboration so that students served at HR4 have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending HR4.

### ***Description of Partner Agencies***

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Hallsville R-IV School District (HR4) is a public school district serving the students residing within the HR4 public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

### ***Burrell Behavioral Health (BBH)***

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, parent management training, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

### ***Roles and Responsibilities***

It is agreed by and between the partners as follows:

Hallsville R-IV School District (HR4) will provide a BBH CSS (Community Support Specialist) an office within the school district. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to HR4 policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised

by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with HR4 complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Insofar as BBH has access to or has been provided with individually identifiable health information (“IIHI”), as defined in HIPAA, of HR4 students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by HR4 under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to HR4 if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to HR4.

Compliance with FERPA – Hallsville R-IV School District (HR4) shall maintain confidentiality of personally identifiable information about HR4 students as required by the Family Educational Rights and Privacy Act regulations. With respect to HR4 students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with HR4 to ensure that the FERPA rights of each student, parent or eligible student are observed.

Hallsville R-IV School District (HR4) shall share, personally identifiable information about a student with BBH when HR4 determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as HR4 behavioral health consultant and with the purpose of problem solving and supporting students and families in accessing mental health support available to them; however, personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by HR4 staff/team.

BBH shall support students in the school setting by assisting with verbal de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

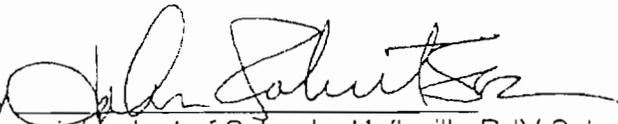
Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

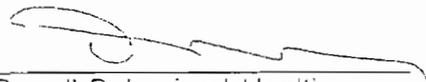
*Timeline*

The roles and responsibilities described above will be reviewed and evaluated yearly.

*Commitment to Partnership*

We, the undersigned have read, understand, agree, and approve of this MOU:

By   
Superintendent of Schools, Hallsville R-IV School District  
Partner 1  
Date 9/18/13

By   
CEO, Burrell Behavioral Health  
Partner 2  
Date 9-27-13

## **Memorandum of Understanding (MOU)**

**Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS)** have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for families in CPS whose students attend Battle High School. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that students served at Battle High have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Battle High School.

### ***Description of Partner Agencies***

#### ***Columbia Public Schools (CPS)***

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

#### ***Burrell Behavioral Health (BBH)***

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

### ***History of Relationship***

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

### ***Roles and Responsibilities***

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Battle. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Insofar as BBH has access to or has been provided with individually identifiable health information (“IIHI”), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS’s students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS’s students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS’s behavioral health consultant. In that role, the CSS shall serve on the building problem solving team. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school's Problem Solving Team, as requested by CPS staff/team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

**Timeline**

The roles and responsibilities described above will be reviewed and evaluated yearly.

**Commitment to Partnership**

We, the undersigned have read, understand, agree, and approve of this MOU:

By John C. Cameron, Ed.D., MBA  
Columbia Public Schools,  
Partner 1  
Date 3/11/14

By \_\_\_\_\_  
Burrell Behavioral Health  
Partner 2  
Date \_\_\_\_\_

## **Memorandum of Understanding (MOU)**

**Burrell Behavioral Health (BBH) and Columbia Public Schools (CPS)** have come together as partners to collaborate for the purpose of providing CPS behavioral health consultation and to increase access to mental health supports for families in CPS whose students attend Oakland Middle School. This relationship has been productive and long-standing and has increased supports for families, school attendance and student success.

BBH and CPS desire to reflect in a Memorandum of Understanding the services to be provided through the collaboration and the roles/responsibilities of each organization. The agencies desire to expand the historical informal collaboration so that students served at Oakland Middle have an opportunity to receive support for mental health and behavioral concerns and want this MOU to reflect a more formal relationship to describe the sharing of information and roles/activities of both agencies when addressing mental health and behavioral needs of students attending Oakland Middle School.

### ***Description of Partner Agencies***

#### ***Columbia Public Schools (CPS)***

CPS is a public school district serving the students residing within the Columbia, MO public school district boundaries. Students receive referral and intervention services to address behavioral and learning needs, as appropriate. Assistance to access services in the community is provided by school district staff through collaboration with community agencies.

#### ***Burrell Behavioral Health (BBH)***

Burrell is a private, not-for-profit organization that provides a wide range of mental health services for individuals and families. Services are designed to be responsive to the specific needs of the individuals and families served. Services include mental health screenings, assessments, treatment planning, outpatient individual or family therapy, psychiatric consult, medication management, case management and crisis services. BBH has all appropriate professional licenses and certifications which are required to perform all job duties and responsibilities described in this agreement.

### ***History of Relationship***

BBH and CPS have historically informally collaborated to provide students and their families access to a continuum of services designed to address social, emotional and behavioral needs of students.

### ***Roles and Responsibilities***

It is agreed by and between the partners as follows:

CPS will provide a BBH CSS (Community Support Specialist) an office space at Oakland. If shared office space, privacy and confidentiality shall be maintained by the individuals in this office space.

The CSS shall adhere to CPS policies while on school district premises, as well as adhere to BBH policies for delivery of direct client care. The CSS staff will be supervised by the BBH Director of Community Psychiatric Rehabilitation (CPR) and is an employee of BBH.

Compliance with HIPAA – To the extent that it is required by law, BBH shall ensure that the services it provides in this partnership with CPS complies with all applicable rules, regulations and accreditation standards or requirements, including the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”). Insofar as BBH has access to or has been provided with individually identifiable health information (“IIHI”), as defined in HIPAA, of CPS students or employees, BBH agrees it shall: (A) Only use or disclose IIHI as permitted: (1) under this Agreement; or, (2) by CPS under the HIPAA rules; (B) Use appropriate safeguards to prevent misuse of IIHI; (C) Make IIHI available to CPS if it is necessary to comply with its access and amendment requirements as set forth under the HIPAA rules; (D) Return or destroy all IIHI upon termination of this Agreement; (E) Report any improper disclosure of IIHI immediately to CPS.

Compliance with FERPA – CPS shall maintain confidentiality of personally identifiable information about CPS’s students as required by the Family Educational Rights and Privacy Act regulations. With respect to CPS’s students, BBH shall also comply in all respects with the requirements of FERPA and cooperate with CPS to ensure that the FERPA rights of each student, parent or eligible student are observed.

CPS shall share, personally identifiable information about a student with BBH when CPS determines that BBH has a legitimate educational interest (e.g. a need to know) in order to provide services to that student and family as CPS’s behavioral health consultant. In that role, the CSS shall serve on the building problem solving team. Personally identifiable information about a student will only be shared with BBH with parent consent if for purposes other than a legitimate educational interest.

BBH shall participate as an active member of the school’s Problem Solving Team, as requested by CPS staff/team.

BBH shall support students in the school setting by assisting with de-escalation and communicating with parents regarding critical situations, and model use of specific problem-solving and coping skills in non-academic settings.

Both parties will share necessary information as requested by the other party for the purpose of monitoring progress of the collaboration; sharing of information is subject to confidentiality requirements of FERPA and HIPAA

When a family agrees to BBH services, BBH staff will assess student and family to clearly identify goals and eligibility for mental health services through BBH.

This relationship has no cost to the school district.

Regular scheduled meetings between partners will be held to monitor the progress of the students and the success of the collaboration as a whole.

**Timeline**

The roles and responsibilities described above will be reviewed and evaluated yearly.

**Commitment to Partnership**

We, the undersigned have read, understand, agree, and approve of this MOU:

By Janice Samer Jan PhD, CSP  
Columbia Public Schools,  
Partner 1  
Date 3/11/14

By \_\_\_\_\_  
Burrell Behavioral Health  
Partner 2  
Date \_\_\_\_\_

## TABLE OF CONTENTS

<b>TABLES.....</b>	<b>III</b>
<b>FIGURES.....</b>	<b>III</b>
<b>EXECUTIVE SUMMARY.....</b>	<b>IV</b>
<b>INTRODUCTION.....</b>	<b>1</b>
<b>INITIAL CONCEPTUALIZATION.....</b>	<b>2</b>
<b>INSTRUMENT DEVELOPMENT.....</b>	<b>3</b>
CONTENT AREAS.....	3
ITEM DEVELOPMENT.....	3
ITEM DESCRIPTIONS.....	4
<b>ADMINISTRATION AND SCORING.....</b>	<b>5</b>
PROBLEM SEVERITY.....	5
FUNCTIONING.....	5
HOPEFULNESS.....	6
SATISFACTION.....	6
RESTRICTIVENESS OF LIVING ENVIRONMENTS SCALE (ROLES).....	7
<b>CLINICAL USE OF THE OHIO SCALES.....</b>	<b>9</b>
DEVELOPMENT OF TREATMENT PLAN.....	9
TRACKING CHANGES OVER TIME.....	13
CLINICALLY SIGNIFICANT CHANGE.....	14
<b>PUTTING IT ALL TOGETHER - AN EXAMPLE.....</b>	<b>18</b>
INTRODUCTION.....	18
PROCEDURE.....	18
MEASURES.....	18
INITIAL STATUS.....	18
CLINICAL OUTCOME OF SERVICES.....	19
HOPEFULNESS OF PARENTS AND YOUTH.....	21
SATISFACTION WITH SERVICES.....	21
SUMMARY.....	21
<b>CONCLUSION.....</b>	<b>22</b>
<b>APPENDIX A.....</b>	<b>24</b>
OHIO YOUTH PROBLEM, FUNCTIONING, AND SATISFACTION SCALES	
YOUTH RATING - SHORT FORM.....	25
PARENT RATING - SHORT FORM.....	27
AGENCY WORKER RATING - SHORT FORM.....	29

**TABLES**

Table 1. ROLES' Weights ..... 7  
Table 2. Means and Standard Deviations on the Ohio Scales for Community and Clinical Samples. .... 10  
Table 3. Clinical Significance for the Ohio Scales - Short Form..... 15

**FIGURES**

Figure 1. Comparing with the Community & Tracking Change in Problem Severity..... 12  
Figure 2. Comparing with the Community & Tracking Change in Functioning ..... 13  
Figure 3. Clinical Significance on the Parent Rated Problem Severity Scale ..... 17

## EXECUTIVE SUMMARY

As the service system for children and adolescents with emotional and behavioral problems has evolved, additional emphasis has been placed on developing ongoing evaluation procedures to determine the effectiveness of community-based interventions. The number and quality of rigorous methodological studies as well as naturalistic studies of the changing service system are increasing. In addition, with the advent of health care reform, behavioral health care providers (both in the public and private sectors) are more often required to collect information regarding the effectiveness of services.

With this emphasis on outcomes, many providers and administrators are searching for outcome measures. Typically, administrators hope to find measures that are both practical and scientifically sound. With this goal in mind – practical yet empirical – we developed the Ohio Youth Problems, Functioning and Satisfaction Scales (Ohio Scales). This manual describes the background, conceptualization, and basic administration, scoring, and interpretation procedures for the Ohio Scales.

This manual was designed specifically for "front-line" users of the Ohio Scales. A Technical Manual provides additional information including psychometric studies conducted to date. Although the technical data are not included in this manual, the Ohio Scales have been shown to be promising measures that can be used to track the effectiveness of interventions for youth. Data collected to date demonstrate the measures are reliable, valid, and sensitive to change. Additional studies are under way to expand the situations and populations within which the scales are valid. For those interested in the more detailed, Technical Manual please contact the first author at (740) 593-1077 or [ogles@ohio.edu](mailto:ogles@ohio.edu). Questions can also be addressed by the Office of Program Evaluation and Research, Ohio Department of Mental Health at (614) 466-8651.

## INTRODUCTION

Outcome! Certainly the 1990s will be remembered as the decade of outcomes. Across a broad range of industries, increasing emphasis is being placed on accountability for the outcome of services. Education, health care, and behavioral health care have been especially influenced by the focus on outcome. There are outcome task forces within states, credentialing bodies, associations, and organizations. Numerous articles and books are written to describe when, where, who, and how to assess the outcome of psychosocial interventions (e.g., Ogles, Lambert, & Masters, 1996; Sederer & Dickey, 1996; Speer, 1998). The institutions that fund services desire quality outcomes. Consumers deserve good outcomes. Providers want to show that they produce quality outcomes. Outcome is certainly the topic of the season.

Especially with the advent of managed care and the privatization of public services, the collection of outcome data is becoming an increasingly important way to account for the expenditure of funds. Both public and private funders of behavioral health services want evidence that the interventions they fund are effective. Outcomes are one of the primary avenues for demonstrating effective interventions.

Responding to the pressure for outcome data may be overwhelming for administrators and providers. The various decisions involved in the selection, implementation, and interpretation of outcome data present numerous, difficult issues. Research-based instruments and methodologies are often unsuitable for routine clinical use. Resources are often stretched to the limit even before the demands of outcome assessment are added to clinical services. While service providers acknowledge the importance of assessing outcome, they also desire cost-efficient and practical measures.

Assessing outcome within children's behavioral health services is especially challenging. Because the development of assessment tools for children's behavioral health services lags behind the efforts for adults (Weber, 1998), there is a paucity of quality measures. Children's outcome assessment also requires data from multiple sources (e.g., parents, youth, agency worker, & teacher). When examining the effectiveness of services for youth with severe emotional disturbances, the involvement of multiple systems can complicate outcome assessment (Burchard & Shaefer, 1992).

Within this climate, we set out to develop measures of clinical outcome for youth who receive behavioral health services. The goal was to develop practical measures (e.g., easily administered, scored, and interpreted) while meeting stringent psychometric criteria. The target population for the instruments is children ages 5 to 18 who have severe emotional and behavioral problems. These youth are more likely to be involved with multiple child-serving systems and to receive a longer duration of intervention. As a result, there is a need for instruments that can be administered at predetermined intervals to evaluate ongoing progress. The remaining portions of this manual describe the conceptualization and initial development of the Ohio Youth Problems, Functioning, and Satisfaction Scales (Short Form) along with the scoring and administration procedures.

## INITIAL CONCEPTUALIZATION

As part of the conceptualization process, four areas of concern were considered relevant to the assessment of clinical outcomes for children with severe emotional and behavioral disorders.

1. A theoretical and conceptual model of outcome (Lambert & Hill, 1996);
2. The perspective of various stakeholders (both directly or indirectly affiliated with children's behavioral health services) (Gillespie, 1993);
3. Research concerning the effectiveness of behavioral health treatment for children with specific emphasis on current methods of outcome measurement (e.g., Bickman et al., 1995; Duchnowski, Johnson, Hall, Kutash, & Friedman, 1990; Evans, Dollard, Huz, & Rahn, 1990; Kutash, Duchnowski, Johnson, & Rugs, 1993; Stroul & Friedman, 1986); and
4. The problems associated with the service provision and assessment of at-risk populations.

A more detailed description of the conceptual foundation for the Ohio Scales is included in the Technical Manual. For this manual it is sufficient to note that each of the four areas was intensively scrutinized to produce a list of desirable characteristics for outcome assessment within the population of children who have severe emotional and behavioral disorders. The final list included 5 characteristics:

1. Measurement instruments need to be pragmatic in terms of time, expense, and clinical utility (Rosenberg, 1979).
2. Measures are needed that require minimal professional training for interpretation and that provide immediate and understandable results for parents and children receiving services.
3. Given the growing emphasis on consumer satisfaction with treatment and the involvement of parents and children in the treatment planning process (Barth, 1986; Friesen, Koren, & Koroloff, 1992), effective assessment devices should include input from multiple sources (VanDenBerg, Beck, & Pierce, 1992; Lambert, Christensen, & DeJulio, 1983; Ogles, Lambert, & Masters, 1996).
4. Multiple content areas of outcome should also be considered when assessing youth who have multiple and severe problems
5. The emphasis on pragmatics should be counterbalanced by the need to develop instruments with demonstrated psychometric properties (e.g. reliability, validity, sensitivity to change)

Based on this list of desirable characteristics for outcome assessment instruments, we developed practical measures of clinical outcome covering multiple content areas and multiple sources while maintaining a level of psychometric integrity. Our final goal was a practical set of instruments that would be useful for agencies and practitioners without the hassles of many research based instruments (e.g., lengthy, difficult scoring, difficult to interpret, costly, time consuming).

## **INSTRUMENT DEVELOPMENT**

With this background, the Ohio Youth Problems, Functioning, and Satisfaction Scales (Ohio Scales) were developed (Ogles, Lunnen, Gillespie, & Trout, 1996). Three parallel forms (P-form, Y-form, and W-form) of the Ohio Scales were developed for completion by the youth's Parent (or primary caretaker), the Youth (self-report for ages 12 and older), and the youth's agency Worker/case manager respectively.<sup>3</sup>

### ***Content Areas***

After considering a large number of potential content areas, four primary areas or domains of assessment were selected: problem severity, functioning, hopefulness, and satisfaction with behavioral health services.

The parent, youth, and agency worker rate the problem severity and functioning scales. The youth and parent rate the satisfaction scales. Youth rate their own hopefulness about life or overall well being. Parents (or primary caretakers) rate their hopefulness about caring for the identified child. In addition, the Restrictiveness of Living Environments Scales (ROLES; Hawkins, Almeida, Fabry, & Reitz, 1992) is included on the agency worker form along with data regarding several key indicators that are not used when scoring the form.

### ***Item Development***

Item writing and selection for the Ohio Scales necessitated identifying the most common problem areas and typical areas of functioning. Five sources of information were considered when writing items for the instruments:

1. Problem behaviors listed as criteria for diagnosis of child and adolescent disorders in the DSM-IV,
2. A list of the most common "presenting problems" of youth with SED compiled by a regional behavioral health board (Cuyahoga County),
3. The results of the social validation survey (Gillespie, 1993),
4. Several commonly used instruments were collected and examined to ascertain the typical areas of assessment when evaluating children and youth along with typical items, and
5. Consultation with child service providers in three separate agency meetings involving 3 child program directors, 4 case manager supervisors, 23 case managers, and 5 parents.

---

<sup>3</sup> The original version of the Ohio Scales was slightly different than the Short Form of the Ohio Scales that is described here. Through consumer feedback and empirical evaluation, the original Ohio Scales were changed to produce the Short Form which is described in this manual. The detailed Technical Manual provides a description of the evolution of the Ohio Scales and the psychometric characteristics for both versions.

### ***Item Descriptions***

The "Problem Severity Scale" is comprised of 20 items covering common problems reported by youth who receive behavioral health services. Each item is rated for severity/frequency (0 "Not at all" to 5 "All the time") on a six-point scale. A total score is calculated by summing the ratings for all 20 items.

The "Functioning Scale" is comprised of 20 items designed to rate the youth's level of functioning in a variety of areas of daily activity (e.g., interpersonal relationships, recreation, self-direction and motivation). Each item is rated on a five-point scale (0 "Extreme troubles" to 4 "Doing very well"). Although the problem severity scale is similar to many other existing symptom rating scales that focus on the severity of behavioral problems, the functioning scale provides a broader range of ratings including "OK" and "Doing very well". This provides an opportunity for raters to identify areas of functional strength. A total functioning score is calculated by summing the ratings for all 20 items. Higher scores are indicative of better functioning.

In addition to the problems and functioning scales, two brief (four item) scales on the parent and youth forms assess satisfaction and hopefulness. Four items assess satisfaction with and inclusion in behavioral health services on a six-point scale (1 "extremely satisfied" to 6 "extremely dissatisfied"). The total satisfaction score is calculated by summing the 4 items.

Four additional items on the parent and youth forms tap levels of hopefulness and well-being either about parenting or self/future respectively. Each of these is also rated on a six-point scale. The total hopefulness score is calculated by summing the 4 items.

Finally, the agency worker version of the Ohio Scales includes a copy of the Restrictiveness of Living Environments Scale (ROLES). Information regarding the initial development of the ROLES can be obtained by reviewing the original article written by Hawkins et al. (1992). The ROLES assesses the level of restrictiveness for the youth's placements during the past 90 days. A higher score means on average the youth is placed in a more restrictive setting.

Administration and scoring procedures for all three instruments are described below. (See Appendix A for copies of the three instruments).

## ADMINISTRATION AND SCORING

The Ohio Scales were developed for quick administration, scoring and interpretation. With relatively minimal training, parents or case managers can administer, score, and interpret the meaning of scores for each of the scales. Each of the scales will be briefly discussed in this section.

There are three parallel forms of the Ohio Scales completed by the youth's parent or primary caretaker (P-form), the youth (Y-form), and the youth's agency worker (W-form). This allows assessment of the client's strengths and weaknesses from multiple perspectives. The youth form is designed for youth ages 12-18. The parent and agency worker versions are designed for youth ages 5-18.

The instrument is two pages long, placed on the front and back of a single sheet. The questions for problem severity and functioning are identical on the three parallel forms. The satisfaction and hopefulness scales are slightly different depending on the perspective (parent or youth). On the front side of all three forms is the 20-item problem severity scale. The remaining scales are on the back.

### ***Problem Severity***

All three forms include the 20 item problem severity scale. Each of these items is rated on a 6-point scale for frequency during the past 30 days: not at all, once or twice, several times, often, most of the time, or all of the time. The columns for each frequency are coded respectively from 0 (Not at all) to 5 (All of the Time). Each column's score can then easily be added at the bottom of the page. The sum of the six columns then becomes the individual's score on the problem severity scale. No items are reverse-scored.

### ***Functioning***

All three forms include the 20 item functioning scale in the bottom half of the back page. Each of these 20 items is rated using a 5-point scale: extreme troubles, quite a few troubles, some troubles, OK, or doing very well. Since raters might have somewhat different conceptions regarding what constitutes the various levels of functioning, we use comparable ratings on the Children's Global Assessment Scale (CGAS) as a reference:

<u>Ohio Scales</u>	<u>CGAS</u>
Doing very well (4)	Superior functioning in all areas; (CGAS 90's)
OK (3)	Good functioning in all areas; (CGAS 80's)
Some Troubles (2)	Some difficulty in a single area, but generally functioning pretty well (CGAS approximately 70's)
Quite a few Troubles (1)	Moderate problems in most areas or severe impairment in one area (CGAS approximately 50's)
Extreme Troubles (0)	Major impairment in several areas and unable to function in one or more areas (CGAS 30's or below)

A common question about the functioning scale involves the rating of items 3 and 13. For young children, raters often wonder how to rate items concerning vocational preparation (Item 13) or developing relationships with boyfriends or girlfriends (Item 3). On these items the rater should rate "OK (3)" if they are unsure or rate the youth based on what might be expected for their developmental level. For example, developmentally appropriate vocational preparation for a 7 year old typically involves school work, chores at home, and other work-like assignments. Note: If insufficient information is available to answer a specific item on the functioning scale, that item should be rated "OK (3)".

The functioning scale total is calculated in the same manner used on the problem severity scale. Each of the 20 items is rated on its 5-point scale. The rating for each item is circled. The columns for each frequency are coded respectively from 0 (extreme troubles) to 4 (doing very well). Each column's score can then easily be added at the bottom of the page. The sum of the five columns then becomes the individual's score on the functioning scale. No items are reverse scored.

As can be seen from the scoring method, a high score on the problem severity scale is considered to be more problematic (more frequent problems), while a low score on the functioning scale is considered to be more impairment. The method of scoring is thus congruent with what one would intuitively expect given the content of each scale.

### ***Hopefulness***

On the back side of the parent and youth versions, eight questions are printed at the top of the page. The first four questions ask for ratings of hopefulness (parent) or overall well being (youth). The specific questions vary somewhat on the two versions to fit the respondents. Each question is answered according to a 6-point scale with the specific scale items varying to fit the questions. In each question, response "1" is the most hopeful/well and response "6" is the least. The four items can then be totaled for a hopefulness scale score. On this scale, a lower total means more hope or wellness.

### ***Satisfaction***

The second four questions on the top half of the back page (P-form and Y-form) ask for ratings of overall satisfaction with behavioral health services received and ratings of their inclusion in treatment planning. The specific questions vary somewhat on the two versions to fit the respondents. Each question is answered according to a 6-point scale with the specific scale items varying to fit the questions. In each question, response "1" is the most satisfied/included and response "6" is the least. The four items can then be totaled for a satisfaction scale score. On this scale, a lower total means more satisfaction.

### ***Restrictiveness of Living Environments Scale (ROLES)***

On the agency worker version of the Ohio Scales (W-form), the space in the top half of the back side of the page is utilized quite differently since satisfaction and hopefulness ratings are only appropriate from the perspectives of the parent/caregiver and youth. The W-form includes a copy of the ROLES (Hawkins et al., 1986). The ROLES consists of a list of 23 categories of residential settings. Next to each specific setting is a blank line on which the agency worker writes the number of days (during the past 90 days) the youth was residing in that setting (The total of all the days will therefore add to 90). Although the authors of the Ohio Scales did not develop this scale, it was felt that tracking this information could be helpful to the agency worker. The worker should identify the categories that most closely resemble the settings in which the youth stayed.

Scoring for this scale is not included on the form, but it is possible to compute a score if the worker thinks it would be a meaningful measure of the child's treatment progress. Each setting is given a statistical 'weight' as listed in the table below. To get the ROLES total score, each weight is multiplied by the number of days in the blank next to the setting. The sum of these products is then calculated to get a total. The total is then divided by 90 to get the average restrictiveness for the previous 90 days. This is the ROLES score (see Hawkins et al., 1986).

**Table 1. ROLES' Weights**

<u>Setting</u>	<u>Weight</u>	<u>Setting</u>	<u>Weight</u>
Jail	10.0	Foster care	4.0
Juvenile detention/youth corrections	9.0	Supervised independent living	3.5
Inpatient psychiatric hospital	8.5	Home of a family friend	2.5
Drug/alcohol rehab. center	8.0	Adoptive home	2.5
Medical hospital	7.5	Home of a relative	2.5
Residential treatment	6.5	School dormitory	2.0
Group emergency shelter	6.0	Biological father	2.0
Vocational center	5.5	Biological mother	2.0
Group home	5.5	Two biological parents	2.0
Therapeutic foster care	5.0	Independent living with friend	1.5
Individual home emergency shelter	5.0	Independent living by self	.5
Specialized foster care	4.5		

For example, if during the last 90 days a child was placed in a juvenile detention facility for 2 days, a group home for 12 days, and with the biological father for 76 days, the ROLES score would be calculated in this way:

	<u>Days</u>		<u>Weight<sup>4</sup></u>		<u>Product</u>
Detention Center	2	X	9.0	=	18.0
Group Home	12	X	5.5	=	66.0
With Father	76	X	2.0	=	<u>152.0</u>
Total	90				236.0

$236 / 90 = \underline{2.62}$  - The ROLES score for the past 90 days is 2.62.

The agency worker version also includes a several questions in the middle of the back side of the page. These items are 'Marker' questions and, similar to the ROLES, are meant to be helpful to the agency worker in tracking key information. There are blank spaces to write in information on "school placement" and "current psychoactive medications". In addition, several lines are available for recording the frequency during the past 3 months of arrests, suspensions from school, days in detention, days of school missed, and self-harm attempts.

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<sup>4</sup> From the Table on the previous page.

## **CLINICAL USE OF THE OHIO SCALES**

The Ohio Scales give the clinician a wealth of useful and easily understandable information. Perhaps most obvious is the ability to track a client's progress over time with repeated administrations of the instrument. Ongoing ratings of overall functioning and problem severity can be useful to clinicians and program administrators alike. Additionally, however, the initial administration of the Ohio Scales provides excellent information to aid in development of the client's treatment plan. It should be noted that the Ohio Scales were developed primarily to aid in the tracking of service effectiveness. As a result, they do not provide comprehensive information that might be associated with the administration of a diagnostic measure such as the Child Behavior Checklist (Achenbach & Edelbrock, 1983). Nevertheless, much useful information is available upon initial administration of the Ohio Scales.

### ***Development of Treatment Plan***

Administration of the Ohio Scales at intake provides an index of a youth's current problems and level of functioning. Answers to a standardized list of questions help ensure that the typical problems and areas of functioning encountered by youth who receive behavioral health services will be covered.

Critical Items. Specific responses to critical items should be checked first. Positive responses to items such as "hurting self (cutting or scratching self, taking pills)", "talking or thinking about death", "using drugs or alcohol" will require the immediate attention of the clinician. The youth may need to be assessed for serious risk of harm to self or others or for disturbed thinking. It may also be helpful to check whether the parent and youth give different information on these critical items.

Target Problems. In developing a treatment plan, the next section to check would be the problem severity scale on the front of the page. A quick scan will tell the clinician the problems that are endorsed as occurring most frequently. These problems are likely to be the most relevant to the treatment and can be included as target problems in the treatment plan. Again, any differences in the ratings by the parent and youth may prove helpful in dealing with both the youth and the family.

Functional Strengths. The next section to check would be specific responses to the functioning scale on the back of the page. Any functioning items that are rated highly may be noted as strengths. A rating of '3' or '4' on a functioning item identifies specific attributes or activities that can be included in the treatment plan as personal strengths. The clinician may also take note of any specific functioning questions that might improve rapidly and then be helpful in working on problems. For example, improvement in hobby participation or appropriate recreational activities might quickly aid improvement in self-concept or relationships with peers or family.

Compare Total Scores. In addition to initial use of individual item responses to aid with the specifics of a treatment plan, calculating scale total scores may also be

useful. Total scores for the youth can be compared to average scores in the comparison sample. This gives the clinician an overall indication of how the youth's scores compare to a sample of youth who are not receiving services.<sup>5</sup> For example, a parent who rated their child using the problem severity scale and obtained a total scale score of 45, could note that the score was above the average (39.35) for parents of children receiving clinical services and well above the average (10.29) of parent ratings of youth in the community who were not receiving behavioral health services. Means and standard deviations for a community sample and a clinical sample are presented in Table 2.

**Table 2. Means and Standard Deviations on the Ohio Scales for Community and Clinical Samples.<sup>6</sup>**

<u>Population: Form</u>	<u>N</u>	<u>Problems</u> <u>M (SD)</u>	<u>Functioning</u> <u>M (SD)</u>	<u>Hope</u> <u>M (SD)</u>
Community:				
• Youth	166	18.18 (15.04)	61.07 (12.99)	9.61 (3.78)
• Parent	329	10.29 (9.88)	63.95 (12.67)	8.31 (3.52)
• Agency Worker	40	17.58 (9.62)	67.03 (9.01)	NA
Clinical:				
• Youth	76	36.31 (20.96)	55.09 (13.42)	10.57 (4.35)
• Parent	137	39.35 (17.71)	41.65 (16.03)	13.81 (5.26)
• Agency Worker	134	41.04 (14.40)	33.94 (12.91)	NA

Charting Total Scores. In addition, figures were created to allow the charting of total scale score ratings (see Figures 1 & 2). The horizontal lines on the chart represent potential cutoff scores that can be used to identify youth with significant levels of problems or deficits in functioning when compared to a community sample.

For the problem severity scale, the lowest line represents the average parent<sup>7</sup> rating of problem severity in a community sample. (Any youth in the sample who had received behavioral health services, been arrested, or was assigned to a class for students with behavioral problems was excluded when calculating the average for the line). The next line moving up is one standard deviation above this mean (total score = 20) and the third line is two standard deviations above this mean (total score = 30). Children whose parents rate them as having more frequent problems than the second cutoff could be reasonably assumed to have clinically meaningful levels of problem behaviors.

<sup>5</sup> The community sample used for comparison purposes in this manual is a sample of over 300 5 to 18 year old youth (and their parents) in Southeastern Ohio.

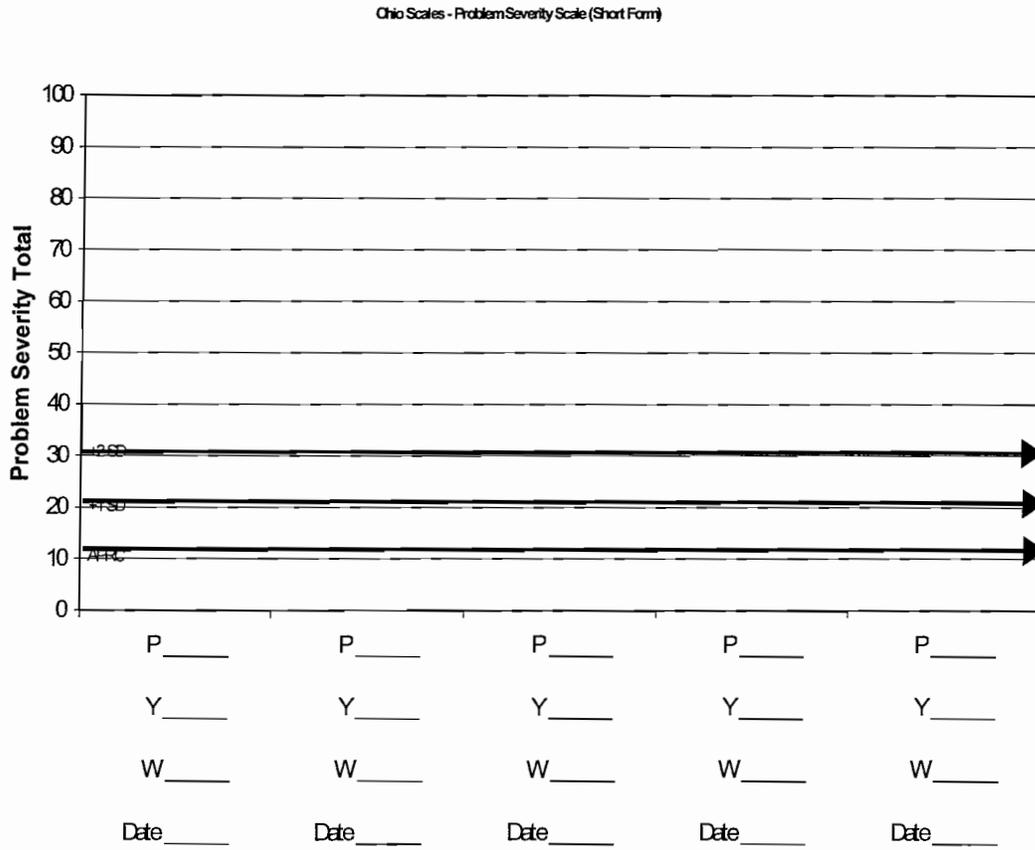
<sup>6</sup> These numbers are the combined data for multiple samples described in the technical manual.

<sup>7</sup> Only parent cutoffs were included on the figures to avoid clutter. The actual means and standard deviations for the other sources are listed in Table 2.

For the functioning scale the top line represents the average parent rating of functioning in a community sample excluding the same cases mentioned above (youth who had been arrested, received behavioral health services, or attended a class for students with behavioral problems). The next line moving down is one standard deviation below this mean (total score = 52) and the third line is two standard deviations below this mean (total score = 40). Children whose parents rate them as having poorer functioning than the first or second cutoff could be reasonably assumed to have clinically meaningful impairment in functioning.

Comparisons could also be conducted between the agency worker ratings and the small sample of community youth rated by agency workers presented in Table 2. Many rater-based scales do not include norms. For example, the Hamilton Rating Scale for Depression has been used in hundreds of studies in various forms, but no normative sample is available (Grundy, Lunnen, Lambert, Ashton, & Tovey, 1994; Grundy, Lambert, & Grundy, 1996). As a result, we collected this initial data to begin the process of developing a rater based comparison sample that could be contrasted with clinical samples.

**Figure 1. Comparing with the Community & Tracking Change in Problem Severity**



AFRC = average parent rating community sample

P=parent rating, Y=youth rating, W=agency worker rating

## Figure 2. Comparing with the Community & Tracking Change in Functioning

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### *Tracking Changes Over Time*

The easy administration of the Ohio Scales allows the instrument to be used as frequently as the clinician would like. Over time, it is then possible to track any improvement in an objective manner, free from the difficulties of relying on memory.

Change in Total Scores. There are several different ways to use data collected over time. Viewing scale total scores, it is possible to see the overall amount of improvement. In addition, total scale scores can be compared to the community sample. For example, the clinician can examine scale total scores at intake and after three months to see if any changes in overall problem severity or functioning occurred. Figures 1 & 2 were developed for tracking change in problem severity and functioning. Total problem severity and functioning scores for all three sources (child, parent, and agency worker) can be charted on the two figures. The lines, however, represent the means and cutoff scores for parent ratings in the comparison sample. Lines are labeled on the figures and are described above.

Change in Items. It may also be useful in some cases to selectively track specific problem areas that were identified for clinical work. In this case, the client may complete specific relevant questions (items) more frequently than the scheduled administration of the entire Ohio Scales. The Ohio Scales offer great flexibility for individual customization in order to provide the greatest usefulness possible.

Compare Change in Scales. In constructing case conceptualizations, the clinician may also find it useful to use scale totals (or even specific item responses) to better understand theoretically how a client is improving. Specifically, the clinician may look at the improvement over time in the problem severity scale versus the functioning scale. Does it seem with a particular youth that problems have been disrupting functioning and an improvement in the problem severity scale precedes an improvement in the functioning scale? On the other hand, does it seem with a particular case that functioning improvement provides help with problems? The Ohio Scales provides specific information on an individual's changes to help address issues such as these.

Aggregate Change. Tracking results over time also provides useful information to administrators as well as clinicians. Administrators may aggregate or average the improvement numbers for all clients or groups of clients to obtain information regarding specific programs. These numbers may be very useful in reporting to regulatory bodies or in attempts to gain agency funding. **It should be noted that average change scores reported in this fashion do not include information regarding the causes of change. Unless control groups or some other form of control has been used in an experimental fashion, client improvement could be due to other factors than**

**treatment. As a result, administrators should be careful how they make attributions about evaluation data collected from a single group tracked over time.**

Satisfaction with Service. The clinician may also examine the satisfaction scale to see if the client is satisfied with behavioral health services. In addition, the satisfaction scales may be aggregated to give an overall picture of client satisfaction with services. Reports of high client satisfaction with services can be helpful in communicating overall agency effectiveness. Conversely, if client satisfaction ratings are less favorable, this would provide important feedback to the administrator regarding specific programs.

Change in Hopefulness. One key ingredient for family involvement in behavioral health services is the parent's hopefulness about being able to parent and care for their child. When families seek services, they are often physically tired and emotionally discouraged by the challenges of raising a child with serious emotional and behavioral problems. Similarly, the youth may lack hope about the future. Because of this, the Ohio Scales incorporates a four item scale to track hopefulness over time. Clinician's may find useful information about the parent's or youth's level of hopefulness over time by tracking changes in the hopefulness total scale score.

### ***Clinically Significant Change***

In the current behavioral health care market, consumers of outcome data want evidence that clients benefit from treatment. The statistical tests that researchers offer, however, do not always provide the most relevant information. Statistical tests may be difficult for many outcome consumers to understand. In addition, statistical tests do not provide information regarding the effectiveness of treatment for any one individual. Similarly, the clinical relevance of client change is not considered in many research designs. As a result, methods for determining and displaying the clinical meaningfulness of client change may facilitate the description and dissemination of outcome data.

Jacobson and colleagues (Jacobson, Follete, & Revenstorf, 1984; Jacobson & Revenstorf, 1988; Jacobson & Truax, 1991) proposed a standardized method for determining clinical significance. This method is based on the assumption that clinically significant change involves a return to normal functioning. Jacobson and Truax (1991) propose two criteria for assessing clinical significance.

First, clients receiving psychological interventions should move from a theoretical dysfunctional population to a functional population as a result of treatment. In other words, if the distributions of individuals in need of treatment and "healthy individuals" are represented graphically, the client who has completed treatment should be more likely to be identified as a member of the healthy population distribution. For example, a youth receiving outpatient counseling should have a problem severity score after treatment that is more similar to the scores for the general population than to other clinical samples.

Second, the change for a client must be reliable -- the pre to posttreatment change must be large enough that differences can be attributed to "real" change and not to measurement error. Jacobson and Truax (1991) provide a method to calculate a Reliable Change Index (RCI). The change is considered reliable, or unlikely to be the product of measurement error, if the change index (RCI) is greater than 1.96. If the client meets both criteria, movement from one distribution to the other and an RCI greater than 1.96, then the change is considered "clinically significant".

A number of other issues must be considered when using the Jacobson method, but a thorough discussion of the difficulties and issues is beyond the scope of this manual. Similarly, the technical description of RCI calculations is beyond the scope of this manual. Interested readers can refer to the technical manual or other sources for a more detailed review (e.g., Ogles, Lambert, & Masters, 1996).

Client Meaningful Change. Using the Jacobson method and the averages for our samples, we can identify cutoff and change scores that are necessary for calculating meaningful change using the Ohio Scales. Table 3 presents the cutoff scores and change scores for the problem severity and functioning scales for all three raters of outcome. For example, if the parent ratings indicated that the total problem severity score decreased by 10 points and the most recent rating fell below 25, then the youth could be said to have made clinically meaningful changes. These numbers are based on the samples presented in the Technical Manual. Site specific norms may sometimes be more useful.

Description of Meaningful Change. In addition to determining if the client made a clinically significant change or not, we could use these data to describe the child's pre- and post-treatment status. For example, "Sigmund entered treatment with a problem severity score of 40. This is typical of youth who receive community support services. After 9 months of service, he had a problem severity score of 12 which is more similar to other youth living in his community (within 1 standard deviation of the community sample mean). The magnitude or size of change (28 points) also indicates that he made a reliable change for the better."

**Table 3. Clinical Significance for the Ohio Scales - Short Form<sup>8</sup>**

<u>Scale</u>	<u>Change</u>	<u>Cutoff</u>
Problem Severity	10	25
Functioning		
Parent	8	50
Youth	8	60
Agency worker	8	50

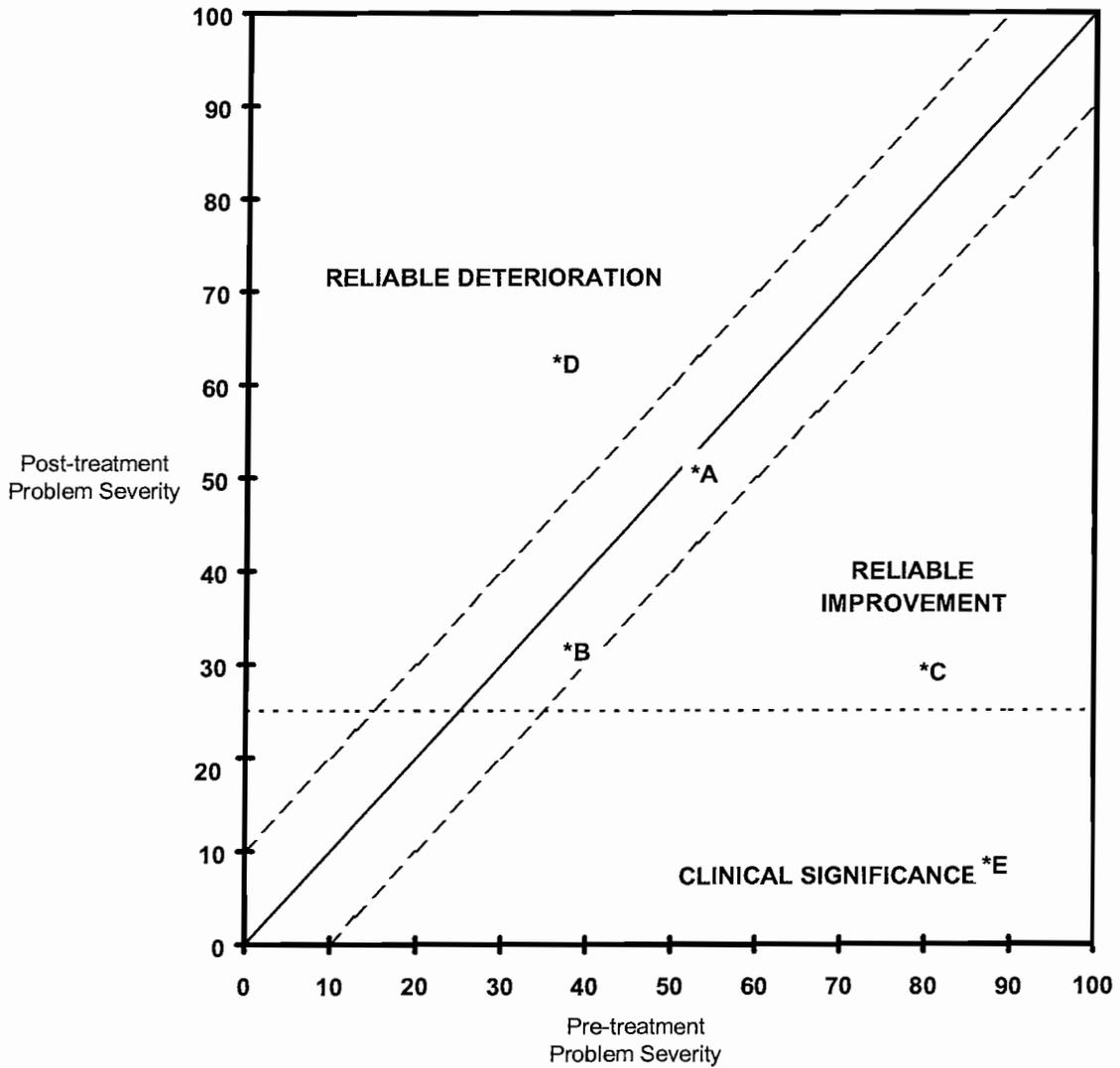
<sup>8</sup> Change scores and cutoff scores were determined mathematically and rationally balancing the need to find numbers that are empirically based yet practical in application. Note that the change and cutoff scores are identical for parents, youth, and agency workers on the problem severity scale.

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Comparing Clinical Change. If needed we could go one step further and indicate how Sigmund's post-treatment score compared to individuals in the general population, distressed individuals, and non-distressed individuals by calculating percentile scores for each of the distributions. Of course this would require additional detailed data regarding the Ohio Scales. The point is that clear statements regarding the clinical meaningfulness of the change may be useful adjuncts to other descriptions of outcome.

Graphic Depiction by Group. A final method of utilizing the Jacobson method involves the graphic depiction of pre to posttreatment change for individuals or groups of individuals. For example, Figure 3 displays a graph with the parent rated problem severity at intake on the bottom of the graph and the posttreatment score on the left side of the graph. The horizontal line (posttreatment score = 25) represents the cutoff score necessary to be considered part of the healthy group following treatment. The diagonal line running from corner to corner is the line of no change. Clients who have the same pretreatment and posttreatment total will be plotted on this line (Client A). The dashed diagonal lines on either side of the "line of no change" represent the change scores necessary to result in an RCI greater than 1.96. Clients between the dashed diagonal lines (Client B) did not improve sufficiently to rule out random fluctuations or test unreliability as the source of the change ( $RCI < 1.96$ ). Clients plotted outside the lines (above the top line or below the bottom line) can be considered to have made reliable changes ( $RCI > 1.96$ ). For example, Client C made changes for the better (below the bottom line) and Client D made changes for the worse (above the top line). Individuals who made reliable improvement and had end of treatment scores similar to the healthy population are plotted below the diagonal and the cutoff score (Client E). A similar graph could be created for the functioning scale.

**Figure 3. Clinical Significance on the Parent Rated Problem Severity Scale**



## PUTTING IT ALL TOGETHER - AN EXAMPLE

The primary purpose of this manual is to describe the basics of administration, scoring, and interpretation of the Ohio Scales. In the earlier sections, the main focus of the text was the use of the Ohio Scales for each individual. In this final section, an example report is provided that illustrates the potential use of the Ohio Scales for aggregate reporting.

BEGIN EXAMPLE REPORT

### REPORT OF OUTCOMES FOR "THEBEST" COMMUNITY SUPPORT PROGRAM

#### *Introduction*

The Best Community Support Program has been studying the effectiveness of their services over the past year. - Insert other relevant information here - This report presents a summary of findings regarding the initial status of children entering community support services, the clinical outcome of services, and parent and youth satisfaction with services.

#### *Procedure*

One-hundred parents rated their child using the parent version of the Ohio Scales every three months during treatment. The 50 youth who were 12 or older also completed self-report forms. Finally, the agency workers rated the 100 youth using the agency worker Ohio Scales. - Insert other relevant data about the families who receive services -

#### *Measures*

- Insert a description of the Ohio Scales and other measures used here -

#### *Initial Status*

The initial scores of the parents and youth give some indication of the severity of problems and level of functioning for youth entering community support services. The average initial score on each scale is listed in Table 1.

**Table 1. Average Initial Scores**

<u>Rater</u> Scale	<u>Intake</u> X (SD)	<u>Community</u> X (SD)
Parent		
Problem Severity	39.4 (32.8)	10.29 (9.88)
Functioning	41.6 (15.8)	63.95 (12.67)
Youth		
Problem Severity	30.3 (30.8)	18.18 (15.04)
Functioning	50.6 (14.7)	61.07 (12.99)

---

X = average score; SD = standard deviation

The scores in and of themselves are not useful unless compared to other youth. As a result, the average scores for a comparison sample are also presented. Clearly, the youth who are entering community support services have significantly more problems and poorer functioning than other youth in the community. - The table could also be displayed graphically and include agency worker scores -

### ***Clinical Outcome of Services***

The families that agreed to participate in the study were asked to complete the Ohio Scales at intake and every three months thereafter while they were receiving services up to a one-year follow-up. - insert other relevant data about the outcome data collection -

Table 2 displays the number of individuals who completed the forms at each time point. - Insert other information about the reasons for continuing or dropping out of services -

**Table 2. Number of Individuals Completing the Follow-up Ratings.**

<u>Rater</u>	<u>Intake</u>	<u>3 months</u>	<u>6 months</u>	<u>9 months</u>	<u>12 months</u>
Parent	100	60	40	30	20
Agency Worker	100	60	40	30	20
Youth	50	30	20	15	10

While the number of dropouts was quite high we conducted analyses to examine the perception of problem severity and functioning change for those who did continue. Paired t-tests examining changes from intake to 3 months were first examined. Means, standard deviations, and significance tests for the measures are presented in Table 3.

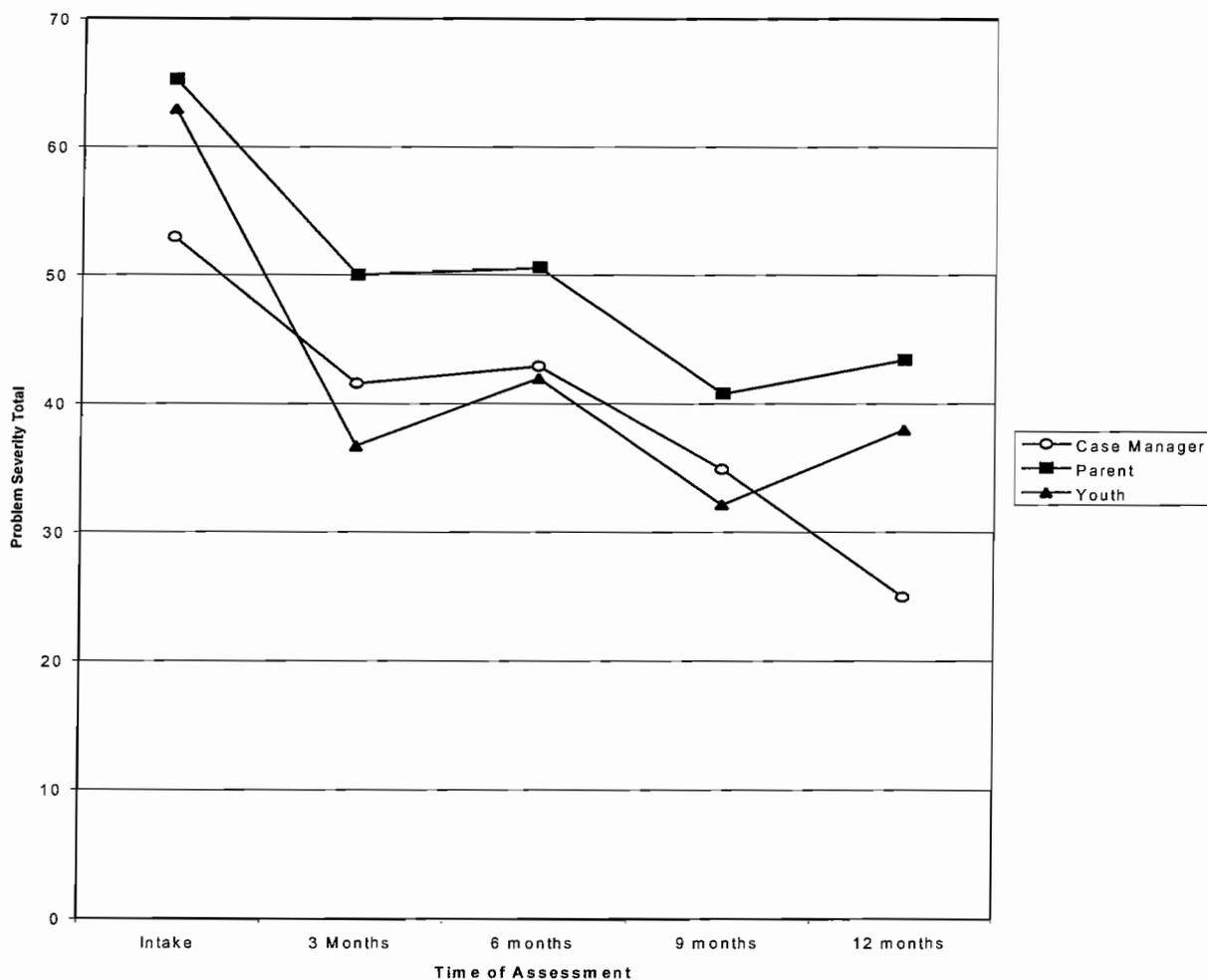
**Table 3. Means, Standard Deviations, and Significance Tests for Three Sources of Information in Three Content Areas from Intake to 3 month Assessment.<sup>9</sup>**

<u>Rater</u> <u>Scale</u>	<u>Intake</u> <u>X (SD)</u>	<u>3 months</u> <u>X (SD)</u>	<u>T</u>	<u>Sig.</u>
Parent (n = 60)				
Problem Severity	39.4 (18.8)	18.0 (12.0)	3.64	.001
Functioning	45.6 (15.8)	52.0 (14.2)	-1.24	.225
Agency Worker (n = 60)				
Problem Severity	42.4 (12.8)	16.6 (18.0)	3.06	.005
Functioning	41.6 (15.8)	48.3 (11.9)	-.634	.532
Youth (n = 30)				
Problem Severity	30.3 (30.8)	16.7 (23.2)	2.35	.057
Functioning	50.6 (14.7)	57.0 (13.7)	.624	.556

<sup>9</sup> All of this data is contrived and inaccurate.

As can be seen, the parents, community support workers, and youth all reported significant changes in problem severity. No changes were noted, however, in functioning. Figure 1 displays the change lines as rated by youth, parents, and agency workers for the problem severity scale.

**Figure 1. Change in Problem Severity**



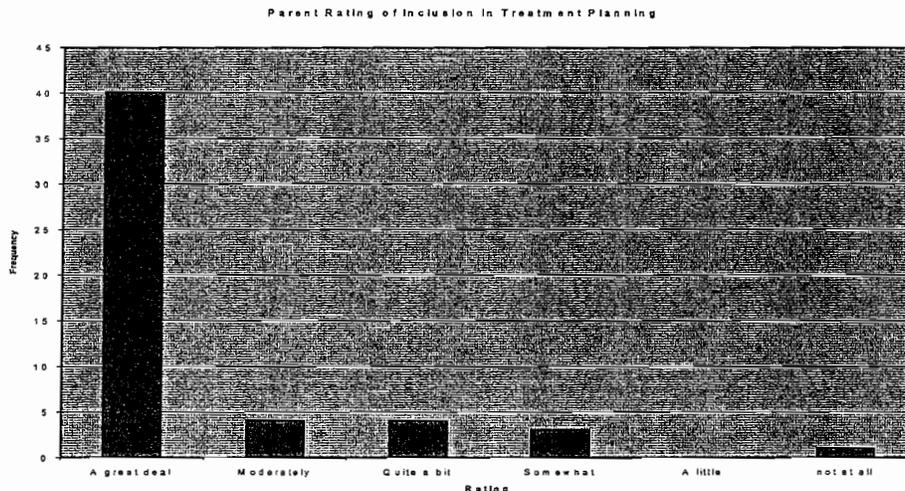
- Insert other graphs as appropriate for the data. A clinical significance graph (see Figure 3 above) may fit here too -

### ***Hopefulness of Parents and Youth***

- A similar description of changes in hopefulness for the parents and youth with appropriate graphs could be inserted here -

### ***Satisfaction with Services***

In addition to rating clinical improvement over time, the parents and youth also rated their satisfaction with services. The following figures illustrate the satisfaction ratings for parents and youth on the four satisfaction items.



- The other 7 graphs (one for each of the 4 items - P & Y forms) inserted here -

As can be seen, parents were generally satisfied with services (100% somewhat, moderately, or extremely satisfied), felt included in the treatment planning process (98% quite a bit, moderately, or a great deal), indicated that they were listened to when planning treatment, and felt some ownership of the treatment plan.

- Insert another paragraph describing the youth satisfaction graphs -

Overall, these ratings suggest that the families who were receiving services were pleased with the services they received and felt like they had access to, a voice in, and ownership of the treatment planning and implementation process.

### ***Summary***

Together the results of this report suggest that youth who participate in the community support program have significant problems upon entering into the program. They make meaningful changes while participating in the program especially when considering problem severity. Finally, they are generally satisfied with the services.

END OF EXAMPLE REPORT

## CONCLUSION

After reviewing the current state of outcome measurement within children's behavioral health services, we developed three brief measures of outcome covering multiple content areas from multiple sources. Our intent was to develop measures that could be used to track the progress of youth with serious emotional disorders as they receive behavioral health services. We hoped to develop pragmatic yet empirically sound measures that are grounded in the theoretical and practical world of multi-need youth.

This manual summarizes the administration, scoring, and interpretation strategies that can be used with the Ohio Scales. Emphasis was initially placed on the immediate interpretation and usefulness of test results for each individual case. A final example was included to illustrate the potential use of aggregate scores for depicting program or agency outcome data. Notably, the psychometric data for the Ohio Scales are not reported in this manual. Evidence of reliability, validity, and sensitivity to change is presented in the Technical Manual.

The ultimate usefulness of the Ohio Scales and this manual will be determined by those who use the scales. We welcome your comments and hope that the delicate balance between research rigor and pragmatics does not diminish the quality of the work. Please send comments to [ogles@ohio.edu](mailto:ogles@ohio.edu) or Ben Ogles, Ph. D., Porter Hall 241, Ohio University, Athens, OH 45701.

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# Ohio Youth Problem, Functioning, and Satisfaction Scales

## Youth Rating – Short Form (Ages 12-18)



Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_

ID#: _____ Completed by Agency _____
---

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which you have experienced the following problems in the past 30 days.		Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1.	Arguing with others	0	1	2	3	4	5
2.	Getting into fights	0	1	2	3	4	5
3.	Yelling, swearing, or screaming at others	0	1	2	3	4	5
4.	Fits of anger	0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	0	1	2	3	4	5
6.	Causing trouble for no reason	0	1	2	3	4	5
7.	Using drugs or alcohol	0	1	2	3	4	5
8.	Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9.	Skipping school or classes	0	1	2	3	4	5
10.	Lying	0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy	0	1	2	3	4	5
12.	Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13.	Talking or thinking about death	0	1	2	3	4	5
14.	Feeling worthless or useless	0	1	2	3	4	5
15.	Feeling lonely and having no friends	0	1	2	3	4	5
16.	Feeling anxious or fearful	0	1	2	3	4	5
17.	Worrying that something bad is going to happen	0	1	2	3	4	5
18.	Feeling sad or depressed	0	1	2	3	4	5
19.	Nightmares	0	1	2	3	4	5
20.	Eating problems	0	1	2	3	4	5

**Instructions:** Please circle your response to each question.

- Overall, how satisfied are you with your life right now?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How energetic and healthy do you feel right now?
  - Extremely healthy
  - Moderately healthy
  - Somewhat healthy
  - Somewhat unhealthy
  - Moderately unhealthy
  - Extremely unhealthy
- How much stress or pressure is in your life right now?
  - Very little stress
  - Some stress
  - Quite a bit of stress
  - A moderate amount of stress
  - A great deal of stress
  - Unbearable amounts of stress
- How optimistic are you about the future?
  - The future looks very bright
  - The future looks somewhat bright
  - The future looks OK
  - The future looks both good and bad
  - The future looks bad
  - The future looks very bad

**Total:** \_\_\_\_\_

**Instructions:** Please circle your response to each question.

- How satisfied are you with the mental health services you have received so far?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How much are you included in deciding your treatment?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- Mental health workers involved in my case listen to me and know what I want.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- I have a lot of say about what happens in my treatment.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all

**Total:** \_\_\_\_\_

<b>Instructions:</b> Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing products	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



# Ohio Youth Problem, Functioning, and Satisfaction Scales

## Parent Rating – Short Form

# P

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

ID#: \_\_\_\_\_  
Completed by Agency

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By:  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which your child has experienced the following problems in the past 30 days.		Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1.	Arguing with others	0	1	2	3	4	5
2.	Getting into fights	0	1	2	3	4	5
3.	Yelling, swearing, or screaming at others	0	1	2	3	4	5
4.	Fits of anger	0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	0	1	2	3	4	5
6.	Causing trouble for no reason	0	1	2	3	4	5
7.	Using drugs or alcohol	0	1	2	3	4	5
8.	Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9.	Skipping school or classes	0	1	2	3	4	5
10.	Lying	0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy	0	1	2	3	4	5
12.	Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13.	Talking or thinking about death	0	1	2	3	4	5
14.	Feeling worthless or useless	0	1	2	3	4	5
15.	Feeling lonely and having no friends	0	1	2	3	4	5
16.	Feeling anxious or fearful	0	1	2	3	4	5
17.	Worrying that something bad is going to happen	0	1	2	3	4	5
18.	Feeling sad or depressed	0	1	2	3	4	5
19.	Nightmares	0	1	2	3	4	5
20.	Eating problems	0	1	2	3	4	5

**Instructions:** Please circle your response to each question.

- Overall, how satisfied are you with your relationship with your child right now?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How capable of dealing with your child's problems do you feel right now?
  - Extremely capable
  - Moderately capable
  - Somewhat capable
  - Somewhat incapable
  - Moderately incapable
  - Extremely incapable
- How much stress or pressure is in your life right now?
  - Very little
  - Some
  - Quite a bit
  - A moderate amount
  - A great deal
  - Unbearable amounts
- How optimistic are you about your child's future right now?
  - The future looks very bright
  - The future looks somewhat bright
  - The future looks OK
  - The future looks both good and bad
  - The future looks bad
  - The future looks very bad

**Total:** \_\_\_\_\_

**Instructions:** Please circle your response to each question.

- How satisfied are you with the mental health services your child has received so far?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- To what degree have you been included in the treatment planning process for your child?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- To what extent does your child's treatment plan include your ideas about your child's treatment needs?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all

**Total:** \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing products	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



# Ohio Youth Problem, Functioning, and Satisfaction Scales

## Agency Worker Rating – Short Form

# W

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By: \_\_\_\_\_  Case Manager  Therapist  Other: \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which the designated child has experienced the following problems in the past 30 days.		Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1.	Arguing with others	0	1	2	3	4	5
2.	Getting into fights	0	1	2	3	4	5
3.	Yelling, swearing, or screaming at others	0	1	2	3	4	5
4.	Fits of anger	0	1	2	3	4	5
5.	Refusing to do things teachers or parents ask	0	1	2	3	4	5
6.	Causing trouble for no reason	0	1	2	3	4	5
7.	Using drugs or alcohol	0	1	2	3	4	5
8.	Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9.	Skipping school or classes	0	1	2	3	4	5
10.	Lying	0	1	2	3	4	5
11.	Can't seem to sit still, having too much energy	0	1	2	3	4	5
12.	Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13.	Talking or thinking about death	0	1	2	3	4	5
14.	Feeling worthless or useless	0	1	2	3	4	5
15.	Feeling lonely and having no friends	0	1	2	3	4	5
16.	Feeling anxious or fearful	0	1	2	3	4	5
17.	Worrying that something bad is going to happen	0	1	2	3	4	5
18.	Feeling sad or depressed	0	1	2	3	4	5
19.	Nightmares	0	1	2	3	4	5
20.	Eating problems	0	1	2	3	4	5

**ROLES:** Enter the number of days the youth was placed in each of the following settings during the past 90 days. (For example, the youth may have been in a detention center for 3 days, a group home for 7 days and with the biological mother for 80 days.)

_____ Jail	_____ Foster Care
_____ Juvenile Detention Center	_____ Supervised Independent Living
_____ Inpatient Psychiatric Hospital	_____ Home of a Family Friend
_____ Drug/Alcohol Rehabilitation Center	_____ Adoptive Home
_____ Medical Hospital	_____ Home of a Relative
_____ Residential Treatment	_____ School Dormitory
_____ Group Emergency Shelter	_____ Biological Father
_____ Residential Job Corp/Vocational Center	_____ Biological Mother
_____ Group Home	_____ Two Biological Parents
_____ Therapeutic Foster Care	_____ Independent Living with Friend
_____ Individual Home Emergency Shelter	_____ Independent Living by Self
_____ Specialized Foster Care	

**90** (Total for the two columns should equal 90)

<b>Markers:</b>	<b>Number in Past 90 Days</b>
School Placement: _____	Arrests _____
Current Psychoactive Medications: _____	Suspensions from school _____
_____	Days in Detention _____
	Days of School Missed _____
	Self-Harm Attempts _____

<b>Instructions:</b> Please circle the number corresponding to the designated youth's current level of functioning in each area.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing products	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



# Ohio Mental Health Consumer Outcomes System

## Ohio Youth Problem, Functioning, and Satisfaction Scales

Parent Rating – Short Form

# P

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_

ID#: \_\_\_\_\_  
Completed by Agency \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By:  Mother  Father  Step-mother  Step-father  Other: \_\_\_\_\_

Instructions: Please rate the degree to which your child has experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
	0	1	2	3	4	5
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total \_\_\_\_\_

**Instructions:** Please circle your response to each question.

- Overall, how satisfied are you with your relationship with your child right now?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How capable of dealing with your child's problems do you feel right now?
  - Extremely capable
  - Moderately capable
  - Somewhat capable
  - Somewhat incapable
  - Moderately incapable
  - Extremely incapable
- How much stress or pressure is in your life right now?
  - Very little
  - Some
  - Quite a bit
  - A moderate amount
  - A great deal
  - Unbearable amounts
- How optimistic are you about your child's future right now?
  - The future looks very bright
  - The future looks somewhat bright
  - The future looks OK
  - The future looks both good and bad
  - The future looks bad
  - The future looks very bad

**Total:** \_\_\_\_\_

**Instructions:** Please circle your response to each question.

- How satisfied are you with the mental health services your child has received so far?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- To what degree have you been included in the treatment planning process for your child?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- Mental health workers involved in my case listen to and value my ideas about treatment planning for my child.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- To what extent does your child's treatment plan include your ideas about your child's treatment needs?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all

**Total:** \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which your child's problems affect his or her current ability in everyday activities. Consider your child's current level of functioning.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4



**Ohio Mental Health Consumer Outcomes System**  
**Ohio Youth Problem, Functioning, and Satisfaction Scales**  
 Agency Worker Rating – Short Form

**W**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_ Child's Grade: \_\_\_\_\_ ID#: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Child's Sex:  Male  Female Child's Race: \_\_\_\_\_

Form Completed By: \_\_\_\_\_  Case Manager  Therapist  Other: \_\_\_\_\_

<b>Instructions:</b> Please rate the degree to which the designated child has experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total \_\_\_\_\_

**ROLES:** Enter the number of days the youth was placed in each of the following settings during the past 90 days. (For example, the youth may have been in a detention center for 3 days, a group home for 7 days and with the biological mother for 80 days.)

_____ Jail	_____ Foster Care
_____ Juvenile Detention Center	_____ Supervised Independent Living
_____ Inpatient Psychiatric Hospital	_____ Home of a Family Friend
_____ Drug/Alcohol Rehabilitation Center	_____ Adoptive Home
_____ Medical Hospital	_____ Home of a Relative
_____ Residential Treatment	_____ School Dormitory
_____ Group Emergency Shelter	_____ Biological Father
_____ Residential Job Corp/Vocational Center	_____ Biological Mother
_____ Group Home	_____ Two Biological Parents
_____ Therapeutic Foster Care	_____ Independent Living with Friend
_____ Individual Home Emergency Shelter	_____ Independent Living by Self
_____ Specialized Foster Care	

**90** (Total for the two columns should equal 90)

**Markers:**

School Placement: \_\_\_\_\_

Current Psychoactive Medications: \_\_\_\_\_

\_\_\_\_\_

**Number in Past 90 Days**

Arrests \_\_\_\_\_

Suspensions from school \_\_\_\_\_

Days in Detention \_\_\_\_\_

Days of School Missed \_\_\_\_\_

Self-Harm Attempts \_\_\_\_\_

**Instructions:** Please circle the number corresponding to the designated youth's current level of functioning in each area.

Extreme Troubles  
Quite a Few Troubles  
Some Troubles  
OK  
Doing Very Well

	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

(Add ratings together) Total \_\_\_\_\_



# Ohio Mental Health Consumer Outcomes System

## Ohio Youth Problem, Functioning, and Satisfaction Scales

Youth Rating – Short Form (Ages 12-18)

# Y

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Grade: \_\_\_\_\_ ID#: \_\_\_\_\_  
Completed by Agency

Date of Birth: \_\_\_\_\_ Sex:  Male  Female Race: \_\_\_\_\_

Instructions: Please rate the degree to which you have experienced the following problems in the past 30 days.	Not at All	Once or Twice	Several Times	Often	Most of the Time	All of the Time
1. Arguing with others	0	1	2	3	4	5
2. Getting into fights	0	1	2	3	4	5
3. Yelling, swearing, or screaming at others	0	1	2	3	4	5
4. Fits of anger	0	1	2	3	4	5
5. Refusing to do things teachers or parents ask	0	1	2	3	4	5
6. Causing trouble for no reason	0	1	2	3	4	5
7. Using drugs or alcohol	0	1	2	3	4	5
8. Breaking rules or breaking the law (out past curfew, stealing)	0	1	2	3	4	5
9. Skipping school or classes	0	1	2	3	4	5
10. Lying	0	1	2	3	4	5
11. Can't seem to sit still, having too much energy	0	1	2	3	4	5
12. Hurting self (cutting or scratching self, taking pills)	0	1	2	3	4	5
13. Talking or thinking about death	0	1	2	3	4	5
14. Feeling worthless or useless	0	1	2	3	4	5
15. Feeling lonely and having no friends	0	1	2	3	4	5
16. Feeling anxious or fearful	0	1	2	3	4	5
17. Worrying that something bad is going to happen	0	1	2	3	4	5
18. Feeling sad or depressed	0	1	2	3	4	5
19. Nightmares	0	1	2	3	4	5
20. Eating problems	0	1	2	3	4	5

(Add ratings together) Total \_\_\_\_\_

**Instructions:** Please circle your response to each question.

- Overall, how satisfied are you with your life right now?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How energetic and healthy do you feel right now?
  - Extremely healthy
  - Moderately healthy
  - Somewhat healthy
  - Somewhat unhealthy
  - Moderately unhealthy
  - Extremely unhealthy
- How much stress or pressure is in your life right now?
  - Very little stress
  - Some stress
  - Quite a bit of stress
  - A moderate amount of stress
  - A great deal of stress
  - Unbearable amounts of stress
- How optimistic are you about the future?
  - The future looks very bright
  - The future looks somewhat bright
  - The future looks OK
  - The future looks both good and bad
  - The future looks bad
  - The future looks very bad

**Total:** \_\_\_\_\_

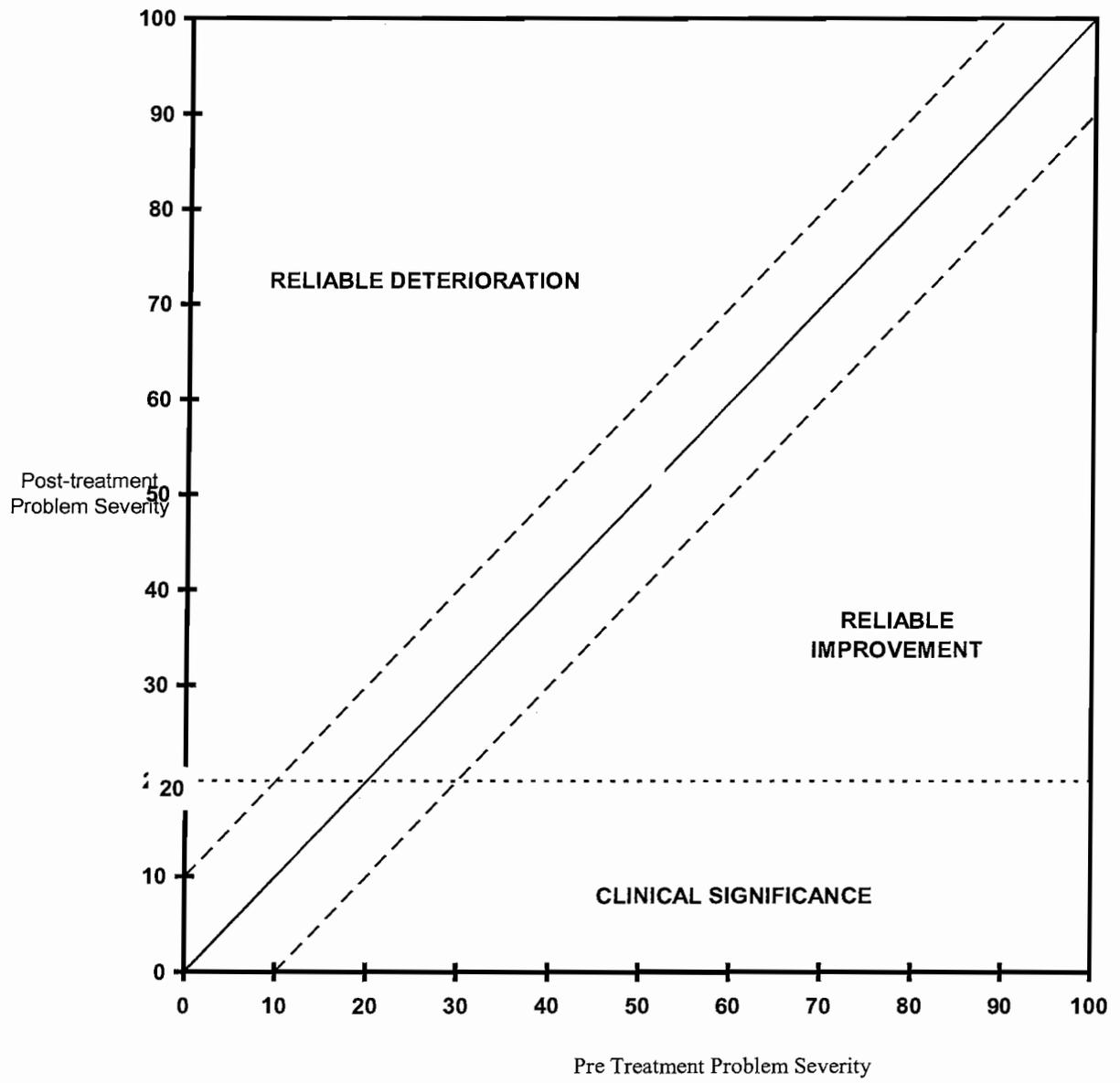
**Instructions:** Please circle your response to each question.

- How satisfied are you with the mental health services you have received so far?
  - Extremely satisfied
  - Moderately satisfied
  - Somewhat satisfied
  - Somewhat dissatisfied
  - Moderately dissatisfied
  - Extremely dissatisfied
- How much are you included in deciding your treatment?
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- Mental health workers involved in my case listen to me and know what I want.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all
- I have a lot of say about what happens in my treatment.
  - A great deal
  - Moderately
  - Quite a bit
  - Somewhat
  - A little
  - Not at all

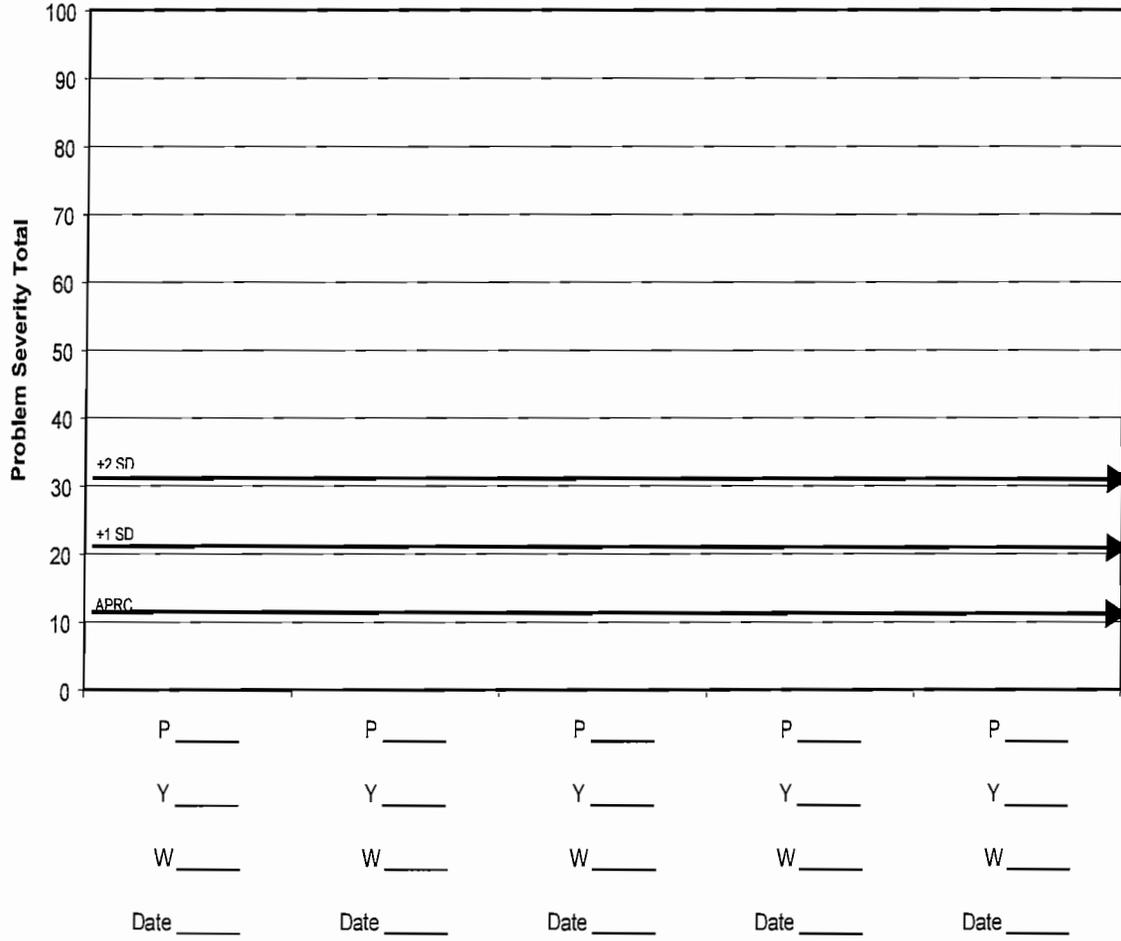
**Total:** \_\_\_\_\_

<b>Instructions:</b> Below are some ways your problems might get in the way of your ability to do everyday activities. Read each item and circle the number that best describes your current situation.	Extreme Troubles	Quite a Few Troubles	Some Troubles	OK	Doing Very Well
1. Getting along with friends	0	1	2	3	4
2. Getting along with family	0	1	2	3	4
3. Dating or developing relationships with boyfriends or girlfriends	0	1	2	3	4
4. Getting along with adults outside the family (teachers, principal)	0	1	2	3	4
5. Keeping neat and clean, looking good	0	1	2	3	4
6. Caring for health needs and keeping good health habits (taking medicines or brushing teeth)	0	1	2	3	4
7. Controlling emotions and staying out of trouble	0	1	2	3	4
8. Being motivated and finishing projects	0	1	2	3	4
9. Participating in hobbies (baseball cards, coins, stamps, art)	0	1	2	3	4
10. Participating in recreational activities (sports, swimming, bike riding)	0	1	2	3	4
11. Completing household chores (cleaning room, other chores)	0	1	2	3	4
12. Attending school and getting passing grades in school	0	1	2	3	4
13. Learning skills that will be useful for future jobs	0	1	2	3	4
14. Feeling good about self	0	1	2	3	4
15. Thinking clearly and making good decisions	0	1	2	3	4
16. Concentrating, paying attention, and completing tasks	0	1	2	3	4
17. Earning money and learning how to use money wisely	0	1	2	3	4
18. Doing things without supervision or restrictions	0	1	2	3	4
19. Accepting responsibility for actions	0	1	2	3	4
20. Ability to express feelings	0	1	2	3	4

**(Add ratings together) Total** \_\_\_\_\_



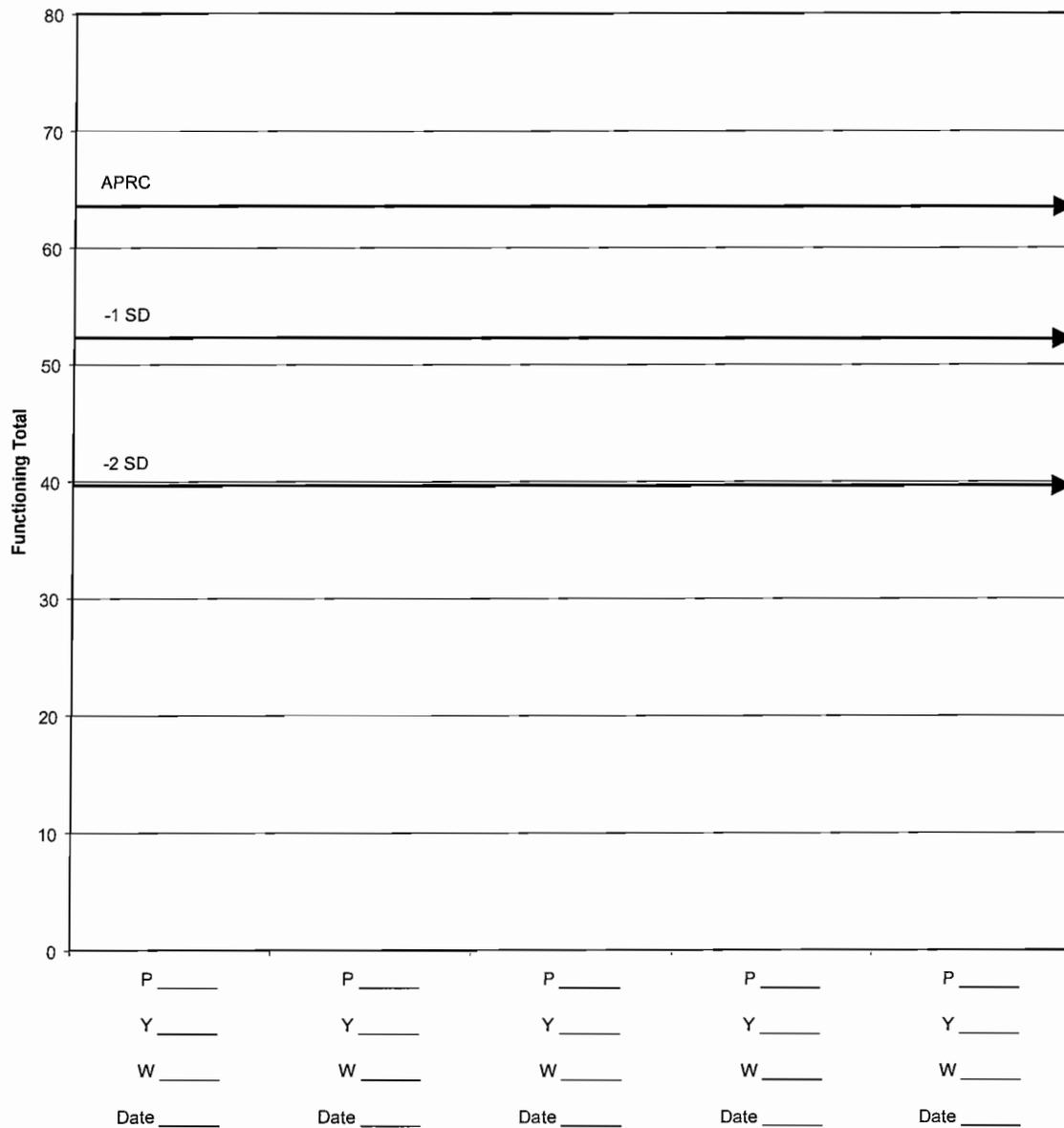
Ohio Scales - Problem Severity Scale (Short Form)



APRC = average parent rating community sample

P=parent rating, Y=youth rating, W=agency worker rating

### Ohio Scales- Functioning Scale (Short Form)



P = Parent; Y = Youth; W = Agency Worker

APRC = average parent rating community sample

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# The Devereux Early Childhood Assessment Clinical Form (DECA-C)

*A measure of behaviors related to risk and  
resilience in preschool children*

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by Paul A. LeBuffe & Jack A. Naglieri

## INFORMATION PACKET





Enclosed please find information on the DECA-C, a behavior rating scale designed to assess social/emotional resilience and behavioral concerns in preschool children. Developed by the Devereux Foundation, the nation's largest non-profit, private provider of behavioral health care and special education services, the DECA-C assists early childhood mental health professionals provide a strength-based approach to children displaying challenging behavior in school and/or home settings.

Here's what some of our DECA-C Users have to say about this useful tool:

"I like the practicality of the instrument and the validity that has been demonstrated. It is easy for the parents to utilize and easy for the clinician to score. I think the approach of focusing on protective factors and lowering risk factors seems to be very effective as well." *Jessica Leon, Clinical Supervisor, Family Central, North Lauderdale, Florida*

"I feel it is really accurate and gives good information. Being able to compare a teacher and a parent rating is important and helpful in seeing differences in behavior and whether it is related to differences in perception or setting. It is clear, easy to interpret, and not so long that parents feel they are answering the same question over and over again." *Robyn Robbins, Early Childhood Psychologist, Grant Wood AEA, Cedar Rapids, Iowa*

"The DECA-C provides clinical feedback that supports me in heading down the right path and opens up avenues for valuable conversation. The information is useful!" *Cathy Vogel, Early Childhood Mental Health Consultant, KEEP Program, Lansing, Michigan*

In addition to being appropriate for use in early care and education settings, the DECA-C can also be used in clinical-based mental health settings, child guidance clinics, private practice, pediatricians' offices, foster care, and children's and psychiatric hospitals. This clinical assessment tool is also being used for research in both academic and clinical settings. If you think that the DECA-C might be useful to you or your organization, we would be happy to provide more information on resources and training options that are available. You can call us toll free at 1-866 TRAIN US or you can email us at [deca@devereux.org](mailto:deca@devereux.org).

Sincerely,

A handwritten signature in cursive script, appearing to read "Linda Likins".

Linda Likins  
National Director  
Devereux Early Childhood Initiative

**Introducing the  
The Devereux Early Childhood Assessment  
Clinical Form (DECA-C)  
By Paul LeBuffe & Jack Naglieri**

The Devereux Early Childhood Assessment-Clinical Form (DECA-C) is an assessment of resilience in preschoolers ages 2 through 5 (i.e., up to the sixth birthday) with social and emotional problems or significant behavioral concerns. This standardized, norm-referenced behavior rating scale is part of the DECA Program -- a mental health promotion and primary prevention program designed to enhance within-child protective factors while simultaneously decreasing behavioral concerns in young children. In keeping with this program's emphasis on promoting strengths, the DECA-C includes three protective factor scales (Initiative, Self-control, and Attachment), in addition to four behavioral concerns scales (Attention Problems, Aggression, Withdrawal/Depression, Emotional Control Problems). The DECA-C can be completed by both teachers and parents, but must be interpreted by a behavioral healthcare or special education professional. The uses, standardization, reliability and validity of this assessment are presented below.

**Introduction**

Since the landmark studies of Emmy Werner, professionals have recognized that protective factors in early childhood play a crucial role in determining subsequent adjustment or maladjustment to life stresses. Protective factors are characteristics, events or processes that decrease the impact of risk factors. Protective factors are generally recognized as occurring at three levels – environmental (e.g. high quality childcare and education programs), familial (e.g. loving parents), and within-child (i.e. personality characteristics and behavioral styles). Children with strong protective factors who cope successfully with risk, adversity and stress are often described as resilient.

Werner's recommendation that both assessment and diagnosis in early intervention should focus on protective factors as well as risks (Werner, 1990) has been hampered by the lack of an economical, psychometrically sound, and clinically useful measure of within-child protective factors and behavioral concerns. Both the standard and clinical forms of the Devereux Early Childhood Assessment (DECA) (LeBuffe & Naglieri, 1999) have been developed as part of a program to fill this gap and thereby provide early childhood professionals with empirically sound tools for assessing the strength of protective factors and the severity of behavioral concerns in preschoolers.

*Before the DECA-C...*

## **The Devereux Early Childhood Assessment (DECA) Program**

The basic strategy of the DECA Program is to identify vulnerable children who have comparatively weak or poorly developed within-child protective factors and then implement strategies in the preschool classroom and home to strengthen these characteristics. The DECA Program is a primary prevention and mental health promotion program that is implemented at the universal and targeted levels. Universal strategies are implemented by the teacher at the classroom level and are intended to benefit all children in the class. Targeted strategies are also implemented by the teacher, but focus on specific children who obtain low scores on the within-child protective factor scales. The DECA is appropriate for use with all children in an effort to promote social and emotional development while at the same time reducing and/or preventing challenging behaviors.

Based on resilience theory, the DECA is a comprehensive, strength-based assessment of within-child protective factors in preschool age children. The 37-item DECA contains three protective factor scales: Initiative, Self-control, and Attachment.

- Initiative items assess the child's ability to use independent thought and action to meet his or her needs.
- Self-control items measure the child's ability to experience a range of feelings and express them using words and actions that society considers appropriate.
- Attachment items assess the mutual, strong and long-lasting relationship between a child and significant adults such as parents, family members and teachers.

The DECA also includes a Total Protective Factors Scale that is a composite of the above three scales and provides an overall indication of the strength of the child's protective factors. These scales were identified and normed on a nationwide, representative sample of 2000 children. Also part of the standard DECA is a Behavioral Concerns Screener consisting of 10 items that address social and emotional problems. The DECA can be completed by both parents and teachers. Teachers can appropriately score and interpret the DECA and utilize results to support children in both the school and home environments.

The DECA is the centerpiece of the DECA Program, a comprehensive approach that promotes the resilience of young children and improves the quality of early childhood programs. The DECA Program is a five step system that includes: 1) Collecting information on both individual children and the quality of the classroom, 2) Administering the DECA on all children, 3) Summarizing DECA results utilizing both individual child and classroom profiles, 4) Developing plans based on the assessment results that are implemented in both the classroom and the home, and 5) Evaluating progress. In addition to the DECA assessment, classroom and home-based strategy guides for promoting healthy social and emotional development are provided.

**"In the state of Ohio, we like using the DECA Program as a universal approach for promoting social and emotional development of all preschool children. However, we also had a need for something more to assist with children who have significant mental health issues. The DECA-C has helped early childhood mental health professionals see deeper into some of the issues that may exist with these children and plan more effectively for treatment success." Marla Himmeger, Mental Health Administrator, Ohio Department of Mental Health, Columbus, Ohio**

## The DECA-Clinical Form (DECA-C)

The DECA-C (LeBuffe & Naglieri, 2003) was developed due to requests from preschool professionals for a more thorough assessment of problem behaviors for those children already exhibiting significant behavioral difficulties. A primary prevention program by itself cannot meet the needs of these children. Expanded interventions for these children necessitate a more comprehensive assessment.

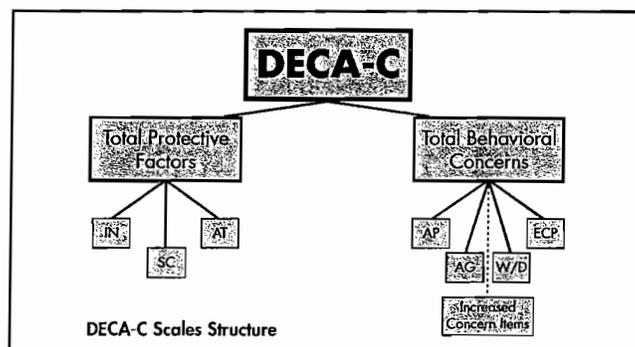
The DECA-C is a standardized, norm-referenced behavior rating scale that not only assesses social/emotional resilience in children 2 through 5, but, in addition, provides a comprehensive assessment of behavioral concerns. Like the DECA, the DECA-C can be completed by both parents and teachers. However, the DECA-C must be interpreted by a mental health or special education professional. More information on the required qualifications to order and use the DECA-C can be found on page 10 of this information packet.

The DECA-C is comprised of the same three protective factors scales found on the DECA, but also includes four behavioral concerns scales: Attention Problems, Aggression, Withdrawal/Depression, and Emotional Control Problems. To some degree, all young children exhibit the behaviors reflected in these scales. These behaviors become problematic when they occur in excess and begin to interfere with major developmental tasks, begin to cause adjustment problems for the child, or cause anxiety and worry for parents and teachers.

- Attention Problems items assess the child's ability to focus on a task and ignore competing environmental stimuli.
- Aggression items measure hostile or destructive acts directed at other persons or things.
- Withdrawal/Depression items address behaviors related to emotional and social withdrawal in which the child is self-absorbed and tends to attend to his/her own thoughts or play rather than responding to others in reciprocal interactions.
- Emotional Control Problems items assess difficulties the child has in modifying the overt expression of negative emotion to more positive ones in order to pursue goal directed behaviors.

The DECA-C also includes a Total Behavioral Concerns Scale that is a composite of the four behavioral concerns scales, and provides an overall index of the magnitude and severity of the child's behavioral problems.

DECA-C results are displayed on an individual child profile, which facilitates sharing results with parents and teachers.



IN=Initiative, SC=Self-control, AT=Attachment, AP=Attention Problems, AG=Aggression, W/D=Withdrawal/Depression, ECP=Emotional Control Problems

## Purpose and Uses of the DECA-C

The primary purpose of the DECA-C is to support early intervention efforts to reduce or eliminate significant emotional and behavioral problems in preschool children. Specific uses of the DECA-C include:

1. Identifying young children who may be experiencing significant social and emotional problems.
2. Assessing the nature and severity of both the behavioral concerns and the protective factors so that interventions can focus on salient problems while building upon the child's strengths.
3. Assist Head Start programs in meeting the Program Performance Standards (45 CFR 1301 et al.), especially in regard to behavioral screenings (13-4.20 (b)), support of social and emotional development through developing each child's strengths (1304.21 (a) (3)), and child mental health services (1304.24). The DECA-C's objective format, inclusion of strengths, and utilization of family members as raters makes it ideally suited for use within Head Start Programs.
4. Assist early intervention programs in meeting the IDEA (PL 105-17) requirements to consider the strengths of the child and the concerns of the parents in developing individual education plans (IEPs) and individual family service plans (IFSPs) (111 STAT. 86 (A) (I)).
5. Provide early childhood programs with a useful outcome measure related to children's social and emotional health. By comparing changes over time in an individual child's scores, the DECA-C can be used to evaluate the effectiveness of early intervention programs.
6. Compare scores obtained from different adults (e.g., a teacher and a parent) to evaluate the consistency or variability of a child's behavior in different environments.
7. Provide a well-developed measure of behavioral concerns and within-child protective factors for research purposes.

The DECA-C can be used in conjunction with the DECA Program for those children who are being considered for, or are currently receiving expanded services (e.g. special education). The DECA-C can also be used in settings not currently using the DECA Program for the purpose of assessment, treatment planning, and evaluating success of treatment intervention.

"We here at Comprehensive Services have been using the DECA-C as a Level II assessment, after we've received a referral on a child for behavioral concerns and the child has already had Level I screens (ASQ,ESI-P/K, or DECA). What we like about the tool is that it gives you tangible items/goals to bring to the table with the teacher/parent to create a plan to help the child be more successful." *Shelli Appelbaum, Comprehensive Services, Supervisor, West Palm Beach, Florida*

"When I have used the DECA-C, it has proven wonderfully useful. I am a child therapist and do developmental assessments for Help Me Grow. I typically use the Battelle when doing the assessment. Recently, there was a particularly confusing case and I combined the Battelle with the DECA-C. These two instruments mesh quite well and gave me great information not only about the child but how to engage the family with the child as well." *Linda Richardson, PCC, Tri County Mental Health and Counseling, Athens, Ohio*

## Special Features and Benefits of the DECA-C

- **The DECA-C is fast and easy to use** – The DECA-C provides a wealth of information with only 62 items. Scoring is made simple by a user-friendly record form that provides results in both graph and written form.
- **The DECA-C meets or exceeds professional standards** – The DECA-C was developed to meet the standards for assessments promulgated by both the American Psychological Association (APA) and the National Association for the Education of Young Children (NAEYC). See pages 6 and 7 for details on standardization, reliability and validity.
- **The DECA-C encourages and supports collaboration among parents, teachers and mental health professionals** – In addition to providing both parent and teacher norms, the DECA-C manual describes how the results can be used within the context of early childhood mental health consultation to support parents and teachers as well as the child.
- **DECA-C results lead directly to treatment interventions** – A five step interpretation approach leads from general information about the severity of behavioral concerns and protective factor deficits to specific, focal concerns that can be addressed in treatment.
- **The DECA-C can be used in a variety of settings** – In addition to the DECA-C's application in early care and education settings, the assessment can be used in clinic-based mental health programs, child guidance clinics, private practice, pediatricians' offices, foster care, and children's and psychiatric hospitals.
- **The DECA-C includes advanced interpretation techniques to ensure a thorough analysis of results** – The DECA-C manual provides explicit guidance on, and tables to facilitate, rater comparisons, pretest-posttest comparisons and program evaluation.

"The DECA-C allows clinicians to analyze both internalizing and externalizing behavior as well as strengths in protective factors, which leads to optimal and individualized treatment strategies." *Mary Mackrain, Early Childhood Consultant, Child Care Expulsion Project, Birmingham, Michigan*

"One of the unique innovative features of the DECA-C is its method of 'problem item identification'. It flags behavior items that are more than a standard deviation above the normative score and therefore problematic. It really provides the clinician with specific behaviorally-based targets for specific interventions." *Tom Lottman, Deputy Director, Children, Inc., Covington, Kentucky*

## **Standardization of the Behavioral Concerns Scale**

The standardization sample for the Behavioral Concerns Scale consisted of 1,108 preschool children, aged 2 years 0 months through 5 years 11 months 30 days, who were rated on the DECA-C. These children were rated by parents (n = 541) or teachers (n = 567). The sample approximated the population of preschoolers in the United States with respect to race, ethnicity, region of residence, and family income (See Table 1). The socioeconomic status of the standardization sample was assessed by determining the number of children receiving either subsidized day care or public assistance.

### **Reliability**

Studies indicate that the DECA-C is a reliable instrument for assessing preschool children's behavioral concerns. The internal reliability estimates for each scale were calculated separately for each rater (parent or teacher). For parents, the alpha coefficients range from a low of .66 on Withdrawal/ Depression to a high of .78 on Emotional Control Problems, with a median of .76. For teachers, the alpha coefficients range from a low of .80 on Withdrawal/Depression to a high of .90 on Attention Problems, with a median of .88. The teacher alpha coefficients all meet or exceed the standard suggested by Bracken (1987).

### **Criterion Validity**

The criterion validity of the DECA-C was established by examining its ability to correctly predict whether an individual child was part of a clinical or community (i.e., non-referred) sample. The two groups were matched on salient demographic characteristics. On each scale, the Clinical group mean score was at least five T-score points higher than the mean of the Community group. For each scale, the Clinical group received a significantly higher mean score than the Community (all p values < .01). Discriminant analysis using the Total Behavioral Concerns Scale resulted in 74% classification accuracy. (See Table 2)

## **Conclusion**

Over the last decade, there has been a paradigm shift within the assessment field to focus on child strengths as well as child deficits. The strength-based perspective "represents a significant departure in how children are viewed, assessed, and treated" (Epstein & Sharma, 1998), and is predicated on the beliefs that 1) all children have strengths and that 2) treatment plans and services need to be based on those strengths. The authors of the DECA-C hope that the publication of this instrument will support and further the current efforts in both applied psychology and early care and education to recognize the importance of, and to promote, healthy social and emotional growth in preschool children. Only through fostering strength while simultaneously reducing behavioral concerns can we maximize the likelihood of success for young children who have already started to evidence significant social and emotional problems.

Characteristics	DECA-C Sample		U.S. Percent
	N	%	%
Gender			
Male	562	51.3	51.1
Female	534	48.7	48.9
Race			
White	806	73.3	67
Black	172	15.7	14.6
Asian or Pacific Islander	21	1.9	3.7
American Indian	10	0.9	1.1
Other	90	8.2	13.5
Hispanic Ethnicity			
Hispanic	97	9.2	19.4
Non-Hispanic	954	90.8	80.6

Note: The U.S. population data are based on children under the age of five in Census 2000 PHC-T-9. Population by Age, Sex, Race and Hispanic or Latino Origin for the United States: 2000. [www.census.gov](http://www.census.gov).

Scales	Sample	Mean	Standard Deviation	F Value	Sig.
Attention Problems	Community	54.8	10.2	47.4	.01
	Clinical	65.1	10.1		
Aggression	Community	54.5	9.5	41.8	.01
	Clinical	63.8	9.9		
Emotional Control Problems	Community	54.7	9.0	35.9	.01
	Clinical	63.2	9.9		
Withdrawal/ Depression	Community	53.7	10.6	8.1	.01
	Clinical	58.5	12.0		
Total Behavioral Concerns	Community	54.5	10.0	7.48	.01
	Clinical	65.2	9.1		

Note: community sample N=86, clinical sample N=95

## References

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The DECA and the DECA-C are part of the Devereux Early Childhood Initiative – a nationwide program to promote healthy social and emotional development in preschool children. This Initiative is a service of The Devereux Foundation, the nation's largest non-profit, private provider of behavioral healthcare and special education services.

Training on the use of the DECA and the DECA-C is available through the Devereux Early Childhood Initiative.

The authors of the DECA and the DECA-C, and the staff of the Devereux Early Childhood Initiative are very interested in collaborative research. Interested researchers can contact them through Paul LeBuffe at [plebuffe@Devereux.org](mailto:plebuffe@Devereux.org)

For more information on the DECA Program and the Devereux Early Childhood Initiative, visit [www.Devereuxearlychildhood.org](http://www.Devereuxearlychildhood.org) or call (610) 542-3109

## **Devereux Early Childhood Assessment Clinical Form (DECA-C) Training**

The DECA-C is a standardized, norm-referenced behavior rating scale that assesses behaviors related to both social/emotional resilience and social/emotional concerns. Measuring both a child's strengths and behavior concerns, the DECA-C provides a balanced description of the child's behavior and allows for strength-based planning and strategy implementation.

### **Training Content**

The DECA-C training focuses on the use of the tool in the delivery of early childhood mental health services. The training will prepare participants to both administer and score the assessment and also to utilize assessment results for consultation purposes, service planning, and program evaluations. The training will focus on:

- Using the DECA-C in the context of early childhood mental health consultation
- Understanding the development of the DECA-C
- Administering and interpreting the DECA-C
- Using the DECA-C for intervention and referral
- Working with teachers and families to plan interventions using DECA-C results
- Evaluating progress through pre/post comparison of assessment information
- Understanding the relationship between the DECA Program and the DECA-C

### **Who should attend DECA-C Training?**

DECA-C Training provides practical applications of the assessment tool's use in early childhood mental health settings. The training is primarily for Level B Users (please see page 10 for more information on Level B User Qualifications), which typically include mental health professionals and early childhood professionals who have graduate level training in assessment. Those who do not meet the criteria for being a Level B user can attend the training and pass a competency assessment in order to qualify for ordering and using the DECA-C.

### **DECA-C Trainers**

The DECA-C trainings are conducted by Certified DECA-C Trainers. Trainers include the authors of the DECA-C, Devereux Early Childhood Staff, as well as early childhood and mental health consultants from around the country who have been through our certified training process.

### **Training Options**

Devereux offers DECA-C training several times a year in Villanova, PA, Westminster, CO and other locations around the nation. Devereux is also available to train on-site for professionals in your program and community.



### **For more information on DECA-C Training:**

#### **Devereux Early Childhood Initiative**

444 Devereux Drive  
Villanova, PA 19085

Toll Free: 1-866- TRAIN US

e-mail: [DECA@Devereux.org](mailto:DECA@Devereux.org)

Web: [www.devereuxearlychildhood.org](http://www.devereuxearlychildhood.org)



Customer # \_\_\_\_\_ K# \_\_\_\_\_

# The Devereux Early Childhood Assessment Clinical Form (DECA-C) Customer Qualifications

Complete all areas of this form and mail or fax to:  
Kaplan Early Learning Company - PO Box 609 - 1310 Lewisville-Clemons Rd - Lewisville, NC 27023-0609 -  
Fax: 800-452-7526

Name/Degree: \_\_\_\_\_  
Organization Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail (optional): \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

DECA-C Users need to have *one* of the following (please check the first one that applies to you and fill out the licensure/degree information):

Have a professional license\*  
License/Certificate: \_\_\_\_\_ State: \_\_\_\_\_  
Licensing/Certifying Agency: \_\_\_\_\_  
Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

-or-

Have a degree\* from a 4-year college or university and graduate level training in assessment  
Highest degree earned: \_\_\_\_\_ Major Field: \_\_\_\_\_  
Year: \_\_\_\_\_ Institution: \_\_\_\_\_  
Training/Courses completed in assessment:

Course	Date	Institution	Undergraduate/Graduate
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

-or-

Have a degree\* from a 4-year college or university and have a credentialed supervisor (see bottom of page)  
Highest degree earned: \_\_\_\_\_ Major Field: \_\_\_\_\_  
Year: \_\_\_\_\_ Institution: \_\_\_\_\_

-or-

Have a degree\* from a 4-year college or university, attend a DECA-C training given by a certified trainer, and pass a competency based evaluation at the end of the training  
Highest degree earned: \_\_\_\_\_ Major Field: \_\_\_\_\_  
Year: \_\_\_\_\_ Institution: \_\_\_\_\_  
Date/Location of DECA-C training and evaluation: \_\_\_\_\_

\*The license or degree must be in a relevant area such as psychology, social work, early childhood education, or special education.

I certify that all information contained in this form is accurate. I certify that I and/or other persons who may use any test materials I order have a general knowledge of measurement principles and of appropriate and ethical test use and interpretation as called for in the Standards of Educational Psychological Testing. I also certify that I/we are qualified to use and interpret the results of these tests as recommended in the Standards, and I assume full responsibility for the proper use of all materials I order from Kaplan Early Learning Company.

Signature X \_\_\_\_\_ Date \_\_\_\_\_

### For Graduate Students:

As professor/supervisor, I agree to supervise this student's use of items ordered and endorse the statement above.

Professor's Name: \_\_\_\_\_

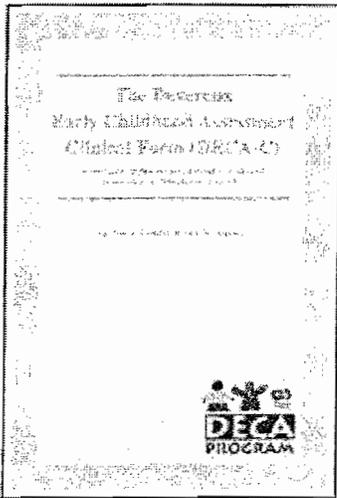
Department: \_\_\_\_\_ Institution: \_\_\_\_\_

Signature X \_\_\_\_\_ Date \_\_\_\_\_

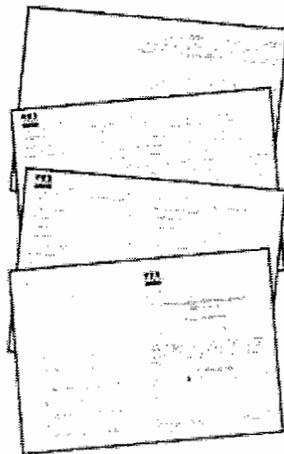


# The Devereux Early Childhood Assessment Clinical Form (DECA-C)

*A measure of behaviors related to risk and resilience in preschool children.*



**DECA-C MANUAL**  
ITEM # NC98814 \$54.95



**DECA-C RECORD FORMS**  
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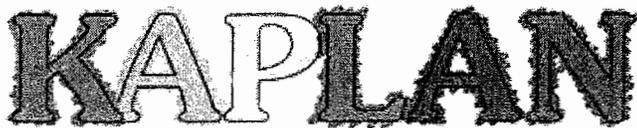
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NC98814		DECA-C MANUAL	\$54.95	
NC98813		DECA-C RECORD FORMS (PKG OF 30)	\$59.95	
NC98816		DECA-C NORMS REFERENCE CARD	\$6.95	



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**Daily Living Activities (©DLA-20): Youth Mental Health**  
 © W.S. Presmanes, MA, MEd, and R.L. Scott, PhD.

Client Name: Joe Smith

Client Date of Birth: \_\_\_\_\_

**COPY**

Primary Clinician/Rater: Joe Smith's Therapist/Rater

Signature: \_\_\_\_\_

**Instructions:** Using the scale below, rate how often or how well the consumer independently performed or managed each of the 20 Activities of Daily Living (ADL's) in the community during the last 30 days. If the consumer's level of functioning is varied, rate the lower score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (eg, "no jobs available").

Strengths are scored >=5 in an activity and indicate functioning "within normal limits" (WNL) for that activity.

All DLA's are applicable. Enter NA only if the activity was not assessed. Do not score more than 5 DLA's as NA.

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)
None of the time. Pervasive, continuous intervention required. Dysfunctional. <b>Disabling impairment.</b>	Almost never. Not functional. Dependent. <b>Severe impairment.</b>	Occasionally. Functioning depends on continuous support. <b>Substantial impairment.</b>	Some of the time. Marginal independence. Low level of continuous support. <b>Serious impairment.</b>	A good bit of the time. Independent with moderate, routine support. <b>Moderate problems.</b>	Most of the time. Independent with intermittent support or follow-up. <b>Intermittent problems.</b>	All of the time. Optimal and independent asset. <b>No problems.</b>

ACTIVITIES	Examples of Scoring Strengths as WNL behaviors (Scores of 5, 6, 7)	Dates:	5/20/2010			
1. <u>Health Practices</u>	Assist or manage adequate weight, moods, outdoor exercise, aches, pains. Take medications over the counter drugs with adult supervision only.					
2. <u>Housing Stability / Maintenance</u>	Housing is stable and youth contributes to stability in the home (age-appropriate). Respect others and property. Share in chores, involve caretakers in school related projects, grades.					
3. <u>Communication</u>	Greets adults. Listens. Expresses feeling, anger, opinions effectively.					
4. <u>Safety</u>	Play it safe? Avoid guns, knives, matches, danger people or places where there is likely trouble or an abuse potential. If driving, has a safe record.					
5. <u>Managing Time</u>	Assist or manage time for promptness. Regularly attends school and work (age appropriate). Routinely completes tasks. Sleep, wake, meals on regular basis?					
6. <u>Managing Money</u>	Reliably handles or manages monetary allowance. Abstains from overspending personal limits. Betting, stealing, borrowing?					
7. <u>Nutrition</u>	Eats at least 2 basically nutritious meals with caretakers. Eat healthy snacks that reasonably limit sugar and caffeine?					
8. <u>Problem Solving</u>	Understand presenting problems, reasons for seeking services. Focus on possible solutions for age-appropriate time periods. Assist or manage difficult situations?					
9. <u>Family Relationships</u>	Feel close to at least one other person at home. Get along with family or caretakers. Feel loved?					
10. <u>Alcohol/Drug Use</u>	Abstain from smoking cigarettes, drinking alcohol, doing drugs or inhalants of any kind. Avoid high risk drinking situations and people who do drugs?					
11. <u>Leisure</u>	Enjoy two or more fun and relaxing activities: musical instruments, music, watching/playing sports, reading, computer or board games, cards, art, hobbies, movies, TV?					
12. <u>Community Resources</u>	Use community activities, resources such as after-school sponsored tutoring, clubs, sports, scouts, Boys/Girls Clubs, library, church, dances?					
13. <u>Social Network</u>	Make and keep same-age friends. Avoid bullying, gangs, cults, anti-social groups.					
14. <u>Sexuality</u>	Reports age-appropriate sexually responsible behaviors with girls/boys. Educated and avoids sexual activities, infections, pregnancy?					
15. <u>Productivity</u>	Feel good about performance at school. Consider grades to be good. Complete school projects without undue difficulty. Have vocational goals?					
16. <u>Coping Skills</u>	Accept adult correction without undue arguing, temper outburst. Tolerates frustration.					
17. <u>Behavior Norms</u>	Control threatening or physical expression of anger, violent behavior - either to self or others or property. Law abiding, responsible with school, community rules, driving car.					
18. <u>Personal Hygiene</u>	Help or manage general cleanliness - daily shower/bath, brush teeth.					
19. <u>Grooming</u>	Assist or manage general appearance: hair, shave, comply with school rules					
20. <u>Dress</u>	Assist or responsibly care for clean clothes, comply with school dress code.					

<b>Scoring Instructions:</b>		Sum (max.140)	0	0	0	0	0
Ratings for all 20 DLA's can be added then divided in half to estimate CGAS or:		Average DLA	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!
Step 1: Add scores from applicable column.		DLA	0	0	0	0	0
Step 2: Divide sum by number of activities actually rated. This is the average DLA score.		Estimated CGAS					
Step 3: To estimate CGAS, multiply the average DLA by 10. Compare to DSM-IV Axis V and lower GAF if consumer is symptomatic.		Change Score	-	0	0	0	0
Step 4: Change score: Subtract most recent DLA score from immediate prior score.		Rater's Initials					

<b>DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS</b>	<b>1- Extremely severe functional impairment, needs pervasive level of continuous paid supports</b>	<b>2- Severe functional impairment, needs extensive level of continuous paid supports</b>	<b>3- Serious functional impairment in response to serious symptoms; moderate supports</b>	<b>4- Moderate functional impairments, needs low level of routine paid supports</b>	<b>5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports</b>	<b>6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports</b>	<b>7- WNL-Strength Independent, Optimal functioning, no need for paid supports.</b>
--	---	---	--	---	---	--	---

<b>Health Practices:</b> Rate independent self-care for physical and mental health, including treatment plan compliance, medication compliance	Evidence of danger to self/other; No self-care, evidence of breaks in reality, requires pervasive interventions (e.g.: multiple or lengthy stays in crisis, jail)	Marked limitations in self-care & may have physical complications, extensive help for very severe mental impairments, concern for danger to self/other	Limited self-care & compliance, serious impairments in moods, symptoms, mental status, maybe physical issues prompting continuous help for health care.	Marginal self-care and compliance with health issues or prescriptions, managing moods is moderate problem; requires scheduled low level mental health assistance	Moderately self-sufficient, manages moods but relies on intermittent, some routine assistance or home visits by helping persons, in private or self-help residences.	Independent self-care, compliant with treatment, meds - minimal support, some assistance ok from family, friends, other helping persons.	Optimally independent in taking care of physical & mental status; makes good health care decisions, no assistance needed in self care.
<b>Housing Maintenance:</b> Rate self-sufficiency for maintaining independent and adequate housing, management of household	Health endangering threat, needs or relies on pervasive supervision in protective environment, dependent – does not manage household, not self-sufficient.	Marked limitations in keeping or maintaining stable housing, e.g., sometimes on street, needs or uses constant assistance, likely in 24/7 supported or protective residences.	Dysfunctional in community housing, unstable, Limited self-sufficiency; e.g., relies on respite, assistance, private or self-help home, may occasionally help in household maintenance.	Stable community housing but inadequate or s/he may be only marginally self-sufficient, e.g., relies on regular assistance to maintain stable household.	Moderately self-sufficient in private place with routine, low level assistance, (e.g. home visits by helping persons), mostly maintains household by self.	Adequate independence: self-sufficient with minimal assistance in community based, independent housing (e.g. intermittent support from family, friends, others).	Optimal independence: Self-sufficient in community based, independent living with no significant assistance or public support in housing.
<b>Communication:</b> Rate ongoing and effective verbal and nonverbal communication	Not effective: high risk threats or non-communicative, pervasive dependence	Communication is dysfunctional, blunted or antagonistic with others, dependent on assistance.	Limited verbal or nonverbal effectiveness in communicating with others & may rely on assistance.	Not clear about problems, marginal effectiveness in communicating with others, uses regular assistance.	Moderately effective in communicating with others, using routine assistance	Adequately effective in communicating with others, minimal need for assistance	Optimal effectiveness in communicating with others, no significant assistance needed.
<b>Safety:</b> Rate maintenance of personal safety	Unsafe, Eminent danger to self or other, needs or requires pervasive level of continuous supervision.	Marked limitations in safety around home, community; needs/has extensive level of continuous supervision.	Makes unsafe decisions; "at risk" e.g., abusive or abused, cognitive limitations, needs supervision.	Marginally safe, aware and self-protective, benefits from regular assistance or monitoring.	Moderately safe, good decisions, benefits from routine care-givers (e.g. home visits by helping persons).	Safe decisions; Adequate self-protection w/ minimal assistance, family, neighbors, friends, others	Optimally safe; alert, takes care of self with no significant assistance from others.
<b>Managing Time:</b> Rate management of time, self-direction.	High risk- aberrant routines or MIA (missing). No management of time; pervasive direction of others.	Marked limitations in routine time management, needs or receives extensive direction by others	Limited, e.g., poor routine management of meds, sleep, mealtimes; might need/use constant direction	Marginally effective, disruptions in routines; uses regular direction, e.g., prompts	Moderately effective time management, benefits from routine direction of others.	Adequate time management, minimal prompts or reliance on direction of others.	Optimal routines for health and wellness; self-directive in managing sleep, meds, mealtimes

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
<p><b>Managing Money:</b> Rate independent in management of personal finances</p>	<p>No income &amp; no involvement in managing personal or public assisted finances, total dependence on public or institutional help.</p>	<p>Marked limitations in management of personal finances; often involves rep payees or total supervision, very limited \$, minimal participation in spending or managing money.</p>	<p>Requires help to seek/manage public financial assistance (may have rep payee for rent); Dependent or minimal participation in managing personal finances</p>	<p>Marginally independent in managing personal income, benefits or public assisted finances; often uses help, moderately participates in paying day to day rent &amp; expenses.</p>	<p>Moderately independent in managing personal finance (minimum public assistance); min. intermittent assistance from others, significant participation in managing money.</p>	<p>Adequately independent in managing personal finance with minimal checks and balances or assistance of others</p>	<p>Optimal independence in managing independent and personal finances</p>
<p><b>Nutrition:</b> Rate independent in management of nutritional needs</p>	<p>High risk dietary concerns; Does not manage nutritional needs; no participation in meal planning, shopping, and preparation.</p>	<p>Very severe dietary limitations, substantial dependence on assistance, often involves constant supervision; no nutritional meal plans, preparation.</p>	<p>Serious limitations, needs or depends on continuous assistance from others; may eat what is available with limited participation in meal planning, shopping, and preparation.</p>	<p>Marginal independence in managing nutritional needs 2x/day; often uses assistance, some participation in meal planning shopping, and preparation.</p>	<p>Moderately independent in meeting nutritional needs 2x/day; benefits from intermittent assistance, but participates in meal planning, shopping &amp; preparation.</p>	<p>Adequately independent in managing nutritional needs with minimal assistance from others in meal planning, shopping, and preparation.</p>	<p>Optimal independence in managing nutritional needs, with no significant assistance from others needed for meal planning, shopping, and preparation.</p>
<p><b>Problem Solving:</b> Rate independent in management of problems of daily living</p>	<p>No problem solving, pervasive dependence on others to handle daily living problems approaching health endangering threat, no participation in problem solving</p>	<p>Very severe limitations in problem solving, often involving constant supervision, minimal participation in problem solving</p>	<p>Serious limitations in meeting day to day needs, problem solving, often needs or relies on assistance, limited participation in treatment related problem solving.</p>	<p>Marginally self-sufficient in day to day problem solving, often needs or uses regular assistance, participates in treatment-related problem solving.</p>	<p>Moderately self-sufficient in problem solving with routine assistance from others, compliant in treatment-related decision making.</p>	<p>Adequately self-sufficient in day to day problem solving with minimal assistance from others.</p>	<p>Optimal and independent problem solving with no significant assistance from others.</p>

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
<b>Family Relationships:</b> Rate family interactions, quality of family relationship	Extremely dysfunctional relationships or deviant behaviors with others (i.e. often imminent physical aggression or severely abusive, withdrawn, often rejected by others.	Very dysfunctional relationships within family (e.g. total withdrawal, or unwanted dependency or destructive verbal or physical communication)	Dysfunctional relationships within family, often no significant or positive participation with family/significant others	Marginally functional relationships within family, with significant others (i.e. relationships are often stressed or infrequent, superficial, unreliable)	Moderately effective continuing and close relationship with at least one family member significant other	Adequate personal relationship with one or more family members or significant other	Positive relationship with family; significant others; assertively contributes to these relationships
<b>Alcohol/Drug Use:</b> Rate self-control in maintenance of alcohol/drug abstinence or safe use.	Current abuse or dependence diagnosed, accepts or denies pervasive substance abuse, currently evidences no self-control or safe use, imminent health and safety threats	Current abuse or dependence, may deny substance abuse problem, does not participate in treatment; extremely limited self-control for abstinence or safe use.	Current abuse or dependence, acknowledges substance abuse problem but shows limited self-control, struggles to maintain treatment plan related to substance use.	Current problem with use, abuse or dependence, agrees to substance abuse problem, treatment, currently evidences marginal success with self-control over alcohol, cigarettes, drugs.	No current use but recent history of abuse dependence, adequately aware of risks and seeking information, support, treatment to continuously sustain success.	History of substance abuse-related issue, currently maintains abstinence or safe use with minimal supportive assistance (self help groups).	No history of substance abuse-related problems and Optimal self-control with substances; currently abstinent or practices safe use, no issues.
<b>Leisure:</b> Rate independent participation in leisure activities.	Dependent - No independent participation in leisure activities.	Dependent - min participation in leisure of any kind without help.	Limited interests or independent participation in leisure activities. Does not seek appropriate supportive services w/o help; Limited independent using community resources, reliant on help to gain access.	Marginally independent leisure activity participation. Marginally independent in community, occasional reliance to gain access to recreational, educational, vocational resource	Moderately independent leisure activity participation. Moderately independent in use of community resources, intermittent reliance gaining access	Adequately independent in at least one leisure activity. Adequate independent use of community resources, minimal need for help in gaining access.	Optimal interests, independence with 2 or more leisure activities. Optimal independent use of community resources, no significant need for help in gaining access.
<b>Community Resources:</b> Rate independent use of community resources (e.g. health & social services, shopping, transportation).	No independent use of community resources; chronic reliance on helpers to gain access OR adamantly refuses necessary help.	Inappropriate dependence OR unable to be independent in community resources, very reliant on helpers to gain access.	Does not seek appropriate supportive services w/o help; Limited independent using community resources, reliant on help to gain access.	Marginally independent in community, occasional reliance to gain access to recreational, educational, vocational resource	Moderately independent in use of community resources, intermittent reliance gaining access	Adequate independent use of community resources, minimal need for help in gaining access.	Optimal independent use of community resources, no significant need for help in gaining access.

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
<p><b>Social Networks:</b> Rate quality of interactions with immediate social network (e.g. close friends)</p>	<p>Extremely dysfunctional in relationships (i.e. often imminent physical aggression is abusive or severe withdrawal, often rejected)</p>	<p>Marked limitations in social network relationships (e.g. excessive dependency or destructive behaviors)</p>	<p>Limited interpersonally; often no significant friendships; socially isolated or avoids and withdraws</p>	<p>Marginal functioning with others (i.e. friendships are often minimal, unreliable, strained)</p>	<p>Moderately effective close relationship with at least one friend</p>	<p>Adequate interpersonal relationships with one or more friends</p>	<p>Positive relationship with one or more friends; optimally independent and assertively contributes to relationships</p>
<p><b>Sexuality:</b> Rate sexual health, sexually appropriate, safe interactions</p>	<p>Severely dysfunctional; pervasive high risk, danger to self or others prompts continuous protective supervision</p>	<p>Marked limitations in sexual health &amp; self-care; likely prompts extensive level of protective interventions due to high risk to self or others</p>	<p>Behaviors indicate limited sexual health self-care; risk concerns may prompt extra care, interventions, even supervision if risks appear imminent.</p>	<p>Marginally sufficient in self-care of sexual health; minimal understanding of personal or others sexual behavior, issues, inhibitions</p>	<p>Moderately sufficient in sexual health and self-care with routinely helpful education, guidance of others as age appropriate.</p>	<p>Adequate self-care around sexual health, and self-respect, needing only expected and minimal education, guidance from others.</p>	<p>Optimal sexual self-care, no gender issues apparent, respect for self, others; no guidance from others needed.</p>
<p><b>Productivity:</b> Rate functioning primarily in most appropriate expected role (i.e. wage earner, homemaker, student)</p>	<p>Productivity severely limited; often unable to work or adapt to homemaking or school; virtually no attempt to be productive.</p>	<p>Occasional attempts at productivity unsuccessful; productive only with constant supervision in sheltered work, home or special classes.</p>	<p>Limited productivity; often with currently restricted capabilities for school, independent employment, home making, (e.g. requires highly structured routine).</p>	<p>Marginal productivity (e.g. reduced ability to work in sheltered or independent work settings; distressed with disruptions or fluctuations at home, school, job)</p>	<p>Moderately functional, working in independent employment at home or in school; consider limited skills, experience, moderate fluctuations at home or school.</p>	<p>Adequate functioning working in independent employment, home or school; often not applying all available skills or abilities.</p>	<p>Optimally perform related functions, homemaking, or school tasks with ease and efficiency.</p>
<p><b>Coping skills:</b> Rate effective use of coping mechanisms.</p>	<p>Pervasive stresses, no mindful use of coping skills approach health endangering the eat needs requires pervasive supervision</p>	<p>Negative use of coping skills often leading to relapses, crises, involving constant interventions, in or out of protective environment.</p>	<p>Ineffective use of few coping skills prompting regular interventions (e.g. extra prescription requests, frequent use of over-the-counter medications)</p>	<p>Marginally effective knowledge and use of coping mechanisms; seeks assistance to create or initiate coping mechanisms.</p>	<p>Moderately effective range of coping mechanisms, WNL routine reminders, assistance to initiate coping mechanisms</p>	<p>Effective use of coping mechanisms with only expected, minimal assistance; knows self, acts to reduce stressors and use options to restore confidence.</p>	<p>Optimally effective use of coping mechanisms under various stresses with no significant assistance from others.</p>

DAILY LIVING ACTIVITIES (©DLA-20) ANCHORS	1- Extremely severe functional impairment, needs pervasive level of continuous paid supports	2- Severe functional impairment, needs extensive level of continuous paid supports	3- Serious functional impairment in response to serious symptoms; moderate supports	4- Moderate functional impairments, needs low level of routine paid supports	5- WNL/Strength Mild functional impairment, needs moderate level of intermittent paid supports	6- WNL-Strength Intermittent mild functional impairment, needs low level of paid supports	7- WNL-Strength Independent, Optimal functioning, no need for paid supports.
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<b>Behavioral Norms:</b> Rate extended social network relationships, interaction with community	Totally isolated from or evidences severely deviant behaviors (i.e. behavior is overtly disruptive or threatening, may involve criminal justice sanctions)	Often isolated or demonstrates deviant behaviors, e.g. rejected or belligerent to helpers, neighbors; may have serious restrictions by courts/parole.	Limited successful and appropriate interactions in community; DUIs, minimal survival level interactions or seriously impaired behaviors, restricted by courts/parole	Marginally effective interactions; may be compliant with courts/parole; may receive multiple public system supports in accord with multiple needs	Moderately effective and independent in community; interactions; may receive some public support in accord with needs	Adequate positive interactions in resident neighborhood, in one community organization or recreational activity	Independently and Positively interacts in community, church or clubs, recreational activities, hobbies or personal interests, often with other participants
<b>Personal Hygiene:</b> Rate independent healthcare of personal hygiene, dental and oral care	No self care - no personal hygiene; evidence indicates health endangering threat, pervasive needs.	Severe problems with teeth, or in self-care, personal hygiene, health endangered.	Limited self-care of teeth, poor personal hygiene, needs or dependent on assistance.	Marginally self-sufficient in maintaining adequate hygiene, dental-oral health.	Moderately self-sufficient in maintaining adequate hygiene with routine assistance.	Adequate self-care in maintaining good hygiene; minimal prompts or assistance	Optimal hygiene functioning, self-sufficient around cleanliness; no issues.
<b>Grooming:</b> Rate independent care and grooming of hair, hands, general appearance	No personal grooming indicative of high risk, pervasive needs	Marked limitations evident with poorly cleaned hair, hands, self-grooming, very serious needs	Limited self-care and sufficiency in grooming; general observations indicate severe impairments.	Marginally self-sufficient in maintaining adequate grooming - often needs regular assistance.	Moderately self-sufficient in grooming with prompts or support system routine assistance.	Adequate self-sufficiency in grooming, minimal assistance needed.	Optimal self-sufficiency in grooming with no routine assistance.
<b>Dress:</b> Rate independent maintenance of appropriate dress	Unclean, undressed - No self-care evidenced in maintaining clean, appropriate dress; high risk needs	Severely impaired in wearing clean & appropriate dress, evidence of extensive level of dependence.	Insufficient clean dress or dress is inappropriate for weather, tasks (e.g. too many clothes, too tight, too loose).	Marginally self-sufficient in maintaining clean, appropriate dress, often uses regular assistance.	Moderately self-sufficient in maintaining clean, appropriate dress, needs routine assistance.	Adequate self-sufficiency in maintaining clean, appropriate dress, minimal assistance needed.	Optimal self-sufficiency in maintaining clean, appropriate dress; no assistance needed with dress.

**THE OHIO YOUTH PROBLEMS, FUNCTIONING,  
AND SATISFACTION SCALES (SHORT FORM)**

**USER'S MANUAL**



Benjamin M. Ogles, Ph. D., Gregorio Melendez, M. S.,  
Diane C. Davis, M.S., and Kirk M. Lunnen, Ph. D.<sup>1,2</sup>

Ohio University

October 1999

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<sup>2</sup> This project was also supported by the Southern Consortium for Children.

**Parent-teacher agreement**

Studies have also examined agreements and discrepancies between parent and teacher DECA ratings, and the implications of these variations. Rosas and colleagues found that parents and teachers tend to agree more on ratings of protective factors than on ratings of behavioral concerns (Rosas et al., 2006), and that strengths identified by both teachers and parents are stronger negative predictors of behavior concerns than strengths identified by only one rater (Rosas et al., 2007). These results suggest that strength-based assessments may be more useful than assessments of behavioral concerns when teachers and parents collaborate, and that agreement between parents and teachers provides useful information about core competencies that are less likely to be situation specific (Rosas et al., 2007).

Furthermore, Crane and colleagues (2008) found that parents and teachers were most likely to agree about children at a typical level of cognitive functioning, while teachers rated children with low cognitive functioning more harshly (lower protective factors and higher behavioral concerns) and parents rated children with high cognitive functioning more harshly. A lack of consensus between teachers and parents may make it more difficult to intervene with children with low social and emotional competencies, putting them at higher risk for behavioral concerns. It should be noted, however, that these were findings for primarily Spanish-speaking parents and English-speaking teachers.

In a related issue, studies have reported interrater differences such that parent-rated T-scores are harsher than teacher-rated T-scores (Rosas, Chaiken & Chase, 2006; Stark Mental Health and Recovery Services Board, 2008; Winsler et al., 2008). However, raw scores from parent raters were found to be less harsh in the standardization sample, which resulted in the authors providing separate parent and teacher norms to correct this discrepancy (Naglieri &

LeBuffe, 1999a). More recently, the rater effect for raw scores from the standardization sample was replicated by Crane (2009) and Jaberg and colleagues (2009), who found medium to large effect sizes for all protective factor scales except SC ( $d$  from 0.22 to 1.12) for parents compared to teachers. The Devereux data mining study also replicated these raw scores differences. Rater effects for the BC scale were often negligible, but Crane found that parent ratings were harsher than teachers at one time point in their study ( $d = 0.26$ ) and the Devereux data mining study also found parent ratings to be more harsh ( $d$  of .43 for BC and  $d$  of -0.12 to 0.73 for protective factor scales), however this sample consisted of primarily Head Start and publicly funded early care and education programs. These effect sizes are reported in Table 6. Based on these findings, it is possible that patterns in parent and teacher raw score ratings have changed over the past 10 years, particularly with regards to the SC and BC scales, such that updated rater norms are necessary. It is also possible that the relationship of parent and teacher raw scores is different based on demographics such as SES.

### **DECA in Programs and Interventions**

In recent years, the Devereux Early Childhood Assessment (DECA) has received much attention in the realm of early childhood research. The majority of the research using the DECA has been in the form of program evaluations (Meyer, 2008; Olmos & Grimmer, 2005; Reardon, 2009; Richardson & Graf, 2006; Richardson, Thorburn-McCrory, Saunders, & Graf, 2008; Sheridan, Knoche, Edwards, Bovaird, & Kupzyk, 2010), as well as global comparisons to a wide variety of constructs related to early childhood mental health and development (for examples, see De Feyter & Winsler, 2009a and Escalon, Shearer, Greenfield, & Manrique, 2009). Programs were evaluated using the DECA as an outcome measure, with time or the program itself as the independent variable, making study results more a reflection of program or service delivery,

assuming systematic control of confounding variables. Foremost among programs using the DECA as an outcome measure is Head Start, and this population will be discussed at length here. The Miami School Readiness Project, which utilized the DECA in a number of comparisons, will also be discussed.

### **DECA and Head Start**

With the Head Start population, the DECA has shown increases in Total Protective Factors (TPF) and decreases in Behavior Concerns (BC) over repeated administrations (Brinkman, Wigent, Tomac, Pham, & Carlson, 2007; Escalon & Greenfield, 2009). Investigators have deemed the DECA appropriate as a screener of behavior concerns, as well as a good measure of protective factors, mirroring results collected in the standardization sample (Lien & Carlson, 2009). Specifically, Lien and Carlson found that on their Head Start sample, TPF scores correlated negatively ( $r = -.39$ ;  $p = .00$ ) with BC, while the standardization sample showed similar results ( $r = -.65$ ;  $p > .05$ ). Studies have looked at the relationship of DECA scores to math skills (Dobbs, Doctoroff, Fisher, & Arnold, 2006), as well as general academic outcomes (Escalon & Greenfield, 2009; Escalon, Shearer, Greenfield, & Manrique, 2009).

### **DECA and the Miami School Readiness Project**

The Miami School Readiness Project was a “large scale, 5-year university and community collaborative project” (De Feyter & Winsler, 2009b) which involved school readiness assessment for children described as “ethnically and linguistically diverse” by De Feyter and Winsler. The sample ( $n = 5,988$ ) included low-income preschool children who were receiving funding to attend various early childhood programs, including public school and pre-K programs, family-based childcare, and center-based care. The main effort of the project was to gather data that would

inform better tailoring these programs to the population they served, mainly immigrant children of low socioeconomic status (SES).

Researchers were able to tease out different findings and comparisons by drawing on this large sample. The DECA was used as a measure of school readiness, with authors contending that social and emotional strengths are even more important for academic readiness than academic knowledge and skills, especially for first-generation immigrants (see De Feyter & Winsler, 2009b; Heaviside, Farris, & Carpenter, 1993). First-generation immigrants had significantly higher ( $p = .001$ ) TPF scores than their second-generation and non-immigrant counterparts, and the effect size for the difference between first-generation immigrants and non-immigrants (reported by De Feyter and Winsler) was  $d = .36$

The Miami School Readiness Project compared social and emotional protective factors and behavior concerns against cognitive and language skills with the Learning Accomplishment Profile-Diagnostic (LAP-D; Nehring, Nehring, Bruni, & Randolph, 1992), as well as a number of demographic factors, including generation (measured by which extended family members first immigrated to the United States), country of origin, region of origin (including South America, Central America, Cuba, and (non-Cuba) Caribbean Islands), and ethnicity (De Feyter & Winsler, 2009a). Other constructs measured included community deprivation/neighborhood disadvantage (Bor, 2007), special education status, cognitive outcomes (Crane, 2009), attention persistence, and competence motivation (Fuccillo, 2008).

A major iteration of the Miami School Readiness data set that has strong implications for the utilization of the DECA in early childhood program was published by Winsler and colleagues (2008). The study compared scores from the LAP-D to DECA teacher and parent ratings across samples of children attending center-based childcare ( $n=1478$ ), children attending Title 1 public

school pre-k programs (n=1611), and children attending fee-supported public school pre-k programs (n=749). All three programs yielded significant gains in Total Protective Factors from Time 1 to Time 2 with *F*-ratios ranging from 16.65 to 88.25 ( $p < .001$ ), and small to moderate effect sizes (*d* of .22 to .40) for both teachers and parents. Behavior concern scores remained largely the same for teachers and parents for all three programs, showing no significant changes and very small effect sizes (*d* of 0.00 to 0.09). LAP-D scores also increased significantly across all dimensions, which supports the utility of the DECA in the above-mentioned programs. These data suggest that social and emotional strengths are equally important in determining school readiness for economically disadvantaged, immigrant children to cognitive, language, and fine motor abilities.

Later findings from researchers using the same data set or subsets from the large Miami data set (most were in unpublished masters' theses or doctoral dissertations) included the following:

- Neighborhood risk correlates negatively with positive social and emotional outcomes on the DECA ( $r = -.11$ ;  $p = .01$ ) (Bor, 2007)
- Children entering special education programs before kindergarten achieve better social and emotional outcomes over time than children who enter after the first grade (Crane, 2009)
- Attachment (AT) marginally predicts school readiness as mediated by attention persistence ( $p < .10$ ) (Fuccillo, 2008)
- Closeness with adults (as measured by AT) is significantly ( $\beta = .10$ ;  $p < .01$ ) related to English proficiency (Kim, 2008)

- Persistence predicts language and literacy outcomes more effectively than the DECA Initiative Scale (IN) ( $B = .718$ ;  $p < .05$  vs.  $B = -.672$ ; NS) (Maier, 2008)
- Emergent bilingual girls have better social skills than their male counterparts ( $F[2, 1254] = 8.86$ ,  $p < .05$ ) (Richard, 2007)

The data reported from the Miami School Readiness Project hold weight with a culturally and linguistically diverse population, but replications are required to more definitively confirm the assertions made by the various investigators. The same is necessary to assert the various findings using the DECA with children in Head Start.

### **Reviews and Critiques of the DECA**

The purpose of this section is to present a summary of the reviews and critiques of the purpose, development, constructs, and features of the DECA within the last decade. The review of psychometric properties of the DECA was covered in a previous section titled “Psychometrics” and therefore will not be discussed here. DECA users and critics have expressed both satisfaction and dissatisfaction with the DECA assessment and both viewpoints will be covered in the following “Strengths” and “Concerns” subsections. It is important to note that most of the reviews and studies were published before 2009. Two new Devereux assessments (the DECA-I/T and the DESSA) have been published since that time and have addressed some of the concerns and needs of DECA users. The DCRC strives to incorporate constructive feedback from users and experts in the field as part of a continuing process of quality improvement.

#### **Strengths**

Compared to other assessments that measure social-emotional competency in children, the DECA’s positive and strength-based approach sets the assessment apart from its peers (Plake

et al., 2003). LeBuffe and Shapiro (2008) identified “the continued reliance on deficit or pathology-oriented assessments” as a barrier to parent-professional collaboration and an impediment to children’s mental health. The DECA uniquely concentrates on the positive, adaptive characteristics of young children by eliciting parents and educators’ perspective on children’s strengths. The DECA is a tool to help parents and teachers engage in dialogue and develop a collaborative plan to support the child. As a result, this assessment has been praised for being “innovative” and “holistic” (Plake et al. 2003; Reddy, 2007). The DECA authors have been recognized for making “a significant contribution by developing the first standardized, norm-referenced, strength-based assessment approach for protective and risk factors for preschoolers” (Reddy, 2007).

The DECA has been lauded by researchers, users and reviewers for its level of user friendliness (Birkby, 2005; Denham & Burton, 2003; Plake et al., 2003; Reddy, 2007; Squires, 2000). Compared with other assessments of social-emotional competency, the DECA has fewer items, is easy to read and includes a well written user’s guide that clearly explains the purpose, administration, scoring and multi-level interpretation of the assessment (Hirsh-Pasek et al., 2005; Reddy, 2007). Reviewers have been impressed with the thoughtful details of the scoring forms. For example, the original items appear on the scoring sheet for easy reference (Reddy, 2007). *The Fifteenth Mental Measurements Year Book* concluded that “The DECA is quick and reliable for early childhood practitioners to use and requires minimal training to administer and score” (Plake et al. 2003).

The DECA has been evaluated positively for its representation of research in social-emotional competency of young children (Bridges et al, 2004; Campbell, 2002; Denham & Burton, 2003; Denham, 2005; Denham et al., 2009; Hirsh-Pasek et al., 2005; Kochanoff et al.,

2003; Plake et al., 2003; Rosas et al 2006). Each DECA subscale maps onto identified aspects and domains of social-emotional development. The AT subscale measures the domains of attachment, social competence (Denham, 2005; Denham et al., 2009), emotional expressiveness and prosocial behavior with peers and adults (Hirsh-Pasek et al., 2005). The SC subscale reflects the domains of emotional or behavioral control (Plake et al., 2003), emotional competence (Denham et al., 2009) and emotion regulation (Hirsh-Pasek et al., 2005). The IN subscale draws from the domains of self-directed behavior (Plake et al., 2003) and self perceived competence (Denham et al. 2009). Behavioral Concerns is also an essential domain of social-emotional assessment addressed through the DECA BC scale. The Temple University Forum on Preschool Assessment recognized that “any consideration of the social and emotional competence needs to also consider the assessment of early behavior problems” (Campbell, 2002 as quoted from Kochanoff et al., 2003).

The DECA can serve a number of assessment purposes. The DECA can inform the school readiness of children, support children’s learning by informing instructional planning, monitor trends to evaluate progress, provide outcome data for school accountability, identify at-risk children at an early age, and provide individual profiles and anecdotal records (Hirsh-Pasek et al., 2005; Kochanoff et al., 2003; Steward-Brown & Edmunds, 2007). The DECA allows for multiple informants to use the assessment in different contexts. Comparing different perspectives on the same child becomes a foundation for collaboration between parents/caregivers and teachers (Hirsh-Pasek et al., 2005; LeBuffe & Shapiro, 2008; Rosas et al., 2006) In addition, the DECA fits well with the three tiered Positive Behavioral Support model (McLaren et al., 2009). It has been recommended as the best tool for early care and education, early childhood research,

and assessing emotional intelligence in preschool settings in the U.S., Canada and England (Birkby, 2005; Reddy, 2007; Stainback-Tracy, 2004; Stewart-Brown & Edmunds, 2007).

### **Concerns**

The Fifteenth Mental Measurements Yearbook has identified weaknesses in the development of the DECA. The DECA has been criticized for neglecting to provide an overall model of the causal relationship between protective factors, behavioral concerns and children's adjustment. (Plake et al., 2003).

The following suggestions for improvement in user friendliness have been voiced by users and reviewers. Reddy (2007) has indicated that it would be helpful for the DECA to have a computer software scoring program in addition to the eDECA online program (Reddy, 2007). It has been noted that teachers find some of the items difficult to rate (Reddy, 2007). Educators and researchers have identified the need for a continuum of measurements that span a wider age range beyond preschool (Denham et al., 2009; Stewart-Brown & Edmunds, 2007; Stainback-Tracy, 2004). It should be noted that the Devereux Center for Resilient Children has since then expanded its strength-based assessments to infants and toddlers and school-age children to address this concern.

The names and definitions of the subscales have been questioned and criticized. Bridges et al. (2004) asserted that "Total Protective Factors" does not match its use in the developmental literature. Current research suggests that total protective factors include within child, family and environmental protective factors. The DECA only measures the social-emotional competency of children. Bridges et al. also point out that the AT subscale does not capture the security of attachment as defined in the literature. Attachment is usually assessed through the observation of the interaction between children and parent or caregiver. The DECA scale may be better named

as a measure of social responsiveness and sociability. There are criticisms for the scope of the Behavioral Concern Screener. Researchers have pointed out that the Behavioral Concerns Screener is not designed to be used alone to diagnose specific emotional problems (Bridges et al., 2004; Carter et al., 2004).

The DECA does not assess some social-emotional domains that have been identified as important to the adjustment and outcome of children. Temperament, personality (Denham et al., 2009; Kochanoff et al., 2003), knowledge about emotions (Hirsh-Pasek et al., 2005), persistence (Maier, 2008), regulatory skills such as attention control, listening skills, following directions, learning rules, and planning (Kochanoff et al., 2003) as well as prosocial behavior such as perspective taking and dramatic play (Kochanoff et al., 2003) are shown to have predictive validity for academic achievement and well-being of children. These domains are not within the scope of the DECA.

As mentioned earlier in the section of this document on psychometrics, research has suggested that there are rating differences between different informants and that there are age and gender trends for children. It has been suggested that the lower scores from parents indicates that the DECA is better used as a school-based tool (Plake et al., 2005; Rosa et al., 2006). Rosas et al.'s 2006 study showed that compared to parents, more teachers rated children in the typical range. In addition, parents' ratings of behavioral concerns are higher than teachers'; Rosas et al. suggested that parent BC ratings should be interpreted with caution. In regards to age trends, Rosas et al.'s study showed that children who were 4 and 5 years of age, compared to younger children, were rated as having lower attachment, higher initiative and lower behavioral concerns by both parents and teachers. Maier's 2008 study showed that initiative was predictive of literacy and language only in older preschool students. The DECA has been criticized for lacking gender

norms because teachers have consistently rated girls as having more protective factors and lower behavioral concerns than boys (Reddy, 2007; Rosas et al., 2006).

The DECA can be used for the majority of preschool assessment needs. However, it does not identify learning difficulties (Hirsh-Pasek, 2005) or determine eligibility for special education (Kochanoff et al. 2003; Plake et al., 2005). It also does not provide specific diagnoses to aid interventions (Hirsh-Pasek, 2005).

It has been frequently posited that the DECA lacks evidence for cultural competency and application for specific populations. Reddy (2007) recommended the use of more rigorous method for assessing item bias. The assessment does not take into account language differences, English Language Learner status, and cultural and contextual differences (Hirsh-Pasek, 2005; Squires, 2000).

### **Discussion**

Since the DECA was published in 1999, it has grown to be a widely used and well known tool in realm of early childhood. Research studies and reviews have both supported and critiqued the DECA as a tool to be used with young children ages two to five. As a strengths-based tool grounded in resilience literature, the DECA was not only the first tool of its kind, but it maintains a unique identity through its focus on giving children the skills to bounce back when faced with stress and adversity. As the importance of strengths-based approaches and resilience grows in the field of children's services, the DECA will need continued support for its use over other approaches for working with young children.

The DECA is a psychometrically strong tool and has been generally praised as such by reviewers. The DECA was developed through a thorough review of resilience literature as well as through focus groups with parents and teachers and has been praised for its representation of

research in social-emotional competency of young children. It was standardized and normed on a large, nationally representative sample. It has strong reliability and validity data and independent studies have confirmed its reliability and factor structure. Research studies using the DECA provide evidence of its concurrent and predictive validity. No studies have been done looking at the convergent or divergent validity of the DECA because during development it was the first assessment of its kind. While further research in this area is needed, researchers are cautioned when comparing the DECA to current measures with “strength-based” and “competence” sections due the DECA’s unique grounding in resilience literature. Further research replicating the test-retest reliability of the DECA is also needed.

The DECA has separate norms for teacher and parent raters, but does not provide separate norms based on age or gender. These aspects of the assessment have been questioned. No age norms exist for the DECA, because the authors found no age trends within the standardization sample. However, more recent studies have found mixed results regarding age trends. In addition, gender differences are consistently found in DECA scores (Richard, 2007; Richardson et al., 2008; Chaiken & Chase, 2006). While an argument is suggested to underlie the lack of gender norms for the DECA, repeated criticism of this aspect of the tool indicates a need for further explanation related to this decision on the part of the authors. In addition, gender differences were not found in the relationship between DECA and math achievement (Dobbs et al., 2006), but further research studying the role of gender as a moderator of the relationship between social and emotional competencies and specific outcomes would further inform the decision not to provide gender norms.

Regarding parent and teacher norms, some studies have shown parent scores that are harsher than teacher scores (Rosas, Chaiken & Chase, 2006; Stark Mental Health and Recovery

Services Board, 2008; Devereux Data Mining, 2010). These findings do not align with those of the standardization sample. Research also suggests that level of cognitive functioning moderates the relationship between parent and teacher ratings with greater differences shown for children with lower cognitive abilities (Crane et al., 2008). Parents and Teachers also tend to agree more on ratings of protective factors than on behavioral concerns (Rosas et al., 2006). Comparing scores between parents and teachers and eliciting ratings from multiple perspectives and settings is praised as an important asset of the DECA (Hirsh-Pasek et al., 2005; LeBuffe and Shapiro, 2008; Rosas et al., 2006). This practice promotes collaboration and comparative discussion between parents and teachers. In addition, similar parent and teacher ratings may indicate strengths that span different settings and indicate core competencies (Rosas et al. 2007). Identifying similar parent and teacher observations provides opportunities for unified intervention across settings and collaborative care-giving strategy development. However comparing discordant ratings may also put parents and teachers at risk for disagreement making collaboration more difficult. To best promote parent-teacher collaboration the *DECA Users Guide* (LeBuffe & Naglieri, 1999a) recommends discussing protective factors before behavioral concerns and avoiding using emotionally charged words such as “inadequate” and “poor” when describing results to parents. A further look at cultural sensitivity and implications for DECA scores may elucidate studies that showed parent and teacher differences. These studies will additionally provide evidence for the use of the DECA for application with specific populations.

The DECA is also praised for being extremely user-friendly and for serving many desired purposes for assessments within the domain of early childhood. However, the DECA does not identify learning difficulties (Hirsh-Pasek, 2005) or determine eligibility for special education (Kochanoff et al. 2003; Plake et al., 2005). Further studies looking at specific populations such

as children with special needs and children with learning disabilities will provide additional insight into how the DECA may best be used. Offering a computerized scoring assistant, adjusting a few criticized items and continuing to develop and enhance the DCRC continuum of social and emotional assessments for children of all ages might further boost the utility of the DECA. In addition, criticism of subscale names and construct definitions may suggest a need for a more recent evaluation of child development, social and emotional and resilience literature and refinement of the constructs and items in future revisions of the assessment. It may also suggest that use of the DECA with other assessment tools may provide the most comprehensive picture of the child.

The DECA is also a sound research tool. In research the DECA is most frequently used for program evaluation, but it is also used to measure the relationship of social and emotional competency to various other early childhood mental health and development constructs. Studies within Head Start reinforce the inverse relationship between TPF and BC and have also illustrated the relationship of social and emotional competencies to academic skills in young children. These findings reinforce the importance of social and emotional assessment and social emotional competencies in children.

The Miami School Readiness Project, a university and community collaboration provided data for a number of analyses that looked at a wide range of comparisons. Among numerous findings, studies from this data collection suggest differences in social and emotional competencies depending on immigrant generation status (De Feyter & Winsler 2009b). Further research looking at the DECA and immigrant status could provide insight into this population and its assessment with the DECA.

In addition, studies have shown that persistence predicts academic outcomes more effectively than the DECA IN scale (Maier, 2008). This reiterates that the constructs of the DECA may need to be refined if the DECA is intended to identify school readiness. The AT scale was shown to be significantly related to English proficiency (Kim, 2008). While this finding may show that better attachment with a teacher predicts better learning of English, it may also suggest that items on the attachment scale are more accurately measuring a child's ability to interact in English and with a teacher who speaks English than a child's attachment to the teacher.

Further research using the DECA as either an outcome measure or predictive measure may help the field of early childhood delve further into the concept of social emotional learning, risk and resilience. If we develop a greater understanding of the effects of social and emotional learning on young children, we can better learn how to build necessary skills for school and life success in all children and the adults who care for them.

### **The Devereux Early Childhood Assessment Clinical Form**

The Devereux Early Childhood Assessment Clinical Form (DECA-C) is a standardized, norm-referenced behavior rating scale which measures protective factors and behavior concerns in preschool children ages 2 through 5 (LeBuffe & Naglieri, 2003). The DECA-C is intended for children in the "Expanded" range of intervention (versus "Universal" or "Targeted"), but like the DECA measures initiative (IN), attachment (AT), and self-control (SC), and also yields a Total Protective Factors (TPF) score. The assessment also includes four Behavior Concerns Scales: Attention Problems, Aggression, Emotional Control Problems, and Withdrawal/Depression. The composite of these four scales is called the Total Behavior Concerns Scale. The DECA-C also includes four Increased Concern Items, which assess unusual and "very troubling" behaviors

such as fire setting, self-harm, low self-esteem, and violence toward animals. The items for emotional and behavior concerns were taken from the Devereux Scales of Mental Disorders (DSMD; Naglieri, Lebuffe & Pfeiffer, 1994) a standardized, norm referenced rating scale that was developed to aid in the identification of individuals who evidence behaviors associated with psychopathology.

Like the DECA, the DECA-C produces a profile that displays a child's strengths and concerns. It also assesses severity of behavioral problems, by identifying children with severe social and emotional difficulties, and as such may be appropriate in recommending these children for special services. It is a useful tool in meeting Program Performance Standards (45 CFR 1301 et. seq.), as well as meeting IDEA standards (PL 105-17). The DECA-C may also be used as a tool for research in child outcomes and cross-rater (parents vs. teachers) analysis.

### **Standardization**

Original strengths-based items on the DECA-C were developed after thorough research of relevant resilience literature, as well as focus groups with parents and teachers, in which participants were asked what children look like when they are "doing well." Items related to emotional and behavior disorders were taken from the Devereux Scales of Mental Disorders (DSMD; Naglieri, LeBuffe, & Pfeiffer, 1994). The national standardization consisted of two samples of children ages 2 years 0 months to 5 years 11 months 30 days. The norms on the Protective Factors Scales were based on 2,000 children, and the norms on the Behavior Concerns Scales were based on 1,108 children. The samples were collected during the fall of 1997 and the spring of 1998.

### **Psychometrics**

Internal reliability (alpha) coefficients were good for both TPF and TBC across teachers and parents, median values ranging from .88 to .94. Individual subscales ranged from .66 to .93 for teachers and parents. Test-retest reliability (two DECA-C ratings by the same parent or teacher) scores ranged from .55 (AT for parents) to .94 (TPF for teachers). Median interrater reliability coefficients for different teachers ranged from .32 (Withdrawal/depression) to .77 (Self-control).

As the DECA and DECA-C are the first norm-referenced, standardized assessments that address within-child protective factors, it was impossible to draw conclusions related to content validity. To establish criterion validity, norms were contrasted against minority status, as well as predicted membership within “identified” and “community” sample groups (TPF > or < 40, TBC > or < 60).

For construct validity, the DECA-C was shown to measure diverse social and emotional functioning in children, which was related to commonly occurring disorders. In a study conducted by the authors (see LeBuffe & Naglieri, 1999a), the protective factor scales on the DECA-C were shown to have an inverse relationship with behavioral concerns, suggesting that the assessment is a valid measure of resilience as a construct. To assess the construct validity of the Withdrawal/Depression, Emotional Control Problems, Attention Problems, and Aggression scales, a small clinical sample was drawn to compare scores on these scales to children with diagnoses that might logically correspond. Results show that children diagnosed with psychiatric disorders (e.g. ADHD, ODD, and Depression) tend to also score in the Concern range for corresponding scales on the DECA-C, suggesting good construct validity overall for the Behavior Concerns Scales.

### **The DECA-C in Research**

There has been little independent research on the DECA-C to this point. As there are not enough reviews, critiques, research articles, dissertations and theses that discuss different aspects of the DECA-C in depth, comments listed are merely divided into what the assessment does well, and areas of improvement that have been brought to light.

### **Strengths of the DECA-C**

The greatest asset of the DECA-C is its commitment to strengths within clinical populations (see LeBuffe & Naglieri, 2003; Naglieri & LeBuffe, 2005; Sherwood, D., Bleecker, T., Durr, R., & Lipton, A. 2008). There exists a long line of behavioral rating scales that report behavior problems for children in the clinical range, but the DECA-C claims to be the first that addresses social and emotional strengths as well. It has been touted as the only clinical behavioral assessment that measures attachment in children, and provides an easy guide to intervention using the strengths model (Caselman & Self, 2008). It has been preferred over other assessments because of its shorter length, and more stringent standardization than other measures (Loew, 2005). In empirical studies, the DECA-C has been shown to reflect positive outcomes in early childhood pilot programs (see Munroe-Meyer Institute, 2008), and TPF scores have been shown to negatively correlate with TBC scores, which speaks to the validity of the DECA-C as both a measure of social and emotional strengths as well as a measure of behavioral concerns (Newton, 2007).

### **Concerns with the DECA-C**

The DECA-C has not been utilized much in the research arena, which makes it difficult to highlight where it needs improvement. Research and reviews that have been produced provides some preliminary concerns with the DECA-C. For example, Ballard (2005) has argued that the DECA-C differs only from the DECA in that it has more pathology-based items and that

only half of the DECA standardization sample was administered the Clinical Form, and Birkby (2005) states frustration with no existing electronic scoring or administration. Critics reviewing DECA-C reliability say parent raters don't meet the standard of .80 on some subscales, which could be addressed in future standardization samples. In addition, DECA-C authors claim that the DECA-C can produce guidelines for detecting significant differences between pre- and post-intervention test scores, although test-retest reliability only supports an administration window of 72 hours, which would be an issue for any intervention lasting longer than this window (Caselman & Self, 2008; Ballard, 2005). Concerning validity, Loew (2005) has claimed the lack of validity studies to be a weakness. Research is also needed to assess the validity of TPF and TBC scales across different demographic groups (Newton, 2007).

### **Discussion of the DECA-C**

While the DECA-C is generally a solid tool, psychometrically, its reliability and validity could be strengthened with a larger standardization sample and further research studies. The strength based items on the DECA-C are the same as the DECA items and therefore demonstrate the same content validity. The items for emotional and behavior disorders were taken from the Devereux Scales of Mental Disorders (DSMD; Naglieri, Lebuffe & Pfeiffer, 1994). The reliability and validity data of the assessment are generally sound, however, parent reliability does not meet acceptable standards on some subscales Caselman & Self, 2008, and it has been criticized that standardization was done for the DECA and DECA-C simultaneously by administering the DECA-C to half of the DECA standardization sample Ballard (2005). This was done to insure that the DECA norms did not change due to accompanying behavioral concern items on the DECA-C, but means that the DECA-C protective factor norms are based on 2,000 children, while the behavioral concern scale norms are based on only 1,108. Because this

number combines both parents and teachers these numbers do not meet the Bracken criteria for normative samples. It would be advised for future revisions for a larger sample to be acquired for the DECA-C standardization.

While the DECA-C is a strong assessment tool, and was created due to an indicated need in the early childhood field, it has not been given the same attention as the DECA and is therefore not as widely known or used. This may be because the DECA-C is a longer form than the DECA, requires more training to be used, is not available in languages other than English, and does not have any form of electronic or online scoring. In addition, the publisher of the DECA and DECA-C is not recognized as a publisher of clinical assessment tools, and therefore may have been more successful at marketing the non-clinical DECA. In general more research using the DECA-C is necessary to further assess its validity and to better support its use with diverse populations of young children.

Table 1

*Independent psychometric studies compared to standardization sample*

	LeBuffe and Naglieri (1999a)		Crane et al. (2008)		Jaberg et al. (2009)		Lien and Carlson (2009)
	Parent	Teacher	Parent	Teacher	Parent	Teacher	Parent
	Internal consistency ( $\alpha$ )						
IN	.86	.90	.85	.90	.81	.92	.84
AT	.76	.85	.83	.90	.85	.92	.86
SC	.91	.94	.77	.82	.78	.83	.76
TPF	.84	.90	.92	.94	.91	.95	.91
BC	.71	.80	.72	.81	.71	.83	.71
	Standard Error of Measurement (SEM)						
IN	3.74	3.21	-	-	-	-	4.07
AT	4.91	3.87	-	-	-	-	3.87
SC	2.97	2.39	-	-	-	-	4.84
TPF	4.03	3.15	-	-	-	-	2.98
BC	5.40	4.46	-	-	-	-	5.43
	Parent-Teacher Interrater Reliability ( $r$ )						
IN	.34		.24		.31		-
AT	.23		.28		.37		-
SC	.19		.20		.20		-

TPF	.29	.27	.37	-
BC	.23	.26	.38	-

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*Note.* Dashes indicate that the values were not calculated for the respective study.

Table 2

*Evidence for concurrent validity: Correlations (r)*

Study and measures	IN	AT	SC	TPF	BC
Bor (2007)					
Neighborhood Risk	-	-	-	-.11**	.12**
Public schools	-	-	-	-.19**	.21**
Community -based programs	-	-	-	.01	-.01
Brinkman et al. (2007) <sup>a</sup>					
DECA BC scale	-	-	-	-.39***, -.34***	-
Dobbs et al. (2006)					
Math Ability	.57***	.33*	.33*	-	-.42**
Total Problems	-.25**	-.23*	-.54***	-	.62***
Internalizing	-.13	-.08	-.20*	-	.34***
Externalizing	-.09	-.22*	-.60***	-	.60***
Withdrawal	-.33**	-.29**	-.17	-	.28**
Somatization	.07	.07	-.10	-	.18
Anxiety-Depression	-.06	-.01	-.21*	-	.33**
Social Problems	-.26**	-.15	-.40***	-	.50***
Thought Problems	-.27**	-.18	-.22*	-	.25**
Attention Problems	-.46***	-.28**	-.48***	-	.57***
Delinquency	-.06	-.20	-.41***	-	.42***

Aggression	-0.09	-.23*	-.61***	-	.61***
Escalon and Greenfield (2009)					
Learning Behaviors	-	-	-	-	-.41**
Language/literacy	-	-	-	-	-.13
Mathematics	-	-	-	-	-.09
Fiore (2009)					
Parent stress	-	-.30	-	-.42*	-
Child stress	-	-.30	-	-.31	-

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*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . Dashes indicate that the values were not calculated for the respective study.

<sup>a</sup>Study data were collected from two preschool classes, 2004-2005 and 2005-2006; the correlation from the 2004-2005 class is listed first.

Table 3

*Evidence for concurrent validity: d-ratios*

SE classification	LeBuffe & Naglieri (1999a)				
	IN	AT	SC	TPF	BC
Emotional or behavioral disorder	-0.78	-0.47	-1.01	-0.89	1.08
SE classification	Crane (2009) <sup>a</sup>				
	IN	AT	SC	TPF	BC
Developmental delay					
Teacher rating	-1.42, -1.96	-0.64, -0.84	-1.19, -0.87	-	1.23, 1.48
Parent rating	-1.31, 0.05	-0.69, -1.17	-0.79, -1.08	-	0.76, 0.61
Autism					
Teacher rating	-2.20, -2.75	-1.10, -1.27	-1.39, -1.08	-	2.73, 1.67
Parent rating	-2.17, -0.63	-1.04, -1.28	-1.55, -1.44	-	0.60, 1.13
Specific learning disability					
Teacher rating	-0.78, -0.91	-0.21, -0.38	-0.50, -0.45	-	0.73, 0.75
Parent rating	-0.85, 0.56	-0.14, -0.39	-0.20, -0.53	-	0.39, 0.35
Speech impaired					
Teacher rating	0.30, -0.02	0.24, -0.33	0.16, -0.08	-	0.13, 0.15
Parent rating	-0.27, 1.23	0.09, -0.03	0.08, -0.14	-	-0.23, -0.52
Emotionally disturbed					

Teacher rating	-1.22, -1.35	-2.01, -1.26	-1.06, -1.70	-	1.92, 2.03
Parent rating	-0.86, 0.64	-0.82, -1.22	-0.77, -1.26	-	0.89, 0.95
Sheridan et al. (2010) <sup>b</sup>					
	IN	AT	SC	TPF	BC
Getting Ready intervention	0.56	0.75	0.07	-	0.08

*Note.* Absolute value of  $d \geq 0.20$  and  $< 0.50$  is considered a small effect size;  $|d| \geq 0.50$  and  $< 0.80$  is considered medium;  $|d| \geq 0.80$  is considered large (Cohen, 1988). Dashes indicate that the values were not calculated for the respective study.

<sup>a</sup>Effect sizes indicate the effect of the given special education classification compared to no diagnosis. Study data were collected in the fall and spring of a school year; effect sizes from the fall are listed first.

<sup>b</sup>Effect sizes indicate the effect of the Getting Ready intervention, calculated at post-test compared to pre-test.

Table 4

*Evidence for predictive validity: Correlations (r)*

Study and measures	IN	AT	SC	TPF	BC
Escalon and Greenfield (2009)					
Language/literacy	-	-	-	-	-.19**
Mathematics	-	-	-	-	-.19**
Fuccillo (2008)					
Competence Motivation	-	.13	-	-	-
Attention/ Persistence	-	.35***	-	-	-
Combined School Readiness score	-	.18	-	-	-
LeBuffe et al. (2009)					
Behavior concerns	-	-	-	-.64***	-

*Note.* \* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ . Dashes indicate that the values were not calculated for the respective study.

Table 5

*Evidence for predictive validity: d-ratios*

SE classification	Crane (2009)				
	IN	AT	SC	TPF	BC
Continued SE vs. Exited	1.03	0.73	0.82	-	-1.06
Change in disability category vs. No change	-0.03	-0.04	0.32	-	-0.45

*Note.* Dashes indicate that the values were not calculated for the respective study.

Table 6

*Effect sizes (Cohen's d) for parent-rated versus teacher-rated raw scores*

Study	IN	AT	SC	TPF	BC
Crane (2009) <sup>a</sup>	0.44, 0.22	0.58, 0.37	0.12, -0.09	-	0.09, 0.26
Jaberg et al. (2009)	0.81	1.12	0.11	0.75	0.13
Data mining (2010)	0.52	0.73	-0.12	0.43	0.58

*Note.* Effect sizes indicate the effect of parent ratings compared to teachers (i.e., calculated as parent ratings minus teacher ratings). Dashes indicate that the values were not calculated for the respective study.

<sup>a</sup>Study data were collected in the fall and spring of a school year; effect sizes from the fall are listed first.

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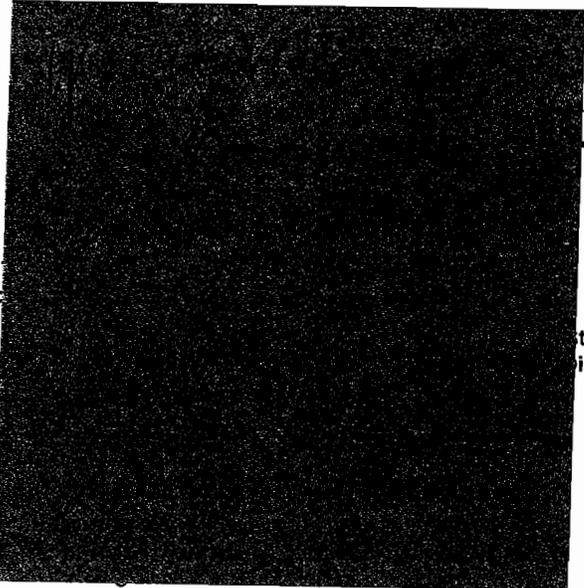
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Please help our agency make questions about the services YEAR. Your answers are con services you or your child rec



Shade Circles Like This--> ●  
Not Like This--> ⊗

	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	
1. Overall, I am satisfied with the	○	○	○	○	○	01
2. I helped to choose my child's	○	○	○	○	○	02
3. I helped to choose my child's	○	○	○	○	○	03
4. The people helping my child stuck with us no matter what.	○	○	○	○	○	04
5. I felt my child had someone to talk to when he/she was troubled.	○	○	○	○	○	05
6. I participated in my child's treatment.	○	○	○	○	○	06
7. The services my child and/or family received were right for us.	○	○	○	○	○	07
8. The location of services was convenient for us.	○	○	○	○	○	08
9. Services were available at times that were convenient for us.	○	○	○	○	○	09
10. My family got the help we wanted for my child.	○	○	○	○	○	10
11. My family got as much help as we needed for my child.	○	○	○	○	○	11
12. Staff treated me with respect.	○	○	○	○	○	12
13. Staff respected my family's religious/spiritual beliefs.	○	○	○	○	○	13
14. Staff spoke with me in a way that I understand.	○	○	○	○	○	14
15. Staff were sensitive to my cultural/ethnic background.	○	○	○	○	○	15
<b>Questions 16-22 - As a result of services my child and/or family received:</b>						
16. My child is better at handling daily life.	○	○	○	○	○	16
17. My child gets along better with family members.	○	○	○	○	○	17
18. My child gets along with friends and other people.	○	○	○	○	○	18
19. My child is doing better in school and/or work.	○	○	○	○	○	19
20. My child is better able to cope when things go wrong.	○	○	○	○	○	20
21. I am satisfied with our family life right now.	○	○	○	○	○	21
22. My child is better able to do things he or she wants to do.	○	○	○	○	○	22
<b>Questions 23-26 - As a result of services my child and/or family received: (Non-Mental Health providers)</b>						
23. I know people who will listen and understand me when I need to talk.	○	○	○	○	○	23
24. I have people that I am comfortable talking with about my child's problems.	○	○	○	○	○	24
25. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	25
26. I have people with whom I can do enjoyable things.	○	○	○	○	○	26

Please answer the following questions to let us know how your child is doing.

27. Is your child currently living with you?

- Yes
- No

28. Has your child lived in any of the following places in the last year? (Check all that apply)

- With one or both parents
- Therapeutic foster home
- Group home
- Local jail or detention center
- With another family member
- Crisis Shelter
- Residential treatment center
- State correctional facility
- Foster home
- Homeless shelter
- Hospital
- Runaway/homeless/on the streets
- Other

29. In the last year, did your child see a medical doctor (or nurse) for a health check up or because he/she was sick?

- (Mark only one)  Yes, in a clinic or office  Yes, but only in a hospital emergency room  No  Do not remember

30. Is your child on medication for emotional/behavioral problems?

- Yes
- No

30a. If yes, did the doctor or nurse tell you and/or your child what side effects to watch for?

- Yes
- No

31. Is your child still getting services from this center?

- Yes
- No

32. Was your child arrested during the last 12 months?

- Yes
- No

33. Was your child arrested during the 12 months prior to that?

- Yes
- No

34. Over the last year, have your child's encounters with police...

- Been reduced
- Stayed the same
- Increased
- Not applicable

35. Was your child expelled or suspended during the last 12 months?

- Yes
- No

36. Was your child expelled or suspended during the 12 months prior to that?

- Yes
- No

37. Over the last year, the number of days my child was in school is?

- Greater
- About the same
- Less
- Does not apply (please select why)
  - no problem with attendance before starting services
  - child is too young to be in school
  - child was expelled from school
  - child is home schooled
  - child dropped out of school
  - other

38. Are either of the child's parents of Hispanic/Latino?

- Hispanic or Latino
- Not Hispanic or Latino

39. What is your child's race? (mark all that apply)

- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Black (African American)
- White (Caucasian)
- Asian
- Other

40. What is your child's age? (in years)

- 0-3
- 4-12
- 13-17
- 18+

41. Child's Gender:

- Male
- Female

42. Does your child have medical insurance?

- Yes
- No

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Return Address: (CPS Quality Improvement Dept, DMH, PO Box 687, Jefferson City, MO 65102)

Thank You!

DECA LITERATURE REVIEW

The Devereux Early Childhood Assessment Literature Review

Jennifer Chain, Alex Dopp, Gabriel Smith, Sean Woodland and Paul LeBuffe

The Devereux Center for Resilient Children

July 28, 2010

## DECA LITERATURE REVIEW

### **Abstract**

The Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999a) is a widely used, standardized, norm-referenced behavior rating scale, grounded in resilience theory. It evaluates within-child protective factors in preschool children ages two through five. The DECA is a psychometrically sound tool that can be rated by both parents and teachers to promote collaboration. Research to replicate the original DECA psychometrics has been conducted and will be discussed in the current document along with DECA use in program evaluations and studies that look at the relationship of social-emotional competency to various early childhood mental health and development constructs. Reviews and critiques of the DECA will also be addressed. The DECA-C is an additional assessment that evaluates, in equal depth, protective factors and behavioral concerns through 3 protective factors scales and 4 behavioral concern scales. Research and reviews on the DECA-C shows that this tool has good psychometrics but is not as widely known or used as the DECA.

### Table of Contents

The DECA Assessment .....	1
Purposes of the DECA .....	2
The DCRC Continuum of Strength-Based Assessments .....	2
DECA Use and the DECA Program .....	3
The DECA-C .....	4
Psychometrics .....	5
Standardization and Original Psychometric Studies .....	5
Independent Psychometric Studies .....	7
Parent-Teacher Agreement .....	13
DECA Programs and Interventions .....	14
DECA and Head Start .....	15
DECA and the Miami School Readiness Project .....	15
Reviews and Critiques of the DECA .....	18
Strengths .....	18
Concerns .....	21
Discussion .....	23
The Devereux Early Childhood Assessment Clinical Form .....	27
Standardization .....	28
The DECA-C in Research .....	28
Strengths of the DECA-C .....	30
Concerns with the DECA-C .....	30
Discussion of the DECA-C .....	31

Tables .....	33
References .....	42
List of Tables .....	iii

**List of Tables**

Table 1: Independent psychometric studies compared to Standardization Sample ....	32
Table 2: Evidence for concurrent validity: Correlations (r) .....	35
Table 3: Evidence for current validity: d-ratios .....	37
Table 4: Evidence for predictive validity: Correlations (r) .....	39
Table 5: Evidence for predictive validity: d-ratios .....	40
Table 6: Effect sizes (Cohen's d) for parent-rated versus teacher-rated raw scores ....	41

### **The DECA Assessment**

The Devereux Early Childhood Assessment (DECA; LeBuffe & Naglieri, 1999a) is a standardized, norm-referenced behavior rating scale that evaluates within-child protective factors in preschool children ages two through five (i.e. from their second to their sixth birthday). It was developed from 1996-1998 and published in 1999 by the Kaplan Early Learning Company. The DECA evaluates 27 positive behaviors and also contains a ten-item Behavioral Concerns Scale that measures a wide variety of challenging behaviors seen in some preschool children. The DECA is grounded in resilience theory and was created due to growing numbers of young children in center-based care, and growing numbers of children who encounter adversity and face stress in their daily lives. The DECA was the first strength-based assessment tool grounded in resilience theory. This document will discuss the psychometric properties of the DECA, use of the DECA in research, and reviews of the DECA. These topic areas will also be briefly discussed in relation to the DECA-Clinical Form (DECA-C; LeBuffe & Naglieri, 2003), a tool adapted from the DECA for clinical use.

The DECA can be completed by family members or early care and education professionals. It includes three scales and a composite scale called Total Protective Factors (TPF) which reflects the overall strength of a child's protective factors. The three protective factor scales reflect three important domains of social and emotional competence for young children. These include Initiative (IN), the child's ability to use independent thought and action to meet his or her needs; Self-Control (SC), the child's ability to experience a range of feelings and express them using the words and actions that society considers appropriate; and Attachment (AT), a mutual, strong, and long-lasting relationship between a child and significant adults such as parents, family members, and teachers. A separate ten-item Behavioral Concerns (BC) scale

serves as a screening tool for a variety of problematic behaviors in preschoolers (LeBuffe & Naglieri, 1999b).

### **Purposes of the DECA**

The DECA was developed to serve five primary purposes as described by the *Devereux Early Childhood Assessment User's Guide* (LeBuffe & Naglieri, 1999b):

1. To generate a profile that identifies the strengths and comparative weaknesses of a child's protective factors so that targeted classroom and family-based strategies can be implemented to strengthen low protective factors.
2. To Generate DECA Classroom Profiles indicating the relative strengths and needs of all children in a class and to help with selection of classroom strategies to build and support social and emotional strengths.
3. To guide and support early intervention efforts by identifying children who may be exhibiting emotional/behavioral problems, leading to interventions to reduce these behaviors before they develop into behavioral disorders.
4. To assist Head Start programs in meeting the Program Performance Standards. (45 CFR 1301 et. seq.).
5. To assist early childhood programs in developing strength-based programs to foster healthy social and emotional growth in children.

The DECA is also intended to provide early childhood programs with a useful outcome measure related to children's social and emotional health, to aid in parent professional collaboration through comparing scores across the home and school environments, and to provide a well developed measure of protective factors in preschool children for research purposes.

### **The DCRC Continuum of Strength-Based Assessments**

The DECA now exists in both electronic and paper form as part of a continuum of strength-based assessments developed by the staff of the Devereux Center for Resilient Children (DCRC). The DCRC is a division of the Devereux Foundation that encompasses the Devereux Early Childhood Initiative (DECI). The DCRC assessments include the DECA (LeBuffe and Naglieri, 1999a), DECA-Clinical Form (DECA-C; LeBuffe and Naglieri 2003), the DECA for Infants and Toddlers (for children 0 – 36 months; DECA – I/T; Mackrain, LeBuffe & Powell, 2006), and the Devereux Student Strengths Assessment (for children in kindergarten – eighth grade; DESSA; LeBuffe, Shapiro & Naglieri, 2008). A Devereux Adult Resilience Survey (DARS; Mackrain, 2008) also exists as a reflective checklist to help adult caregivers reflect on their own resilience as they work to foster resilience in children. The DCRC is dedicated to the mission of promoting social and emotional development, fostering resilience, and building skills for school and life success in all children and the adults who care for them.

### **DECA Use and the DECA Program**

The DECA is now a widely used and recognized tool within early childhood. The DECA is recognized by numerous state (about 60) organizations and national organizations (about 12) and has a strong following of Head Start users and supporters (A Sampler of Where the DECA is Included in Federal, State and Head Start Programs and Initiatives, Research and Guidance Resources, 2010). The DECA was created to be used as part of the DECA program, an integrated approach with associated resources for both assessing and strengthening protective factors in children. The DECA Program kit includes a *Classroom Strategies Guide*, a booklet for parents on fostering resilience titled *For Now and Forever*, and a *Classroom Observation Guide*. The program emphasizes three components: 1. An environment that supports social and emotional development, 2. Building resilience within adult caregivers and 3. Building resilience

within the child. In addition to the three components, the DECA program follows a five-Step System which consists of: 1. Collecting information on the child and program, 2. Assessing the child using the DECA, 3. Summarizing DECA results, 4. Implementing strategies in the home and preschool environments, and 5. Evaluating progress. The DECA assessment is also used within some child welfare organizations for program evaluation and enhancement. An accompanying resource kit for child welfare service providers, adapted from the DECA Program kit is currently in development.

### **The DECA-C**

The DECA-C is a standardized, norm-referenced behavior rating scale that evaluates behaviors related to both social-emotional resilience and concerns in preschool children ages two through five (i.e., up to the sixth birthday). The DECA-C was created to meet the needs of professionals using the DECA who requested a more thorough assessment of problem behaviors for children already exhibiting significant behavioral difficulties. The protective factors scales on the DECA-C are the same as those on the DECA (Initiative, Attachment, and Self-Control), but the DECA-C provides a balanced, in-depth look at behavior concerns in addition to protective factors.

The Behavioral Concern scales on the DECA-C measure Attention Problems (AP), difficulties the child may have in focusing on a task and ignoring competing environmental stimuli; Aggression (AG), hostile or destructive acts directed at other persons or things; Emotional Control Problems (ECP), difficulties the child has in modifying the overt expression of negative emotions; and Withdrawal/Depression (WD) which addresses behaviors related to emotional and social withdrawal in which the child is self-absorbed and often attends to his or her own thoughts or play rather than engaging in reciprocal interactions. The

Withdrawal/Depression scale also includes feelings of sadness and the inability to enjoy activities and social interactions. A Total Behavioral Concerns Scale also exists as a composite of the four behavioral concern scales and provides an overall index of the magnitude and severity of the child's behavioral problems. In addition to discussing the DECA, this document will briefly overview the psychometric properties, use in research, and overall reviews of the DECA-C.

### **Psychometrics**

#### **Standardization and Original Psychometric Studies**

The development and standardization of the DECA, including all original psychometric studies, are described in detail in the DECA technical manual (LeBuffe & Naglieri, 1999a). The protective factor scales (i.e., IN, AT, and SC) and the TPF composite scale were standardized on a nationally representative sample of 2,000 children from 28 states. The BC scale was standardized on a nationally representative sample of 1,108 children from the same 28 states. This document refers to these two samples collectively as the standardization sample. The desired characteristics of the standardization sample were based on the *Statistical Abstract of the United States 1996: The national data book* (116<sup>th</sup> ed.) from the U.S. Department of Commerce, Economics and Statistics Administration, Bureau of the Census (1996).

No meaningful age-related differences were identified in the standardization sample, and therefore age norms are not provided for the DECA. Although gender differences were identified in the sample, with girls scoring higher than boys on all protective factor scales and lower on the BC scale, the authors chose not to provide gender norms. This decision preserves observed differences between genders (because boys cannot earn the same T-score for different raw scores) and establishes a single set of social-emotional competency expectations for both

genders, based on the argument that girls should not be held to a higher standard than boys (LeBuffe, personal communication, April 26, 2010). The authors did construct separate norms by Rater (Parent or Teacher) based on identified differences in the sample.

The standardization sample was used to construct the scale structure and compute reliability estimates for the scales. Exploratory factor analysis was used to create the three protective factors scales. The median Cronbach's alpha ( $\alpha$ ) coefficients for internal consistency of the scales across raters were .93 for TPF, .87 for IN, .81 for AT, .88 for SC, and .76 for BC. With the exception of the BC scale, all scales exceed criteria for acceptable reliability estimates (Bracken, Keith & Walker, 1998). However, a somewhat lower internal consistency coefficient is expected for a scale used as a screener, such as the BC scale, due to the heterogeneity of the items. In addition, separate samples were collected to estimate the test-retest reliability and interrater reliability of the DECA. These samples are described in detail in the technical manual (LeBuffe & Naglieri, 1999a). Median test-retest coefficients were .64 for parents and .91 for teachers. Median interrater coefficients were .32 for parent-parent pairs, .62 for teacher-teacher pairs, and .23 for parent-teacher pairs. These findings do not all meet criteria for acceptable reliability (Bracken, Keith & Walker), but are similar to results obtained for similar behavior rating scales (Achenbach, McConaughy & Howell, 1987).

Finally, the authors collected data supporting the content, criterion, and construct validity of the DECA (LeBuffe & Naglieri, 1999a). Content validity is supported by a thorough review of the resilience literature and the results of focus groups conducted with parents and teachers. Items were selected for inclusion with three goals: to 1) identify the best factor solution in terms of psychometrics and interpretability, 2) minimize the length of the DECA without compromising its breadth, and 3) ensure reliability. Criterion validity is supported by mean

differences on all scales between a community sample and a sample with identified emotional and behavioral problems, with medium to large effect sizes (which are compared to independent findings later in this section), and by high overall classification accuracy. Potential differences in scores were also examined for children from minority racial and ethnic groups using a contrasted groups approach, and all were found to be negligible or to have a small effect size ( $d \leq 0.38$ ). This indicates that the DECA does not discriminate against minority children, and is appropriate for use with such children. Construct validity is supported by evidence that protective factors moderate differences in behavioral concerns between high risk and low/average risk children.

Reviews of the standardization sample and psychometrics of the DECA have generally been positive (Buhs, 2003; Chittooron, 2003; Reddy, 2007), and these reviewers recommend the DECA as a reliable instrument that provides a valid assessment of social and emotional competencies in preschool children. Chittooron notes concerns that the number of children with special needs in the standardization sample is not reported, and that a larger number of items could improve the DECA's test-retest and interrater reliability. Buhs criticizes the validity of the protective factor scales, noting that the authors did not test *a priori* hypotheses about the factor structure and suggesting that the scales are data-driven rather than theory-driven. Bridges and colleagues (2004) echo these concerns, noting that the labels Attachment and Total Protective Factors do not reflect their use in developmental literature. Reddy cautions against the conclusion that the DECA does not demonstrate item bias for racial and ethnic minorities, and notes that more rigorous evaluations of item bias are available than the methods described in the manual.

### **Independent Psychometric Studies**

Reddy (2007) and Nickerson (2007) also noted that independent psychometric research on the DECA was absent at the time of publication. In the years since those articles, this gap in the DECA's research base has been addressed through three studies, which have replicated findings from the DECA standardization sample. Lien and Carlson (2009) examined internal consistency, standard error of measurement, and factor structure in a sample of 1,208 children enrolled in Head Start programs in Michigan. Jaberg, Dixon and Weis (2009) examined internal consistency, interrater reliability (parent-teacher), and factor structure in a sample of 780 children from rural Missouri. Crane, Winsler and Mincic (2008) examined internal consistency and interrater reliability (parent-teacher) in a sample of 5,988 children from Miami-Dade county, Florida, primarily from urban, low-income, and racial and ethnic minority backgrounds. Both Lien and Carlson and Jaberg and colleagues replicated the original factor structure almost precisely. The internal consistency, standard error of measurement, and interrater reliability coefficients found in these studies also replicate the original findings; results are summarized and compared to the DECA standardization sample in Table 1. These results indicate that the DECA remains a reliable assessment 10 years after its publication, and supports its validity for use with children from low-income, rural, urban, and racially and ethnically diverse backgrounds. No independent study has examined the test-retest reliability of the DECA.

The relationship between DECA scores and other social-emotional competence measures was not examined when the DECA was in development, although this is a standard procedure for establishing construct validity, because no such measures existed at the time (LeBuffe & Naglieri, 1999a). Even today, although a number of behavior rating scales include "strength-based" or "competence" sections, the majority of these assessments are not grounded in resilience theory, and they therefore cannot be used as an appropriate comparison for construct

validity. However, a number of research studies in early childhood education and mental health lend additional evidence to the DECA's criterion validity by demonstrating both concurrent and predictive relationships between DECA scores and other variables of interest. These findings indicate the validity of predicted relationships between DECA scores and theoretically related constructs (e.g., parental engagement) and outcomes (e.g., academic achievement), including predicted inverse relationships (e.g., behavioral problems).

Effect sizes were calculated for these studies from available data, which evaluated the strength of effects using Cohen's (1988) criteria. For correlation coefficients ( $r$ ), effect sizes of .10, .30, and .50 are considered small, medium, and large, respectively. For between-group comparisons ( $d$ -ratio), effect sizes of 0.20, 0.50, and 0.80 are considered small, medium, and large. For a regression equation ( $f^2$ ), effect sizes of 0.02, 0.15, and 0.35 are considered small, medium, and large. Findings are described in the subsequent paragraphs and summarized in the following tables: Table 2 summarizes concurrent validity evidence from effect sizes for correlations; Table 3 summarizes concurrent validity evidence from effect sizes for between-group; Table 4 summarizes predictive validity evidence from effect sizes for correlations; and Table 5 summarizes predictive validity evidence from effect sizes for between-group comparisons.

Evidence for concurrent validity has been reported for math achievement, learning behaviors, and parental engagement, which all showed positive correlations with DECA scores. Dobbs, Doctoroff, Fisher & Arnold (2006) found medium to large correlations between DECA scores and math achievement ( $r$  from .33 to .57 for protective factor scales,  $r = -.42$  for BC). Escalon & Greenfield (2009) found a medium negative correlation between learning behaviors and behavior concerns ( $r = -.41$ ). Escalon and Greenfield did not replicate the concurrent

relationship with academic achievement, however, as correlations between BC scores were small and non-significant. Richard (2007) found that scores on the IN, SC, and BC scales predicted language proficiency, with a medium effect size ( $f^2 = 0.28$ ). The Getting Ready intervention, which is designed to increase parental engagement with preschool children, has resulted in increased DECA scores on the IN and AT Scales with medium effect sizes ( $d = 0.75$  and  $d = 0.56$  respectively) (Sheridan, Knoche, Edwards, Bovaird & Kupzyk, 2010) and negligible effect sizes for SC and BC.

Negative correlations with DECA scores have been reported for parental stress, environmental risk factors, problem behaviors, child's referral for mental health services, and autism and special education classification. Dobbs and colleagues (2006) found consistent small and medium correlations between DECA scores and problem behaviors, (median  $r$  of  $-.13$  to  $-.40$  for protective factor scales, median  $r$  of  $.42$  for BC), with a number of large correlations with scales of externalizing behaviors. Brinkman, Wigent, Tomac, Pham and Carlson (2007) also found a medium negative correlation between TPF and BC ( $r = -.39$  and  $-.34$ ). Fiore (2009) found a medium negative correlation between parent stress and TPF ( $r = -.42$ ), although correlations with child stress and between AT and both types of stress were not significant. Bor (2007) found small correlations between neighborhood risk and TPF ( $r = -.19$ ) and BC ( $r = .21$ ) for public school preschool students, although these relationships were not replicated with students in community care settings. Crane (2009) found consistent medium and large effect sizes for a number of special education classifications on preschool children's DECA scores, with both parent and teacher ratings, compared to no diagnosis ( $d$  of  $-0.73$  to  $-0.85$  for protective factor scales,  $d$  of  $0.75$  for BC). Effect sizes for developmental delays, autism, and emotional disturbance all fell within this range, whereas effects were smaller for specific learning

disabilities and mostly negligible for speech impairment. This last finding indicates that the DECA is able to selectively identify children with social, emotional, and developmental disabilities.

DECA scores have also been found to positively predict literacy achievement, math achievement, language skills, school readiness (Fuccillo, 2008), and exiting special education (Crane, 2009). Although Escalon and Greenfield (2009) did not find a concurrent relationship between BC scores and academic achievement, the scores predicted later achievement in math and literacy with small negative correlations ( $r = -.19$ ). Richardson, Thorburn-McCrory, Saunders and Graf (2008) found that DECA scores in preschool predicted kindergarten literacy achievement with a large effect size ( $f^2$  from 0.37 to 0.52) when controlling for preschool literacy skills, age, gender, and income. Fuccillo (2008) found a medium correlation between AT scores and one aspect of school readiness, attention/persistence ( $r = .35$ ), although AT did not significantly correlate with overall school readiness. Crane (2009) found large effects for children who exited special education in kindergarten ( $d$  of 0.73 to 1.02 for protective factor scales,  $d$  of -1.06 for BC) and small to negligible effects for changing special education category ( $d$  of -0.02 to 0.32 for protective factor scales,  $d$  of -0.45 for BC). In addition, LeBuffe, Hughes and Sperry (2009) found that low protective factors were correlated with later behavior concerns, even when behavioral concerns were not evident at pretest. In the same sample, protective factors predicted later behavioral concerns while controlling for initial behavioral concerns, with a large effect size ( $f^2 = 1.28$ ).

The gender differences found in the DECA standardization sample, in which girls were rated higher on protective factor scales and lower on the BC scale, have been replicated in a number of independent studies (e.g., Bor, 2007, Richard, 2007; Richardson et al., 2008; Rosas,

Chaiken & Chase, 2006). These authors did not provide the necessary information to calculate effect sizes for gender. A data mining study from Devereux's online database of DECA data, using 297,897 ratings, replicated these gender differences and found small effect sizes (Smith, personal communication, April 26, 2010 – replace this citation with a report when written). Girls were rated higher than boys on protective factor scales ( $d$  from 0.20 to 0.31) and lower than boys on the BC scale ( $d = -0.29$ ). One study did find no significant difference between boys and girls on the BC scale (Escalon & Greenfield, 2005). Overall, these results suggest that, 10 years later, girls are still rated as having higher social and emotional competence and lower behavioral concerns than boys. The differences found are small but reliable. As stated before, the authors' decision to not provide gender norms is based on an argument that is independent of these empirical data. Notably, studies have found that gender is not a significant predictor in regression analyses examining the relationship between DECA scores and outcome variables, such as math achievement (Dobbs et al., 2006) and language proficiency (Kim, 2004). These findings suggest that social and emotional competencies may function the same way in both genders and should not be treated separately (i.e., with separate norms) on the DECA.

Findings for age differences have been less conclusive. Richardson and colleagues (2008) partially replicated the lack of age differences from the standardization sample, finding no significant differences between four and five year olds. Rosas and colleagues (2006), however, found higher IN, lower AT, and lower BC scores for four- and five-year olds compared to two- and three-year-olds. The authors did not provide enough information to calculate an effect size for age. Crane and colleagues (2008) found significant but small to negligible correlations for every scale except AT ( $r$  from .03 to .12 for protective factor scales,  $r$  from -.07 to -.20 for BC scale).



**Community Clinics**

**Columbia Area Locations**

**Boonville Clinic**

520 Ryan - Suite W  
Boonville, Missouri 65233  
660.882.7573 Fax 660.882.2493  
Serving Cooper & Howard County Communities

**Carrollton Clinic**

305 North Mason  
Carrollton, Missouri 64633  
660.542.1403 Fax 660.542.3141  
Serving Carroll County Communities

**Marshall Clinic**

33 East Jackson Street  
Marshall, Missouri 65340  
660.886.8063 Fax 660.886.3051  
Serving Saline County Communities

**Moberly Clinic**

210 North Williams Street  
Moberly, Missouri 65270  
660.263.7651 Fax 660.827.1606  
Serving Randolph & Chariton County Communities

**Sedalia Clinic**

201 West Third  
Sedalia, Missouri 65301  
660.827.2794 Fax 660.827.1601  
Serving Pettis County Communities

**Versailles Clinic**

112 North State Highway 5  
Versailles, Missouri 65084  
573.378.6222 Fax 573.378.2143  
Serving Morgan & Maunders County Communities

**Outpatient Services**

Berrywood Medical Arts Building  
3401 Berrywood Drive, Suite 300  
Columbia, Mo 65201  
573.777.8300 Fax 573.777.8390

**Specialized Adult Services**

Stephens Lake  
1805 East Walnut  
Columbia, MO 65201  
573.777.7500 Fax 573.777.7577

**Specialized Child & Adolescent Services**

Berrywood Medical Arts Building  
3401 Berrywood Drive, Suite 203  
Columbia, MO 65201  
573.777.8330 Fax 573.777.8380

**Central Region Administrative Office**

Berrywood Medical Arts Building  
3401 Berrywood Drive, Suite 204  
Columbia, MO 65201  
573.777.8450 Fax 573.777.8487

**Burrell Behavioral Health Main Center**

1300 East Bradford Parkway  
Springfield, Missouri 65804  
800.299.1334

**Crisis Hotline**

1.800.395.2132 Mental Health professionals  
staff our crisis hotline 24 hours a day, 7 days a week.

**Burrellcenter.com**

Central Region



Serving community needs since 1977, Burrell offers confidential mental health, substance abuse and autism treatment services to children, adolescents, adults and families. Crisis, residential, home-based and outpatient services, including individual and group therapy, are available.

Our goal is provide a full range of the highest quality behavioral health services specifically tailored to meet each individual's unique needs. Our staff includes psychiatrists, a pediatrician, psychologists, advance practice nurses, clinical social workers, professional counselors, nurses, substance abuse specialists, community support specialists and other mental health professionals.

## Outpatient Services

Outpatient services are designed to help children, youth, families and adults understand and cope with many behavioral health issues such as depression, stress, drug and alcohol problems, ADHD, marital and parenting issues. These services are geared toward each individual's unique treatment needs and include:

- Individual Counseling
- Group Therapy
- Family Therapy
- Psychiatric/Medication Services
- Psychological Testing and Evaluations
- Parent-Child Interaction Therapy
- Parent Management Training
- Physician Consultation

## Specialized Child and Youth Services

For children and youth ages 3 to 21, we have specialized programs designed to offer services consistent with each child's and family's need. Services include:

- Healthy lifestyle changes and preventive care efforts; including helping develop wellness related treatment plan goals
- Socialization Skills
- Family Conflict Resolution
- Coordination of services with other agencies
- Psychiatric Services/Medication Management

## Specialized Adult Services

Burrell's Specialized Adult Services offer a variety of treatment options for adults 18 and older, specifically tailored to meet their needs. Our Psychiatric Rehabilitation Program is designed for adults with serious and persistent mental illnesses and targets:

- Specialized programming for senior adults that include dementia evaluations, coordination of home health and issues of memory loss.
- Managing a full array of physical health needs, in addition to behavioral health care needs, and needed long-term community care services and supports, social services and family services for individuals enrolled in our Healthcare Home services.

## Frequently Asked Questions

### How do I make an appointment?

Call the office nearest to you. Our outpatient locations are provided on the back of this brochure - other locations can be found on our website at [burrellcenter.com](http://burrellcenter.com)

### How much will it cost?

Most insurance companies, including Medicare and Medicaid, cover your services with your standard deductible and co-pay. This may vary by type of service being provided. You will be fully advised of all associated costs in advance of your appointment. Limited state assistance may also be available for qualified individuals.

### Are my records confidential?

Yes, absent a court order, your records can never be released without your consent.

### What if I have a complaint?

Our Quality Assurance Office is available to address any concerns and can be contacted by calling 417.761.5024

**Burrell**  
Behavioral Health



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

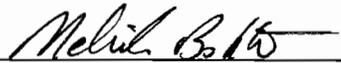
1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section I. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

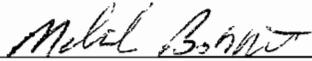
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below.  
Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

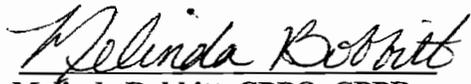
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**   
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

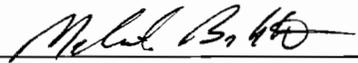
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbohbitt@boonecountymo.org](mailto:mbohbitt@boonecountymo.org).

II. The County has received the following questions and is providing a response:

1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

Response: **Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
 Melinda Bobbitt, CPPO, CPPB  
 Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

**REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14**

**Purchase of Service Contracts**

**Boone County Children's Services Fund**

**2014 Application**

**BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

**RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

**CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

**c. Service Need:**

- i. Provide a detailed description of the unmet need in Boone County for your agency's services.
- ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
- iii. State the purpose of your proposed service.
- iv. State the goals of your proposed service.
- v. Describe the anticipated outcomes of your proposed service.
- vi. Identify other providers of this proposed service in Boone County.
- vii. What agencies do you receive referrals from and to what agencies do you make referrals?
- viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe your service outcomes (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure your service outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcomes.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

- e. **Input**
  - i. **Clinical Expertise:**
    - 1. Discuss the capacity of your agency to deliver the proposed service.
  - ii. **Service Activity:**
    - 1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
    - 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
    - 3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.
- f. **Output:**
  - i. Service to be provided
  - ii. Unit measurement
  - iii. Unit cost
  - iv. Amount requested
  - v. Number of individuals to be served
  - vi. Average units of services per individual

**3. BUDGET**

- a. **Budget Worksheets to be Attached:**
  - i. Agency Financial Worksheet (see Attachment B)
  - ii. Program Budget Worksheet (see Attachment C)
- b. **Budget Narrative**
  - i. Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children’s Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date



**AFFIDAVIT OF WORK AUTHORIZATION ANNUAL RENEWAL DOCUMENT**

The contractor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization Annual Renewal Document.

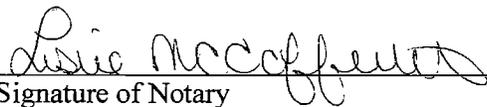
Comes now Todd Schaible, Ph.D. (Name of Business Entity Authorized Representative) as President & CEO (Position/Title) first being duly sworn on my oath, affirm Burrell, Inc. (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Burrell, Inc. (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

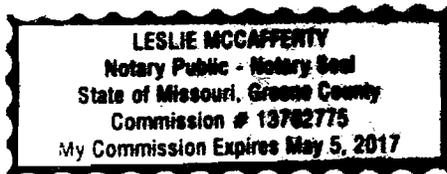
*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

 Todd Schaible, Ph.D.  
Authorized Representative's Signature  
President & CEO 11/4/2014

Todd.Schaible @burrellcenter.com 406415  
E-Mail Address E-Verify Company ID Number

Subscribed and sworn to before me this 5<sup>th</sup> of November 15. I am  
(DAY) (MONTH, YEAR)  
commissioned as a notary public within the County of Greene, State of  
(NAME OF COUNTY)  
Missouri, and my commission expires on 5-5-2017.  
(NAME OF STATE) (DATE)

 11-5-2014  
Signature of Notary Date





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Nixon & Lindstrom Insurance 901 E. Battlefield Road  Springfield MO 65807-4811	CONTACT NAME: Cezanne Amos, CIC
	PHONE (A/C, No, Ext): (417) 881-6623 FAX (A/C, No): (417) 881-8269 E-MAIL ADDRESS: camos@nixonins.com
	INSURER(S) AFFORDING COVERAGE
	INSURER A: Philadelphia Insurance Co 23850
	INSURER B: MO Employers Mutual Ins. Co. 10191
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 14/15

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY	X	PHPK1210310	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> Including Professional for Psychiatrists					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
A	AUTOMOBILE LIABILITY		PHPK1210310	8/1/2014	8/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
						Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR		PHUB468800	8/1/2014	8/1/2015	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10,000,000
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	N/A	1023718	8/1/2014	8/1/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
						E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

Boone County is Additional Insured as respects General Liability for outpatient therapy services provided for Boone County Children Services.

## CERTIFICATE HOLDER

## CANCELLATION

Boone County c/o Director of Children Services 613 E Ash St, Rm 110 Columbia,, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE  D Endacott, CIC, AAI/



**AGREEMENT FOR PURCHASE OF SERVICES  
MAP Mental Health Program**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **CHA Low-Income Services, Inc.**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**CHALIS**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the CHALIS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to CHALIS thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY CHALIS**

CHALIS is expected to the greatest extent possible to maximize funding from all other sources. CHALIS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. CHALIS shall only request reimbursement for services not reimbursable by any other source. CHALIS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. CHALIS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. CHALIS agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and CHALIS's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the CHALIS's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the CHALIS and the CHALIS agrees to furnish the **MAP Mental Health Program** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the CHALIS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$191,463.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through June 30, 2016** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of CHALIS be **renewed for an additional two (2) one-year periods**. CHALIS agrees and understands that the BCCSB may require supplemental information to be submitted by CHALIS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **Supplemental Services for Afterschool Participants (Case Management, Referrals and Service Coordination)** is the mutually agreed upon rate of **\$30.36 per hour**. The unit cost for **Site-Based Mentoring Services** is the mutually agreed upon rate of **\$18.97 per hour**. The unit cost for **Mental Health Support Services** is the mutually agree upon rate of **\$48.78 per hour**. All billing shall be invoiced to BCCSB monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the CHALIS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by CHALIS to monitor service delivery and program expenditures. CHALIS agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. CHALIS agrees to submit to the BCCSB a mid-year service report by July 30, 2016 for the period January 1, 2016 to June 30, 2016. Variations on this date may be requested by CHALIS and, if so stipulated, are noted on this contract document. Payments may be withheld from CHALIS if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. CHALIS agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** CHALIS also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of CHALIS's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from CHALIS, if reports designated here are not made available upon request.

9. **Monitoring.** CHALIS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect CHALIS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, CHALIS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event CHALIS requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be

submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from CHALIS must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. ***Violation of Client Rights.*** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with CHALIS's policies and procedures and in accordance with any local/state/federal regulations. CHALIS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. CHALIS must comply with Missouri law regarding confidentiality of client records.

12. ***Discrimination.*** CHALIS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. ***CSF to be used for Services Provided.*** CHALIS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to CHALIS's provision of such services.

14. ***Accreditation/Licensure/Certifications.*** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. ***Conflict of Interest.*** CHALIS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and CHALIS, and this shall include any transaction in which CHALIS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. ***Subcontracts.*** CHALIS may enter into subcontracts for components of the contracted service as CHALIS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the CHALIS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** CHALIS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. CHALIS shall require each subcontractor to affirmatively state in its Agreement with the CHALIS that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide CHALIS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** CHALIS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against CHALIS or any individual acting on the CHALIS's behalf, including subcontractors, which seek to enjoin or prohibit CHALIS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If CHALIS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if CHALIS no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, CHALIS will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event CHALIS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to CHALIS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the CHALIS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the CHALIS, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** CHALIS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of (AGENCY NAME), (meaning anyone, including but not limited to consultants having a contract with the CHALIS or subcontractor for part of the services), or anyone directly or indirectly employed by CHALIS, or of anyone for whose acts CHALIS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** CHALIS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. CHALIS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. CHALIS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. CHALIS agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and CHALIS. The BCCSB does not recognize any of the CHALIS's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** CHALIS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of

the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the CHALIS shall be mailed or delivered to:

CHA Low-Income Services, Inc.  
Phil Steinhaus  
201 Switzler St.  
Columbia, MO 65203

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**CHA Low-Income Services, Inc.**

**Boone County, Missouri**

By: Phil Steinhaus  
Signature

By: Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

By: Phil Steinhaus, CEO  
Printed Name/ Title

By: Les Wagner  
Les Wagner, Board Chair

APPROVED AS TO FORM:

J. Z. [Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford by jg 12/02/14  
Signature Date

2161/71106/\$191,463

Appropriation Account

An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**  
**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

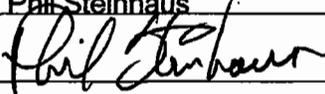
Company Name: CHA Low-Income Services, Inc.

Address: 201 Switzler Street  
Columbia, MO 65203

Telephone: 573-443-2556 Fax: 573-443-0051

Federal Tax ID (or Social Security #): 77601167

Print Name: Phil Steinhaus Title: Chief Executive Officer

Signature:  Date: 10/10/2014

E-mail: psteinhaus@columbiaha.com

**████████████████████ (Afterschool and Summer Program)**

- a. Attachment H just lists the Board of Directors for CHALIS. Are there any other Board members?
- b. If not, why are there only four board members?
- c. What is the unit measurement for the Supplemental Services for Afterschool Participants (pg 16 of the proposal)?
- d. Does the Moving Ahead Project currently receive any reimbursement from the Missouri Department of Social Services for child care subsidy?



Columbia Housing Authority  
201 Switzler Street  
Columbia, MO 65203

# CHALIS

## CHA Low-Income Services

Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051

**BOARD OF DIRECTORS**  
*Genie Rogers, Chair*  
*Mary Anne McCollum, Vice Chair*  
*Bob Hutton*  
*Max Lewis*  
*Ed Robinson*

**EXECUTIVE DIRECTOR**  
*Phil Steinhaus*

### CHALIS Board of Directors

<u>Name and Address</u>	<u>Contact Information &amp; Affiliation</u>	<u>Term of Office Original Appointment</u>
Genie Rogers, Chair 1400 Business Loop 70 East Columbia, MO 65201-4612	(573) 449-4448 Home Community volunteer. No work affiliation.	06/01/14 - 05/31/18  Appointed 06/1990
Mary Anne McCollum, Vice Chair 601 N. William Street Columbia, MO 65201-5655	(573) 442-0224 Home University of Missouri, Marketing Specialist, University Affairs.	06/01/13 - 05/31/17  Appointed 06/1997
Max Lewis 1201 Paquin Street, Apt. 609 Columbia, MO 65201-7912	(573) 449-2847 Home Public Housing Resident Representative. Attorney at Law	06/01/12 – 05/31/16  Appointed 06/2008
Edward Robinson 1100 Kennesaw Ridge Rd #301 Columbia, MO 65202	(573) 397-4124 Home Missouri Department of Corrections, Internal Affairs Officer	05/20/13 – 05/31/16  Appointed 06/2013
Bob Hutton 2252 Country Lane Columbia, MO 65201	(573) 289-1778 Cell Community volunteer. No work affiliation.	08/18/2014 - 05/31/15  Appointed 08/2014

### Columbia Housing Authority Support Staff

Phil Steinhaus, Chief Executive Officer/ Executive Secretary 201 Switzler Street Columbia, MO 65203-4156	(573) 443-2556 x 1100 Work <a href="mailto:psteinhaus@columbiaha.com">psteinhaus@columbiaha.com</a>	(573) 443-0051 Fax
EITonya Rhoades, Executive Assistant 201 Switzler Street Columbia, MO 65203-4156	(573) 443-2556 x1122 <a href="mailto:erhoades@columbiaha.com">erhoades@columbiaha.com</a>	(573) 443-0051 Fax

**Output (Revised 10.9.2014)**

<b>Service</b>	<b>Unit Measure</b>	<b>Unit Cost</b>	<b>Amount Requested</b>	<b>Number Served</b>	<b>Avg. Units Per Individual</b>
Youth Development Services (After school & Summer Care)	17,500 hrs. (1 hr. for 1 student)	N/A	N/A	100	175
Supplemental Services for Afterschool Participants - Case Management, Referrals & Service Coordination - Parent Events - Home Visits - Training	2700 hrs. (1 hr. for 1 individual)	\$30.36	\$81,981	150	18
Site-Based Mentoring Services	1250 Hrs. (1 hr. for 1 student)	\$18.97	\$23,713	25	50
Mental Health Support Services	450 Hrs. (1 hr. for 1 student, parent or caregiver)	\$48.78	\$21,948	60	7.5



# C H A L I S

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## CHA Low-Income Services

**BOARD OF DIRECTORS**  
*Genie Rogers, Chair*  
*Mary Anne McCollum, Vice-Chair*  
*Bob Hutton*  
*Max Lewis*  
*Ed Robinson*

**EXECUTIVE DIRECTOR**  
*Phil Steinhaus*

Office: 573.443.2556 ♦ TTY Relay 800.735.2966 ♦ Fax: 573.443.0051 ♦ www.ColumbiaHA.com

October 10, 2014

Melinda Bobbitt, CPPO, CPPB  
 Director of Purchasing  
 613 E. Ash St., Room 110  
 Columbia, MO 65201

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts for Boone County Children’s Services Fund

Dear Ms. Bobbit:

Thank you for the opportunity to offer clarification on the proposal submitted by CHA Low-Income Services to provide mental health screenings: home-based and community-based intervention; and prevention programs which promote healthy lifestyles among children and youth and strengthen families through the MAP for Mental Health Project.

We have reviewed the proposal in light of your questions and offer the following in response:

- a. Attachment H just lists the Board of Directors for CHALIS. Are there any other Board members.
- b. If not, why are there only four board members?

The CHA Low-Income Services Board is made up of individuals appointed by the Mayor to serve as the Columbia Housing Authority Board. These appointees serve on both boards simultaneously. There are five board members. At the time of submission, one position was vacant. Peter Stiepleman had just resigned after being named Superintendent of Columbia Public Schools. Mr. Bob Hutton has now been appointed to the Commission. An updated and complete list of CHALIS Board of Directors is attached.

- c. What is the unit measurement for the Supplemental Services for Afterschool Participants (pg 16 of the proposal)?

Thank you for the opportunity to respond to this error. The Output Chart was unfinished. The figures shown in the Unit of Service Cost for this item were inserted as a place holder and the writer intended to revisit and define the measures more clearly as shown below. A revised chart is attached for your convenience.

Service	Unit Measure	Unit Cost	Amount Requested	Number Served	Avg. Units Per Individual
Supplemental Services for Afterschool Participants - Case Management, Referrals & Service Coordination - Parent Events - Home Visits - Training	2700 hrs. (1 hr. for 1 individual)	\$30.36	\$81,981	150	18

- d. Does the Moving Ahead Project currently receive any reimbursement from the Missouri Department of Social Services for child care subsidy?

The Moving Ahead Program does not currently receive payments from state child care assistance. The practice has been considered in the past, and not adopted for a variety of reasons. The Moving Ahead Program provides a free service in order to reach the most vulnerable children – those whose parents are unemployed and under educated. The majority of families with children enrolled in Moving Ahead do not qualify for state child care assistance under the current guidelines. Moving Ahead has a preference for children living in public housing. We know that the average Head of Household income for families living in CHA Public Housing is \$11,777 per year. Even small co-pays could be a burden for these fragile families and prevent some of the community's most vulnerable children from opportunities afforded their more affluent peers. That being said, CHALIS is now closely investigating this practice in partnership with another funder. If child care subsidies can become more accessible to the families we currently serve and hope to serve, the practice of accepting child care assistance will be implemented.

Thank you again for carefully reviewing the CHALIS purchase of service proposal to provide the MAP Mental Health Project. Please find attached, your Information Form #1, CHALIS Board of Directors List, and Revised Output Chart. I hope this response is helpful as you continue your evaluation of proposals.

Sincerely,



Becky Markt  
Program Director

attachments

**Melinda Bobbitt - Request for Additional Information #1 - 27-10JUNE14 - POS**

---

**From:** Becky Markt <Bmarkt@columbiaha.com>  
**To:** "mbobbitt@boonecountymo.org" <mbobbitt@boonecountymo.org>  
**Date:** 10/13/2014 3:12 PM  
**Subject:** Request for Additional Information #1 - 27-10JUNE14 - POS  
**Attachments:** Request for Information #1 - POS - CHALIS.pdf

---

Thank you for this opportunity to respond. If you need any further information, please let me know.

**Becky Markt**

Director, Resident Services

**CHA Low-Income Services, Inc.**

573-443-2556, X 1250

**Melinda Bobbitt - RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts for Boone County Children’s Services Fund**

---

**From:** Phil Steinhaus <psteinhaus@columbiaha.com>  
**To:** 'Melinda Bobbitt' <MBobbitt@boonecountymo.org>  
**Date:** 10/7/2014 10:04 PM  
**Subject:** RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts for Boone County Children’s Services Fund

---

Ms. Bobbit,

I received your request and will respond accordingly.

Best,

**Phil**

---

**From:** Melinda Bobbitt [mailto:MBobbitt@boonecountymo.org]  
**Sent:** Tuesday, October 07, 2014 6:35 PM  
**To:** Phil Steinhaus  
**Subject:** Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts for Boone County Children’s Services Fund

Mr. Steinhaus,

See attached request for additional information for your project After school and Summer Program proposal response. Response is due by 9:00 a.m. October 14 (or sooner if possible).

Please acknowledge receipt of this e-mail.

Thanks,  
Melinda

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Purchasing  
Annex Building  
613 E. Ash St., Room 110  
Columbia, MO 65201  
Telephone: (573) 886-4391  
Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**For all the latest news from Boone County Government, subscribe to the Boone County News Listserv at [WWW.SHOWMEBOONE.COM](http://WWW.SHOWMEBOONE.COM)!**

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 7, 2014

Phil Steinhaus, Chief Executive Officer  
CHA Low-Income Services, Inc.  
E-mail: [psteinhaus@columbiaha.com](mailto:psteinhaus@columbiaha.com)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Mr. Steinhaus:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Afterschool and Summer Program)**

- a. Attachment H just lists the Board of Directors for CHALIS. Are there any other Board members?
- b. If not, why are there only four board members?
- c. What is the unit measurement for the Supplemental Services for Afterschool Participants (pg 16 of the proposal)?
- d. Does the Moving Ahead Project currently receive any reimbursement from the Missouri Department of Social Services for child care subsidy?



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive - is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

**Response: For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

**Response: Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

**Response: Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

**Response: Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.

45. Attachment C Program Budget Worksheet

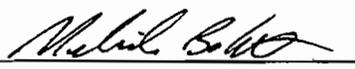
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: See above.

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application receipt of which is hereby acknowledged:

Company Name: CHA Low-Income Services Inc (CHA LIS)

Address: 201 Switzler

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiacha.com

Authorized Representative Signature: Becky Markt Date: 5/23/14

Authorized Representative Printed Name: Becky Markt



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: Yes. Please stay within the format of Attachment A.

5. How will billing occur?

Response: It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.

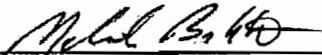
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: Yes.

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application receipt of which is hereby acknowledged:

Company Name:

CHALLS

Address:

201 Switzer

Phone Number:

573-443-2556

Fax Number:

573-443-0051

E-mail:

bmarkt@columbiaha.com

Authorized Representative Signature:

Becky Markt

Date:

5/28/14

Authorized Representative Printed Name:

Becky Markt

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8377	
6.	Pranee Jones	BBH	777 8330	777 8300
7.	Julia Adami	GC	843-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jabe	MU		
10.	Vikki Dewitt	T		
11.	Isabel Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Angie Zilak	Great Circle		
15.	Paolo Poranna	Preferred Family Healthcare		
16.	Wes Torne	"		
17.	Sara Muth	"		

Kelly Trehr "

18.	Jan Stock	Rainbow House	474-6600	474-5992
19.	Philip Petrus	Cradle to Career	882-8274	
20.	Ryan Warky	Toth Community Coalition	449-1993	269-0548
21.	Mark Bennett	Russell	777-8336	
22.	Craig Valone	" "	777-8451	
23.	Brian Martin	Partners Community Health	317-9100	
24.	Holly Staley	SSM Health Care	314-979-8462	314-402-5925
25.	Bryan White	Central Mo Community Action	443-8706	
26.	Ric Douber	Self	356-6397	
27.	Anna Drake	Agent of Missouri CASA	(573)443-4670	NA
28.	Marissa Emmer	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Steve Hollis	City/County HHS	874-7929	
30.	Scott Mattingly	All Parents	573-268-2746	
31.	Hannah Smith	BigBro BigSS	573-874-3627 x.201	
32.	GRANT BRACKEL	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Bardin	U. Missouri	573-882-4578	
35.	Nellma Howard	CMF-CAR	573-353-0579	
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PH

FAX

41.	Isardiyalina	CMCA	443-8706	
42.	Pamela Berry	CMCA	443-8706	
43.	Randy Howell	Lore INC	256-7662 ext. 29	256-7665
44.	Janice Vance Jones	CPS	214 3462	214-3402
45.	Megan Corney	MJACC	573-824-10856	573-824-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children's services	815-9955	449-4640
5.	Christine Love	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard	Great Circle	314-623-6589	314-968-8308
8.	Harp Coloffa	Great Circle	314-606-6242	
9.	Misty O'Keefe	Child Care Aware of MD	314-952-9716	314-951-0730
10.	Shelly Lock	Child Care Aware of MD	573-353-1930	314-754-0330
11.	Whitney Jones	Youth Empowerment Zone	(773) 677-215	
12.	Chrissy Mayer	DCCA/Tallgrass Family Services	(785) 841-4138 cmayer@dcca.org	785 841-5777
13.	Anita Kesting-Covee	PCHAS	573-289-7590	
14.	Becky Martz	CHA Low Income Services	573-943-2556	
15.	Andreea Topala	" H.C.V	" ext 1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

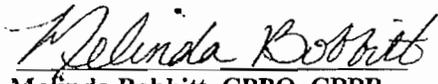
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
Melinda Bobbitt, CPPO, CPPB   
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: CHALIS

Address: 201 Switzler St.

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiaha.com

Authorized Representative Signature: Becky Markt Date: 6/2/14

Authorized Representative Printed Name: Becky Markt



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i)
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: CHALIS

Address: 201 Switzler St.

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarket@columbiaha.com

Authorized Representative Signature: Becky Market Date: 6/16/14

Authorized Representative Printed Name: Becky Market

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application receipt of which is hereby acknowledged:

Company Name: CHALIS

Address: 201 Switzer St

Phone Number: 573-443-2556 Fax Number: 573-443-0051

E-mail: bmarkt@columbiaiaha.com

Authorized Representative Signature: Becky Markt Date: 6/24/14

Authorized Representative Printed Name: Becky Markt

Company ID Number: 175862

## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION MEMORANDUM OF UNDERSTANDING

### ARTICLE I

#### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Department of Homeland Security (DHS) and Housing Authority of the City of Columbia, Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). This MOU explains certain features of the E-Verify program and enumerates specific responsibilities of DHS, the Social Security Administration (SSA), and the Employer. E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of the Employment Eligibility Verification Form (Form I-9). For covered government contractors, E-Verify is used to verify the employment eligibility of all newly hired employees and all existing employees assigned to Federal contracts.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). Authority for use of the E-Verify program by Federal contractors and subcontractors covered by the terms of Subpart 22.18, "Employment Eligibility Verification", of the Federal Acquisition Regulation (FAR) (hereinafter referred to in this MOU as a "Federal contractor") to verify the employment eligibility of certain employees working on Federal contracts is also found in Subpart 22.18 and in Executive Order 12989, as amended.

### ARTICLE II

#### FUNCTIONS TO BE PERFORMED

##### A. RESPONSIBILITIES OF SSA

1. SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all employees verified under this MOU and the employment authorization of U.S. citizens.
2. SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

Company ID Number: 175862

4. SSA agrees to provide a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility within 3 Federal Government work days of the initial inquiry.

5. SSA agrees to provide a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF DHS**

1. After SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct, to the extent authorized by this MOU:

- Automated verification checks on alien employees by electronic means, and
- Photo verification checks (when available) on employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify User Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act (INA) and Federal criminal laws, and to administer Federal contracting requirements.

7. DHS agrees to provide a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative

Company ID Number: 175862

nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to provide a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The Employer agrees that all Employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify, including any tutorials for Federal contractors if the Employer is a Federal contractor.
  - B. Failure to complete a refresher tutorial will prevent the Employer from continued use of the program.
5. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist DHS with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

Company ID Number: 175862

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ an employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith based on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures for new employees within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify User Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the SSA verification response has been given. Employers may initiate verification by notating the Form I-9 in circumstances where the employee has applied for a Social Security Number (SSN) from the SSA and is waiting to receive the SSN, provided that the Employer performs an E-Verify employment verification query using the employee's SSN as soon as the SSN becomes available.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use not authorized by this MOU. Employers must use E-Verify for all new employees, unless an Employer is a Federal contractor that qualifies for the exceptions described in Article II.D.1.c. Except as provided in Article II.D, the Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking

Company ID Number: 175862

adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo non-match, does not establish, and should not be interpreted as evidence, that the employee is not work authorized. In any of the cases listed above, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status (including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, refusing to assign the employee to a Federal contract or other assignment, or otherwise subjecting an employee to any assumption that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 or OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

11. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the unfair immigration-related employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of employees as

Company ID Number: 175862

authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, including by permitting DHS and SSA, upon reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a timely and accurate manner to DHS requests for information relating to their participation in E-Verify.

#### **D. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. The Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801) in addition to verifying the employment eligibility of all other employees required to be verified under the FAR. Once an employee has been verified through E-Verify by the Employer, the Employer may not reverify the employee through E-Verify.

a. Federal contractors not enrolled at the time of contract award: An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to use E-Verify to initiate verification of employment eligibility of new hires of the Employer who are working in the United States, whether or not assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within 3 business days after the date of hire. Once enrolled in E-Verify as a Federal contractor, the Employer must initiate verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

b. Federal contractors already enrolled at the time of a contract award: Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to initiate verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within 3 business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within 3 business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must initiate verification of each employee assigned to the

Company ID Number: 175862

contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Institutions of higher education, State, local and tribal governments and sureties: Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), State or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency pursuant to a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. The provisions of Article II.D, paragraphs 1.a and 1.b of this MOU providing timeframes for initiating employment verification of employees assigned to a contract apply to such institutions of higher education, State, local and tribal governments, and sureties.

d. Verification of all employees: Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to do so only in the manner designated by DHS and initiate E-Verify verification of all existing employees within 180 days after the election.

e. Form I-9 procedures for Federal contractors: The Employer may use a previously completed Form I-9 as the basis for initiating E-Verify verification of an employee assigned to a contract as long as that Form I-9 is complete (including the SSN), complies with Article II.C.5, the employee's work authorization has not expired, and the Employer has reviewed the information reflected in the Form I-9 either in person or in communications with the employee to ensure that the employee's stated basis in section 1 of the Form I-9 for work authorization has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen). If the Employer is unable to determine that the Form I-9 complies with Article II.C.5, if the employee's basis for work authorization as attested in section 1 has expired or changed, or if the Form I-9 contains no SSN or is otherwise incomplete, the Employer shall complete a new I-9 consistent with Article II.C.5, or update the previous I-9 to provide the necessary information. If section 1 of the Form I-9 is otherwise valid and up-to-date and the form otherwise complies with Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired subsequent to completion of the Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.C.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual. Nothing in this section shall be construed to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU, or to authorize verification of any existing employee by any Employer that is not a Federal contractor.

2. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

Company ID Number: 175862

## ARTICLE III

### REFERRAL OF INDIVIDUALS TO SSA AND DHS

#### A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a system-generated referral letter and instruct the employee to visit an SSA office within 8 Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

#### B. REFERRAL TO DHS

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an employee who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible

Company ID Number: 175862

after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact DHS through its toll-free hotline (as found on the referral letter) within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary. The Employer agrees to check the E-Verify system regularly for case updates.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

## ARTICLE IV

### SERVICE PROVISIONS

SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

## ARTICLE V

### PARTIES

A. This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take

Company ID Number: 175862

mandatory refresher tutorials. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such a circumstance, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, that Employer will remain a participant in the E-Verify program, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.

B. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect its performance of its contractual responsibilities.

C. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.

D. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

E. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

F. The Employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

H. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.



E-VERIFY IS A SERVICE OF DHS

Company ID Number: 175862

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 888-464-4218.

Employer Housing Authority of the City of Columbia, Missouri

**Shari L Harwood**

Name (Please Type or Print)

Title

*Electronically Signed*

Signature

**01/05/2009**

Date

Department of Homeland Security – Verification Division

**USCIS Verification Division**

Name (Please Type or Print)

Title

*Electronically Signed*

Signature

**01/05/2009**

Date

Company ID Number: 175862

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## Information Required for the E-Verify Program

### Information relating to your Company:

Company Name: Housing Authority of the City of Columbia, Missouri

Company Facility Address: 201 Switzler St

Columbia, MO 65203-4156

Company Alternate  
Address:

County or Parish: BOONE

Employer Identification

Number: 436014416

North American Industry  
Classification Systems

Code: 532

Parent Company: \_\_\_\_\_

Number of Employees: 20 to 99

Number of Sites Verified

for: 1

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State:

- MISSOURI 1 site(s)

Company ID Number: 175862

**Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:**

Name:	<b>Shari L Harwood</b>	Fax Number:	<b>(573) 443 - 0051</b>
Telephone Number:	<b>(573) 443 - 2556 ext. 1120</b>		
E-mail Address:	<b>sharwood@columbiaha.com</b>		

Name:	<b>Mary K Harvey</b>	Fax Number:	<b>(573) 443 - 0051</b>
Telephone Number:	<b>(573) 443 - 2556 ext. 1313</b>		
E-mail Address:	<b>mharvey@columbiaha.com</b>		

## ATTACHMENT - G

### CHALIS Mission Statement

The Mission of CHA Low-Income Services is to provide a complement of community-based programs and services to public housing residents and other low to moderate income persons focused on

- ❖ *Youth Succeeding;*
- ❖ *Adult Self-Sufficiency;*
- ❖ *Seniors and Persons with Disabilities Living Independently; and*
- ❖ *Developing Affordable Housing*

Adopted October 16, 2007

ATTACHMENT – H

CHALIS Board of Directors

<u>Name and Address</u>	<u>Contact Information &amp; Affiliation</u>	<u>Term of Office Original Appointment</u>
Genie Rogers, Chair 1400 Business Loop 70 East Columbia, MO 65201-4612	(573) 449-4448 Home Community volunteer. No work affiliation.	06/01/10 - 05/31/14 Appointed 06/1990
Mary Anne McCollum, Vice Chair 601 N. William Street Columbia, MO 65201-5655	(573) 442-0224 Home University of Missouri, Marketing Specialist, University Affairs.	06/01/13 - 05/31/17 Appointed 06/1997
Max Lewis 1201 Paquin Street, Apt. 609 Columbia, MO 65201-7912	(573) 449-2847 Home Public Housing Resident Representative. Attorney at Law	06/01/12 – 05/31/16 Appointed 06/2008
Edward Robinson 1100 Kennesaw Ridge Rd #301 Columbia, MO 65202	(573) 397-4124 Home Missouri Department of Corrections, Internal Affairs Officer	05/20/13 – 05/31/16 Appointed 06/2013
	(573) 441-2435 Home	

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**MEMORANDUM OF UNDERSTANDING**

**CHA Low Income Services, Inc.**

("hereinafter referred to as Applicant Organization")

and

**Family Counseling Center of Missouri (FCC)**

("hereinafter referred to as Collaborative Partner")

**Applicant Organization agrees to:**

- A. Work cooperatively with FCC staff to identify children in need of clinical assessment and additional behavioral health services.
- B. Provide private space for FCC staff to meet with individual children and families as needed.
- C. Obtain parental permission to refer children for services.

**Collaborative Partner agrees to:**

- A. Provide on-site clinical assessment, therapy, referrals and follow-ups to children participating in Moving Ahead Program (MAP) and their families.
- B. Consult with and assist CHA staff in identifying behavioral interventions to be used with children as needed.
- C. Provide education to both parents and staff regarding behavioral health issues as well as evidenced based practices.



Phil Steinhaus, CEO

Housing Authority of the City of Columbia

Date

7/8/14



Karen Cade, President

Family Counseling Center of Missouri

Date

7/8/14



4250 E Broadway, Suite 1067  
Columbia, MO 65203  
573-874-3677

July 9, 2014

To Whom It May Concern:

The mission of Big Brothers Big Sisters is to provide children facing adversity with strong and enduring, professionally supported 1-to-1 relationships that change their lives for the better, forever.

For several years, Big Brothers Big Sisters of Central Missouri (BBBSCM) has collaborated with CHA Low-Income Services, Inc. (CHALIS). For the past two years, we have partnered to implement an AmeriCorps program focused on serving at-risk children in Boone County. Together, we have been seeking ways to enhance and expand our partnership activities and realized a natural tie-in could happen if BBBSCM expanded mentoring services to directly serve children whose families are patrons of CHA's services.

With that goal in mind, Big Brothers Big Sisters of Central Missouri would like to develop a site-based mentoring program to serve 25 children who attend the Moving Ahead Program sponsored by CHA. BBBSCM will supply staff and resources to recruit, assess and enroll children and families in the program; to recruit, and train mentors; and to provide case management and support to the matches.

We look forward to this opportunity to strengthen our partnership with CHA and provide expanded service to at-risk children in Boone County.

Sincerely,

A handwritten signature in black ink, appearing to read "Heather Dimitt", written in a cursive style.

Heather Dimitt  
Executive Director, Big Brothers Big Sisters of Central Missouri





## **COLUMBIA HOUSING AUTHORITY**

### **RESIDENT SERVICES PROGRAMS (5-14-10)**

Helping Children and Youth Succeed & Strengthening Families  
Supporting Economic Self-Sufficiency & Promoting Independent Living

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#### **RESOURCE AND REFERRAL**

CHA has a Public Housing Resident Services Coordinator whose duties include:

- Referral of residents to area social service agencies and follow-up
- Case management
- Crisis intervention

...on an as needed basis.

For more information, contact April Steffensmeier at 443-2556 Ext 1281 or 1272 or [asteffensmeier@columbiaha.com](mailto:asteffensmeier@columbiaha.com) or Janie Bowen at 443-2556 Ext 1270 or [jbowen@columbiaha.com](mailto:jbowen@columbiaha.com).

#### **TENANT ASSOCIATIONS**

Each of CHA's four Public Housing developments has its own Tenant Association. These groups exist to give residents the opportunity to play an active role in creating a positive living environment and a chance to participate in all aspects of CHA's overall mission and operation.

For more information, contact Janie Bowen at 443-2556, ext. 1270 or [jbowen@columbiaha.com](mailto:jbowen@columbiaha.com).

#### **FOOD PANTRIES**

CHA has one on-site Food Pantry (200 Boone Dr.) that may be utilized once a week by Public Housing residents and Section 8 tenants.

For more information, contact Janie Bowen at 443-2556, ext. 1270 or [jbowen@columbiaha.com](mailto:jbowen@columbiaha.com).

#### **INDEPENDENT LIVING PROGRAM**

The Independent Living Program creates collaborative partnerships to provide supportive services to help elderly and disabled Public Housing residents live independently as long as possible and to prevent premature and unnecessary institutionalization.

CHA's Independent Living Program Coordinator educates residents and housing management staff on elderly and disabled service coordination and provides formal case management. The Coordinator also assesses individual service needs; helps determine eligibility for public services; and links residents with needed supportive services in the general community. The Coordinator monitors the provision of services and acts as an advocate for CHA's residents in dealing with community service providers.

In addition, transportation is provided for Public Housing residents living at Paquin and Oak Towers Monday through Thursday mornings to area grocery/department stores, doctor appointments, etc.

For more information, contact April Steffensmeier at 443-2556 Ext 1281 or 1272 or [asteffensmeier@columbiaha.com](mailto:asteffensmeier@columbiaha.com).

#### **FAMILY SELF-SUFFICIENCY PROGRAM**

The Family Self-sufficiency Program (FSS) enables Public Housing and Section 8 families to become independent of government assistance programs by empowering them to become self-reliant, resourceful, and economically independent. This is achieved by effectively connecting participants to the existing public and private resources that are available in the Columbia, Boone County community.

In addition, participants have the opportunity to start an escrow account, held by CHA, which will aid them in completing their goals and attaining self-sufficiency. Residents voluntarily enroll in the five-year program and – together with the FSS Coordinator – create goals and an action plan to attain self-sufficiency.

For more information, contact Cornelia Williams at 443-2556, ext. 1279 or [cwilliams@columbiaha.com](mailto:cwilliams@columbiaha.com) or Gary Anspach at 443-2556 Ext 1257 [ganspach@columbiaha.com](mailto:ganspach@columbiaha.com).

### **"REWARD" (Residents Empowered: Working and Reaching Dreams)PROGRAM**

A job training program, with supportive services for both the employer and employee, to create a successful environment for residents to become permanently employed.

For more information, contact Cornelia Williams at 443-2556 ext. 1279 or [cwilliams@columbiaha.com](mailto:cwilliams@columbiaha.com).

### **POWERED BY MOMS**

A program, targeting CHA Moms, that prepares children for kindergarten while also preparing low-income parents to support learning in the home. This is done through training, peer support, and case management that promotes practicing skills that lead to academic success, and positive behaviors that lead to success at home, at school, and in life. \*STARTING JANUARY 2013\*

For more information, contact Erin Vincent at 573-529-5777 or [EVincent@Columbiaha.com](mailto:EVincent@Columbiaha.com)

### **LINKING SERVICES: TREATMENT DIVERSION FOR FAMILIES AT RISK FOR HOMELESSNESS**

A project in partnership with Phoenix Programs, Inc. and Mid-MO Legal Services with the goal of reducing homelessness for Boone County families at risk by strengthening access to crisis intervention services, through a coordinated information and referral system, including housing, legal services, substance abuse treatment and linkage to basic needs resources.

For more information contact Janie Bowen at 443-2556 ext. 1270 or [JBowen@Columbiaha.com](mailto:JBowen@Columbiaha.com) OR April Steffensmeier at 443-2556 ext. 1272 or [ASTeffensmeier@Columbiaha.com](mailto:ASTeffensmeier@Columbiaha.com)

### **SECTION 8 HOMEOWNERSHIP PROGRAM**

The Section 8 Homeownership Program allows Section 8 participants to apply their Section 8 rental assistance towards the purchase of a home, instead of using their housing subsidy to help pay rent. This program allows first-time homeowners to use their housing assistance to pay a portion of their mortgage.

For more information, contact Gary Anspach at 443-2556 Ext 1257 [Ganspach@columbiaha.com](mailto:Ganspach@columbiaha.com).

### **MONEY SMART PROGRAM**

Money Smart is a series of free community classes designed to assist prospective homeowners with money management and budgeting for future homeownership. The Federal Deposit Insurance Corporation (FDIC) created the Money Smart training program in 2002 to help adults outside the financial mainstream enhance their money skills and create positive banking relationships. Money management is the foundation of homeownership, and without that groundwork, many participants would fall short of reaching the American dream of owning their own home.

The Money Smart program is a series of financial education classes designed to teach participants money management skills. Money Smart is also a full-fledged homeownership educational and counseling program. Its ultimate goals are self-sufficiency and homeownership. The Money Smart certified instructors provide one-on-one counseling to class participants helping with everything from credit counseling to meeting with lenders and evaluating homeownership options.

For more information, contact Cornelia Williams at 443-2556, ext. 1279 or [cwilliams@columbiaha.com](mailto:cwilliams@columbiaha.com) or Gary Anspach at 443-2556 Ext 1257 [Ganspach@columbiaha.com](mailto:Ganspach@columbiaha.com).

### **MOVING AHEAD PROGRAM**

The Moving Ahead Program is a community-based youth program for students – kindergarten to 12<sup>th</sup> grade – centered in and around the J.W. "Blind" Boone Community Center (301 N. Providence Rd.), in the Downtown Family Site. The Moving Ahead Program is a community-based program designed to keep high-risk children and youth free of substance abuse and criminal involvement.

The program employs a positive youth development framework and uses intensive case management to coordinate and provide services to counteract the various factors that make children vulnerable to substance abuse and delinquency. The Moving Ahead Program's core components include:

- Tutoring
- Mentoring
- After school and summer activities
- Transportation (depending upon school attendance and home location)

For more information, contact Louis Gatewood at 443-2556, ext. 1273 or [LGatewood@columbiaha.com](mailto:LGatewood@columbiaha.com).

271030000  
After School & Summer Program

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:** CHA Low-Income Services, Inc.

**Agency Address:** 201 Switzler Street, Columbia, MO 65203

**Agency Phone Number:** 573-443-2556

**Primary Agency Contact (include title):** Phil Steinhaus, Chief Executive Officer

**Email Address:** psteinhaus@columbiaha.com

**Contact Phone Number:** 573-443-2556, Extension 1100

**Amount Requested:** \$127,642

**Federal Tax ID (or Social Security #):** 77601167

**Signature:**



**Date:**

7/10/2014

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**AGENCY AND SERVICE INFORMATION**

CHA Low-Income Services, Inc. (CHALIS) offers the following proposal to the Boone County Children's Service Fund to provide mental health screenings; home-based and community-based family intervention; and prevention programs which promote healthy lifestyles among children and youth and strengthen families through the MAP for Mental Health Project.

**Background Information**

Please see Attachment G for the CHALIS mission statement and Attachment H for the CHALIS Board of Directors.

CHALIS is a 501(c)(3) not-for-profit corporation, created by the Housing Authority of the City of Columbia in 2003 to increase and diversify funding sources for the expansion of resident services and self-sufficiency programs that, historically, have been funded by government grants.

Since that time, CHALIS and CHA have collaborated to secure funding which allows them to provide a long list of services to individuals of all ages. While some services are delivered to Public Housing Residents or Housing Choice Voucher Participants, others are open to any low-to moderate-income individual living in Columbia and Boone County.

<b>Program or Service</b>	<b>Description</b>	<b>Populations Served</b>
Resident Service Coordination	Referral, Case Management, Crisis Intervention, and Service Coordination designed to help individual retain housing.	CHA Public Housing Residents
Annie Fisher Food Pantry	Weekly onsite food distribution point	Households in CHA’s Public Housing or Housing Choice Voucher program
Independent Living Program	Education, Case Management, Crisis Intervention, Resource Referral, Service Coordination, Transportation and Support Services to help prevent premature and unnecessary institutionalization	Elderly and Persons with Disabilities who live in CHA’s Public Housing
REWARD Program	Supportive job training program works with employer and employee to achieve permanent employment.	Unemployed Adults in CHA’s Public Housing Developments
Powered by Moms	Training, Peer Support, and Case Management designed help prepare children for kindergarten while preparing parents to support learning in the home	Mothers of Children Age 0 – 5 who live in CHA’s Public Housing Developments
Family Self-Sufficiency Program	Helps individuals create goals and an action plan to attain self-sufficiency. Offers escrow account to incentivize completion of their five-year plan. Connects participants to public and private resources available in the Columbia, Boone County community.	Adults in CHA’s Public Housing and Housing Choice Voucher Program.
Money Smart Program	Free 10-week financial Literacy training and counseling program designed to assist prospective homeowners with money management and budgeting for future homeownership.	General Public in Columbia and surrounding Boone County
Pre-Homebuyer Workshop	4-hour workshop designed to assist those entering the home buying process.	General Public in Columbia and surrounding Boone County
Moving Ahead Afterschool and Summer Program (MAP)	Licensed community-based out of school care for low-income children designed to improve school attendance, homework completion and academic success, access to nutritional meals, stable homes, and positive life choices.	Low-income school age children and their parents living within Columbia Public School District

CHALIS has a long history of cooperation and collaboration with other community agencies like First Chance for Children, Columbia Public Schools, Big Brothers Big Sisters, Boys & Girls Club, Fun City Youth Academy, Phoenix Programs, Burrell Mental Health, Services for Independent Living, Rainbow House, Youth Community Coalition, PedNet Coalition, Open Door Food Kitchen, Veteran’s Administration, and many more.

Brochures about some of CHALIS services are included as attachments to this proposal.

**Target Population**

CHALIS provides educational, economic, employment and recreational opportunities for low and moderate-income persons in Boone County. CHALIS has unique access to individuals of low-income due to its affiliation with Columbia Housing Authority. All CHA participants must meet the following financial guidelines for participation in CHA’s subsidized housing programs.

# In Household	Annual Income	
	Public Housing	Section 8
1	\$ 36,500	\$ 14,400
2	\$ 41,700	\$ 16,450
3	\$ 46,900	\$ 18,500
4	\$ 52,100	\$ 20,550
5	\$ 56,300	\$ 22,200
6	\$ 60,450	\$ 23,850
7	\$ 64,650	\$ 25,500
8	\$ 68,800	\$ 27,150

In 2014, Columbia Housing Authority databases indicated children under the age of 18 made up 53% of all Housing Choice Voucher Residents and 50% of those living in the CHA’s Family Developments. African Americans represent 69% of Housing Choice Voucher participants and 67% of those in the Family Developments. Single parent female-led households are predominant.

In 2004, CHALIS developed the Moving Ahead Program (MAP) at the J. W. “Blind” Boone Community Center to provide out of school care to the children of low-income families living in and around CHA’s public housing developments.

The Moving Ahead Program (MAP) serves up to 60 children in grades K – 8. The Program operates at the J. W. “Blind” Boone Community Center every Monday through Friday from 2:30 p.m. – 6:30 p.m. when Columbia Public School and Summer School is in session. For an additional 4 – 5 weeks in the summer, MAP serves up to 60 children Monday through Friday from 8 a.m. to 5:30 p.m. Nearly all (97%) of the children meet the guidelines for free and reduced lunch in the Columbia Public School District. Though attendance and individual enrollment vary throughout the year, program enrollment in 2014 represented an almost even distribution between residents of CHA’s Public Housing and other low-income residents living within the Columbia Public School District. The majority of students are African American.

CHALIS proposes the MAP Mental Health Project to address unmet mental and behavioral health needs of the low-income families and children who are enrolled in the Moving Ahead Afterschool and Summer Program to help ensure that the children of these fragile environments have the same opportunities to succeed in school and in life, and to feel supported by a stable and healthy home life as their more affluent peers.

To achieve this, the MAP Mental Health Project will provide services that fall within the statutory service areas of home-based and community-based family intervention programs, mental health screenings, and prevention programs which promote healthy lifestyles among children and youth and strengthen families.

Children with behavioral and mental health conditions (diagnosed or undiagnosed) are at a disadvantage socially, emotionally and academically. Children of fragile and low-income families are at a heightened risk (American Psychological Association, (n.d.), *Effects of Poverty, Hunger and Homelessness on Children and Youth*, retrieved May 21, 2014 from <http://www.apa.or.pi/families/poverty.aspx?item=2>).

When children arrive at the Moving Ahead Afterschool and Summer Program, the stress of poverty on their little lives is apparent. Some act out in extremes. Others quietly hide their feelings. Some reach for a comforting hand and find it. Others strike out at friends and teachers until suspension from the program seems like the only alternative.

Though caring and dedicated, the staff of the Moving Ahead Program currently lack the expertise to screen, diagnose, or refer for treatment. What they do have is a trusting relationship with the parent or caregiver whose children may be suffering the effects of living with uncertainty of supply and inconsistent family life. It is this relationship we propose to combine with the assistance and expertise of Family Counseling Center and Big Brothers Big Sisters to introduce mental and behavioral health services within the Moving Ahead Afterschool and Summer Program to result in improved mental and behavior health of child and parent; improved school performance and behavior; and improved interpersonal skills and attitudes.

### **Service Need**

In Boone County, 17.76% of children under 18 live in poverty. The low-income populations in the County have been classified by the Health Resources and Services Administration as having a shortage of access to health professions and 14% of the total population is uninsured. In addition, there is a shortage of clinics offering free or reduced health services making it difficult for those with lower incomes to access care. (Rainey, Sarah, August 2013, *Community Health Status Assessment Boone County, Missouri, Fact Sheet*, 1).

An October 2012 study conducted by the Institute of Public Policy for The Boone County Children Services Board has identified a need for more mental health services to serve school age children and youth. The IPP study points out that school-based prevention services were unable to serve 245 children and youth at the time of request. It further states that African-Americans and other minorities had a harder time accessing services than Caucasians.

After studying school-based mental health services, the IPP found that there was a lack of understanding of emotional and mental health, a lack of communication between parents and teachers, and a need for intense, individualized, targeted prevention and support for students who are identified to be at risk. (Institute of Public Policy, 2013, *Synthesis of Existing County-Level Reports.*)

The MAP for Mental Health Project will address these needs through evidence-based practices and strategies that provide case management, mentoring, and direct clinical programming to children and families enrolled in the Moving Ahead Afterschool and Summer Program. Through the MAP Mental Health Project, CHA Low-Income Services, The Family Counseling Center, and Big Brothers Big Sisters will collaborate to make this established and effective neighborhood-based out of school provider a trusted conduit to mental and behavioral health services for low-income families while encouraging increased participation in positive youth development strategies which have been shown to produce successful children and strong healthy families.

Goals of the service are to normalize the receipt of mental health screening and services among program participants and staff; connect parents and students to services; and provide staff with resources and strategies for identifying mental health needs and effectively intervening with program participants.

Expected outcomes include: improved school attendance, improved grades, improved school classroom behavior, increased utilization of mental health services, improved interpersonal skills/attitudes, increased goal setting, improved relationship skills with family and peers, increased identification of mental and behavioral health needs, improved access to mental and behavioral health services, and the improved mental and behavioral health of participating children and/or parents.

We believe we are the first to join these elements together in one convenient package for our County's most fragile families. Some schools have permitted the placement of mental health professionals on campus, but availability is limited. Big Brothers Big Sisters exists as a successful mentoring program, but there is no recruitment and matching activity specific to the participants of the Moving Ahead Program. At this time we know of no other agency in Boone County collaborating to provide access to mental health services for children and families through a licensed afterschool program or summer camp, home visitation, and mentoring, that is connected to its participants through subsidized housing. This connection provides a unique opportunity for true wraparound support and shared case management between collaborating parties.

The Moving Ahead Program receives referrals from the Columbia Public School District and Columbia Housing Authority. It also receives self-referrals through marketing to schools and area agencies. But the majority of the program's students hear about the program from family members or friends who attend. At this time, enrolled students and families may be given information about available services and other community agencies, but no formal assessment, referral, or case management process is in place.

Memorandums of understanding and letters of support from collaborating partners are attached.

## EVALUATION

### Performance Information

The Program Performance Measures Worksheet for the MAP Mental Health Project is attached. See Attachment A.

Outcomes	
<p>Academic performance improves</p> <p>School attendance improves</p> <p>School behaviors improve</p> <p>Time spent in family activities increases</p> <p>Families connect with community services</p>	<p>The Moving Ahead Program, as a part of the Youth Community Coalition’s 21<sup>st</sup> Century Community Learning Center Project, is required to report on the school-based outcomes for all participants who attend 30 days or more. Improvement is expected to occur over the school year and is obtained through teacher surveys and the records of the Columbia school district. The outcomes have been linked to increased high school graduation rates and reduced participation in risky behavior such as substance abuse, and violence. Over the past 3 years, The Moving Ahead Program has seen consistent improvement in these outcomes among students who attend the program at least 30 days. First semester grades are compared to fourth semester grades. The measurement period is the Columbia Public School District school year. The MAP for Mental Health project provides an opportunity to address two new outcomes which are simply measured by pre- and post-surveys, referral forms, and case management files.</p>
<p>Children subjected to adverse childhood experiences will receive intervention services</p> <p>1) Littles will make improvements based on the match goals</p> <p>2) Littles will demonstrate ability to spend time on task (a key ability for academic success)</p> <p>3) Littles will indicate that they have a special adult in their lives.</p> <p>4) Littles will have a higher rate of believing that it is not OK to use drugs than Boone County youth as a whole.</p> <p>5) Littles will have a lower juvenile rate than Boone County youth as a whole.</p>	<p>These outcomes are some of those included on the skills assessment tool used by Big Brothers Big Sisters. Improvements in these areas are linked to long term outcomes of reduced substance use, reduced antisocial behavior, improved youth academics, and improved relationships with family and positive peers. The tool is used pre- and post- program participation.</p>

6) Littles will have goals for academic completion.	
<p>Identification of mental and behavioral health needs improves.</p> <p>Access to mental and behavioral health services improves.</p> <p>Mental and behavioral health of participating children and/or parent improves.</p>	The Family Counseling Center will use its evidence-based DLA20 assessment periodically during the program to identify needs and measure change in the mental and behavioral health of participants. The addition of case management will promote more timely access to services, follow-through on all referrals and treatment plan compliance. Changes in the DLA20 over time will indicate the improvement of mental and behavioral health in participants.

Indicators	Description	Program Target
# of students with better grades following program completion compared to prior	Compares grades reported first quarter with last quarter of school year. Requires parent permission to obtain grades from teacher or school district database.	20% of participants will improve grades between first quarter and last quarter of school year.
# of students with improved attendance rate following program completion compared to prior	Attendance rate of first quarter compared with last quarter of school year. Requires parent permission to obtain attendance from teacher or school district database.	80% of participants will improve attendance rate between first quarter and last quarter of school year.
# of students with improved behavior in school classroom following program completion compared to prior	Compares number of incident reports recorded first quarter with number recorded in fourth quarter. Requires parent permission to obtain through teacher survey.	75% of participants will have improved behavior in school classroom between first quarter and last quarter of school year.
# of families reporting increased time doing things together with children	Compares number of families reporting spending at least 2 hours per month in family activity with children in pre- and post-survey.	70% of families will report spending at least 2 hours per month in a family activity with their children.
# of families referred to community services	Compares number of families connected to community services pre- and post-program participation	65% of families will be referred to a service they have not utilized before
<p>Children identified as experience adverse childhood events will be referred to the partner mental health provider for services.</p> <p>1) % of Littles who have made improvements based on the match goals as reported by their Bigs</p> <p>2) % of Littles who demonstrate time on task abilities as reported by their Bigs</p>	<p>Compares assessments and case notes pre- and post-program participation.</p> <p>1 &amp; 2) Big Brothers Big Sisters of America's SoR (Strength of Relationship Survey) given at 3 months and yearly anniversary of match (or end of school year for school based matches).</p> <p>3, 4, 5 &amp; 6) Big Brothers Big Sisters of America's YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match (or end of school year for school based matches).</p>	<p>100% Children subjected to adverse childhood experiences will receive intervention services</p> <p>1) 75% of Littles will make improvements based on the match goals</p> <p>2) 65% of Littles will demonstrate ability to spend time on task (a key ability for academic success)</p> <p>3) 65% Littles will indicate that they</p>

<p>3) % of Littles who answer “yes” to a question asking if they have a special adult in their lives</p> <p>4) % of Littles who indicate that “it is not okay” to take drugs that aren’t given to them by a doctor or parent.</p> <p>5) % of Littles who indicate that they have not been arrested in the past 12 months</p> <p>6) % of Littles will answer that they are “mostly sure” or “very sure” that they will finish high school.</p>		<p>have a special adult in their lives.</p> <p>4) 97% of Littles will indicate that it’s not okay to take drugs that aren’t given to them by a doctor or parent.</p> <p>5) 95% of Littles will indicate that they have not been arrested in the past 12 months.</p> <p>6) 88% of Littles will have goals for academic completion.</p>
<p># of enrolled children and families identified with mental and behavioral health needs.</p> <p># of referrals made to mental, psychological and behavioral health services during enrollment</p> <p># of children and families utilizing mental health, psychological or behavioral health services compared to referrals made.</p> <p># of individuals with improved DLA20 score at program completion compared to prior.</p>	<p>Reflects number of individuals completing DLA20 who are identified with mental and behavioral health needs.</p> <p>Reflects number of individuals who are referred to mental, behavioral or psychological services outside those provided at the program location.</p> <p>Reflects number of individuals accessing services outside of those provided at program location compared to those referred.</p> <p>Compares score of first DLA20 assessment score with DLA20 score completed at end of program year.</p>	<p>15% of students will be identified with needs for additional services during first year.</p> <p>15% of students will be referred to services outside those provided at the program location during the first year.</p> <p>100% of those referred to mental health, psychological, or behavioral health services will utilize services at least one time during the first year.</p> <p>74% of students assessed will have improved DLA20 score following at least 12 months in the program.</p>

## Measurement

The MAP for Mental Health Project is a collaborative effort with shared accountability for outcomes and data collection. Team members will collect data at their individual access points and share it with the entire team. Case management requires this sharing of assessment information, home visit findings, staff observations, school and program attendance data, and family information in order to determine the best plan for the family and child’s success. Data will be collected with the permission of parents secured by Moving Ahead Program Staff at the

time of enrollment. All data will be stored on the CHALIS' secure server and paper documents stored in student files located in a locked cabinet inside the locked office of the Program Coordinator and Project Staff.

The timeline for change in indicators is based on a 12-month period. The MAP for Mental Health Project expects to see changes in indicators on an annual basis. Outcome targets in this proposal are based on one year from the start of the project. It is important to note, however that some outcomes such as grades and school attendance are more realistically based on the "school year" rather than the calendar year. This could be affected by the date the funding is made available.

Further consideration should also be given to outcomes if the project is negotiated to allow annual renewals for 3 years. Participants who continue enrollment in the Moving Ahead Program over a 3-year period will benefit the most from the planned project. Longer term outcomes tied to individual attitudes and behaviors of students, relationships with peers and family, utilization of services, and the mental and behavioral health of family and/or child should be adjusted in that case.

Copies of the evaluation and assessment tools to be used are attached. These tools have been chosen by the collaborating parties for their effectiveness as well as the collaborating partner's familiarity with the corresponding analysis of results when using the tool.

## **Input**

### **Clinical Expertise**

CHALIS is a long-time recipient of funding from the City of Columbia Social Services Fund and has been evaluated by the Institute for Public Policy and found proficient in all areas.

CHALIS has a history of collaboration. Current projects involve collaboration with Columbia Public Schools, Boys and Girls Club, Fun City Youth Academy, First Chance for

Children, Columbia/Boone County Public Health and Human Services, Job Point, MANPOWER, University of Missouri Service Learning and A Way With Words and Numbers, Boone County Council on Aging, Services for Independent Living and several local employers.

CHALIS opened the Moving Ahead Afterschool Program at the J. W. “Blind” Boone Community Center in 2004 offering homework assistance, one-on-one tutoring, academic enrichment, parent engagement, and physical activity. Due to the successful results experienced with students, MAP continues to offer these same components today as a part of a comprehensive program for school age children. In 2013, MAP expanded to offer a summer school afterschool program and full day summer camp to help students retain skills over the summer. The Moving Ahead Program is licensed to serve 60 students by the State of Missouri and is required to provide 12 CEU’s of training for each staff member per year. MAP has also been approved by the Missouri Child and Adult Care Food Program and the Summer Food Service Program as a food site for at-risk children. MAP provides supper during the school year and breakfast, lunch and supper during the full-day summer program. MAP is a participant in the Youth Community Coalition’s 21<sup>st</sup> Century Community Learning Center and receives the support and direction of the Missouri Afterschool Network.

Family Counseling Center (FCC), a division of Compass Health, is an innovative organization that continually seeks to identify ways to improve mental health services and is committed to delivering the highest quality care to individuals, regardless of socioeconomic status, race, ethnicity, culture or language proficiency. As an organization, FCC strives to be the provider, employer, and partner of choice. Their mission is to enhance wellness in the lives of individuals and communities by instilling hope, building partnerships, and support recovery. As a long time provider of behavioral, mental and psychological health care services in Central

Missouri, FCC has extensive experience in providing services to uninsured and underserved high-need populations such as those served by the MAP for Mental Health project. FCC's clinical staff is able to diagnose and treat disorders, providing true individualization of treatment and a full-continuum, of care to each individual. They have developed and implemented a clinical triage model of care where individuals can be evaluated/assessed for treatment services within the same day they request services. Clinical staff is skilled at enforcing policies and procedures related to keeping appointments and making sure clients stay in compliance with treatment plans.

Big Brothers Big Sisters of Central Missouri (BBBS) is a non-profit organization matching adults in the community in one-to-one mentoring relationships with children in single parent families, in long term foster care, with an incarcerated parent, or who are referred by school personnel. Over 90% of the children served are at or below poverty level. BBBS is an affiliate of the oldest and largest youth mentoring organization in the United States administering an effective approach to mentoring, with formalized standards and required procedures. BBBS has demonstrated positive outcomes for healthy youth development. It is designed to foster supportive relationships between youth ages 6 to 18 with caring adults, which has been shown to mitigate the negative effects of risks in the social or environmental contexts of the youth's lives.

### **Service Activity**

Program activities will be targeted at students in grades K – 8 who are already enrolled in the Moving Ahead Afterschool and Summer Programs (MAP) along with their families. MAP afterschool and summer activities are currently funded with City of Columbia Social Services Funding and a few local organizations. No additional funding is requested for the basic program. This proposal seeks funding for additional support services for the families and children of the Moving Ahead Program.

The MAP for Mental Health Project will address unmet needs in Boone County through a partnership between CHALIS, FCC and BBBS to provide direct services to children and training to parents and staff; increase available triage services for prevention and treatment; provide easier access to care providers; and true collaborative case management to help ensure coordination of care and completion of treatment and prevention plans.

All families who are enrolled will undergo an initial interview with Moving Ahead Staff who will be trained by FCC staff to recognize risk factors that should be referred for further evaluation by the FCC Life Coach. Moving Ahead Staff will also identify children who qualify for a mentor through BBBS and set up a family appointment with the Big Brothers Big Sisters.

Big Brothers Big Sisters of Central Missouri (BBBS) will implement a site-based mentoring program to serve 25 MAP youth. These youth and their families will go through the updated screening process recommended through BBBSA. Youth will be matched with mentors recruited from the community to meet at the Moving Ahead location. Where ACES experiences have been identified, BBBSM will provide referrals to Family Counseling Center's Life Coach. To implement this program BBBSM will supply a .125 FTE Little's Enrollment Coordinator to recruit and assess children and families to the program; a .125 FTE Big's Recruitment and Training Coordinator to identify, recruit, and train mentors for the enrolled children; and a .25 FTE Match Support Specialist who will provide case management and support to the matches.

Twice yearly, all students will be assessed by the FCC Life Coach using the DLA20 tool. The Life Coach will follow up with parents and students to discuss results. The Life Coach will refer as needed to mental health, behavioral health and/or psychological treatment providers. Individualized plans will be developed and follow up conducted to ensure compliance with treatment plans. Students who receive referrals may be assessed more than twice yearly.

During the school year, students will receive daily homework help and tutoring from University Students. MAP staff will provide academic enrichment activities using curriculum and activities provided through the Youth Community Coalition 21<sup>st</sup> Century Community Learning Center Project to reinforce grade level requirements and core competencies of the Columbia Public School District. In the summer, MAP Staff will provide skills practice in reading, math, and science exploration. Students will also benefit from increased opportunities for positive activities with their peers through field trips, swimming, and physical play. As an added bonus, students will receive one nutritious meal each day school is in session and three nutritious meals during the full-day summer program.

All year long, MAP Staff will receive training and support through the FCC Life Coach who is just down the hall. This support will train Staff to work more effectively with students and to identify any need for additional evaluation of students or families by the Life Coach. Parents and caregivers will also receive training from the Life Coach; privately as needed, and corporately at monthly workshops in conjunction with the mandatory “Family Night”. Incentives for participation will be provided.

All three components of the MAP Mental Health Project employ evidence-based strategies including case management and mentoring. These practices have been shown to increase compliance with program elements, lead to improvements in the chosen indicators, and reduce participation in risky behaviors among youth.

## Output

Service	Unit Measure	Unit Cost	Amount Requested	Number Served	Avg. Units Per Individual
Youth Development Services (After school & Summer Care)	17,500 hrs (1 hr for 1 student)	N/A	N/A	100	175
Supplemental Services for Afterschool Participants  - Case Management, Referrals & Service Coordination - Parent Events - Home Visits - Training - Basic needs, Crisis supplies		\$546.54	\$81,981	150	14
Site-Based Mentoring Services	1250 Hrs. (1 hr for 1 student)	\$18.97	\$23,713	25	50
Mental Health Support Services	450 Hrs. (1 hr for 1 student, parent or caregiver)	\$48.78	\$21,948	60	7.5

127642

## BUDGET

Please see our Agency Financial Worksheet (Attachment B) and **Program Budget Worksheet** (Attachment C) for an overview of the budget.

### Budget Narrative

#### Personnel:

Position	Name	Annual Salary/Rate	Level of Effort	Cost
Program Director	Becky Markt	\$53,019	10%	\$5,302
Program Coordinator	Janice Brooks	\$35,360	10%	\$3,536
Program Accountant	Tracie Slotwinski	\$38,480	10%	\$3,848
1 Full-Time Staff	TBD	\$40,000	100%	\$40,000
Big Brother Big Sisters Contracted Salaries	.5 FT Staff	\$32,500	50%	\$16,250
Family Counseling	.5 FTE Staff	\$35,400	50%	\$17,700

Center Salaries				
			TOTAL	\$86,636

**JUSTIFICATION:**

The Program Director is responsible for the completion of all contracted activities as proposed, supervision of all partner activities and all staff. The Program Coordinator is responsible for the operation of the afterschool and summer program, and the coordination and working relationship between MAP after school staff and the project team. The Program Accountant ensures the fiscal accountability of the program execution according to the contract for services. The Full-Time Staff to be hired will be responsible for home visits, case management, and relationship building between families and project staff. Big Brothers Big Sisters Staff will implement the mentoring strategies as outlined in the proposal. Family Counseling personnel will implement the mental health strategies as outlined in the proposal.

**B. Fringe Benefits:**

**COUNTY REQUEST**

Component	Rate	Wage	Cost
FICA – Program Director, Program Coordinator, Program Accountant, Full-time Employee	7.65%	\$52,686	\$4,030
Workers Compensation – Program Director, Program Coordinator, Program Accountant, Full-time Employee	2%	\$52,686	\$1,054
Retirement – Program Director, Program Coordinator, Program Accountant	6%	\$12,686	\$761
Retirement – Full-Time Employee (6% for 6 months)	6%	\$20,000	\$1,200
Health Insurance – Program Director, Program Coordinator (\$6,890/year each)	10%	\$13,780	\$1,378
Health Insurance – Full-Time Employee (\$6,890/year)	100%	\$6,890	\$6,890
Dental, Vision, Life and AD&D, and Long-term Disability – Program Director (\$40.18/mth), Program Coordinator (\$73.68/mnth)Program Accountant (\$33.64/mnth)	10%	\$1,770	\$177
Dental Insurance, Life and AD&D, and Long-term Disability – Full-Time Employee (\$40.18/month)	100%	\$482	\$482
Big Brothers Big Sisters Contracted Benefits	100%	\$4,979	\$4,979
Family Counseling Center Contracted Benefits	50%	\$8,496	\$4,248
		TOTAL	\$25,199

**JUSTIFICATION:**

All Employees are due certain benefits, which have been calculated at the current allowable rates.

**Program Services:**

**COUNTY REQUEST**

Name	Services Offered	Cost
Big Brothers Big Sisters	Contracted supplies and services	\$2,485

	Parent Trainings/Events (12 group events plus incentives)	\$5,000
Family Counseling Center	Staff Trainings	\$1,500
Basic Needs	Emergency supplies, clothing for kids, hygiene products, cleaning supplies	\$3,500
	TOTAL	\$12,485

**JUSTIFICATION:**

The supplies will be used to meet the needs of families and the effective delivery of services to program participants. Trainings will build stronger families and train staff to identify needs for mental health and behavioral health services earlier.

**Non-Personnel**

**COUNTY REQUEST**

Item(s)	Rate	Cost
Mileage	350 miles/yr @ \$.54/mi for FTE	\$189
Cell phones	\$20/mo. x 12 months x 2	\$240
Tablet plus mini-cells for Wi-Fi	\$1000	\$1,000
Office supplies	\$100/month	\$1,200
Liability insurance	3% of \$3,084/yr	\$93
Computer/IT support	\$50/month x 1	\$600
	TOTAL	\$3,322

**JUSTIFICATION:**

Supplies are requested to assist in the effective completion of the proposed activities.

**BUDGET SUMMARY:**

Category	Total Request
Personnel	\$86,636
Fringe	\$25,199
Program Services	\$12,485
Non-Personnel	\$3,322
Total Project Costs	\$127,642

# ATTACHMENT A

## Program Performance Measures Information

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
Afterschool and summer youth development services - Tutoring or Homework Assistance - Academic Enrichments Physical Activity  Parent Engagement Services - Family Events - Home Visits	512 hrs. of youth development services for 45 students (23,063)  18 hrs. of Parent Events for 20 families (360)  12 hrs. of In-home Visits for 8 families (96)	Academic performance improves School attendance improves School behaviors improve Time spent in family events increases Families connect with services	# of students with better grades following program completion compared to prior  # of students with improved attendance rate following program completion compared to prior  # of students with improved behavior in school classroom following program completion compared to prior  # of families reporting increased time doing things together with children  # of families referred to community services	Case Management Records, School data pre- and post-program participation, pre- and post- surveys, Referral Forms, Pre- and post- tests, other pre- and post- surveys
Site-based mentoring services	25 Children and/or families will be interviewed and screened for adverse childhood experiences.  25 Children will be recruited and enrolled as Littles and matched with 25 Adults recruited and trained as Bigs (mentors)  1,290 hours of mentoring for 25 children/youth	Children subjected to adverse childhood experiences will receive intervention services  1) Littles will make improvements based on the match goals  2) Littles will demonstrate ability to spend time on task (a key ability for academic success)  3) Littles will indicate that	Children identified as experience adverse childhood events will be referred to the partner mental health provider for services.  1) % of Littles who have made improvements based on the match goals as reported by their Bigs  2) % of Littles who demonstrate time on task abilities as reported by their Bigs  3) % of Littles who answer "yes" to a	Documentation of referral in case notes  1 & 2) Big Brothers Big Sisters of America's SoR (Strength of Relationship Survey) given at 3 months and yearly anniversary of match (or end of school year for school based matches).  3, 4, 5 & 6) Big Brothers

# ATTACHMENT A

## Program Performance Measures Information

<p>Mental Health Support Services</p> <ul style="list-style-type: none"> <li>- Clinical Assessment, Referral, Follow-Up</li> <li>- Staff /Parent Training</li> </ul>	<p>10 hrs. individual and group services for 45 children and their families (450)</p> <p>8 hrs. of training for 15 parents and 8 staff (184)</p>	<p>they have a special adult in their lives.</p> <p>4) Littles will have a higher rate of believing that it is not OK to use drugs than Boone County youth as a whole.</p> <p>5) Littles will have a lower juvenile rate than Boone County youth as a whole.</p> <p>6) Littles will have goals for academic completion.</p>	<p>question asking if they have a special adult in their lives</p> <p>4) % of Littles who indicate that “it is not okay” to take drugs that aren’t given to them by a doctor or parent.</p> <p>5) % of Littles who indicate that they have not been arrested in the past 12 months</p> <p>6) % of Littles will answer that they are “mostly sure” or “very sure” that they will finish high school.</p>	<p>Big Sisters of America’s YOS (Youth Outcomes Survey) given to children ages 9 or older at intake and yearly anniversary of match (or end of school year for school based matches).</p>
	<p>Identification of mental and behavioral health needs improves.</p> <p>Access to mental and behavioral health services improves.</p> <p>Mental and behavioral health of participating children and/or parent improves.</p>	<p># of enrolled children and families identified with mental and behavioral health needs.</p> <p># of referrals made to mental, psychological and behavioral health services during enrollment</p> <p># of children and families utilizing any type of mental health, psychological or behavioral health services compared to referrals made</p> <p># of individuals with improved DLA20 score following program completion compared to prior.</p>	<p>Case Management Records, Referral Forms, DLA20 Assessments, , Pre- and post- tests, other pre- and post- surveys</p>	

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: CHA Low-Income Services, Inc.

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	46,557	69,040	69,040	4.66%	0.00%
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)	25,923	6,575	5,000	0.34%	-23.95%
E. Fund Raising & Other Direct Support	15,962	18,240	22,240	1.50%	21.93%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>88,442</b>	<b>93,855</b>	<b>96,280</b>	<b>0.064929766</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	27,101	12,900	437,503	29.50%	3291.50%
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding	112,472	106,700	204,700	13.80%	91.85%
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	612,475	773,347	703,445	47.44%	-9.04%
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>752,048</b>	<b>892,947</b>	<b>1,345,648</b>	<b>\$1</b>	
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items	34,420	34,448	40,905	2.76%	18.74%
<b>TOTAL AGENCY REVENUE</b>	<b>\$874,910</b>	<b>\$1,021,250</b>	<b>\$1,482,833</b>		<b>45.20%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	813154	918104	1325345	89.38%	44.36%
Expenses for Management and General	91376	103146	157488	10.62%	52.68%
Expenses for Fundraising				0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	<b>904530</b>	<b>1021250</b>	<b>1482833</b>		<b>45.20%</b>
% of Management and Fundraising Expenses	10.10%	10.10%	10.62%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$111,979	\$0	\$0	#DIV/0!

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$12,702	\$12,702	\$12,702	0.00%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: MAP for Mental Health**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				#DIV/0!	#DIV/0!
B. Other United Ways				#DIV/0!	#DIV/0!
C. Capital Campaigns				#DIV/0!	#DIV/0!
D. Grants (non-governmental)				#DIV/0!	#DIV/0!
E. Fund Raising & Other Direct Support				#DIV/0!	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				#DIV/0!	#DIV/0!
B. Boone County - Other				#DIV/0!	#DIV/0!
C. Other Counties				#DIV/0!	#DIV/0!
D. City of Columbia - Social Service Funding				#DIV/0!	#DIV/0!
E. City of Columbia - Other				#DIV/0!	#DIV/0!
F. Other Cities				#DIV/0!	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				#DIV/0!	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				#DIV/0!	#DIV/0!
I. Other (Schools, Courts, etc.)				#DIV/0!	#DIV/0!
3. Program Service Fees				#DIV/0!	#DIV/0!
4. Investment Income (realized & unrealized)				#DIV/0!	#DIV/0!
5. Other Revenue Items				#DIV/0!	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel			111,835	87.62%	#DIV/0!
2. Non-Personnel			15,807	12.38%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$127,642</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)			2.3 FTE

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Phil Steinhaus

Printed Name - Agency Executive Director/President/CEO

7/8/14

Date

Phil Steinhaus

Signature - Agency Executive Director/President/CEO

7/8/14

Date

Genie Rogers

Printed Name - Agency Board Chair

7-8-14

Date

Genie Rogers

Signature - Agency Board Chair

7-8-14

Date



**ATTACHMENT F**

**WORK AUTHORIZATION CERTIFICATION  
PURSUANT TO 285.530 RSMo  
(FOR ALL AGREEMENTS IN EXCESS OF \$5,000.00)**

County of Boone )  
 )ss  
State of Missouri )

My name is Phil Steinhaus I am an authorized agent of CHA Low Income Services, Inc. (Bidder). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the County. This business does not knowingly employ any person that is an unauthorized alien in connection with the services being provided. Documentation of participation in a federal work authorization program is attached hereto.

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contracts that they are not in violation of Section 285.530.1, shall not thereafter be in violation and submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Phil Steinhaus 7/8/14  
Affiant Date

Phil Steinhaus  
Printed Name

Subscribed and sworn to before me this 8th day of July, 2014.



ELTONYA R. RHOADES  
My Commission Expires  
February 28, 2017  
Boone County  
Commission #13454534

Eltonya R. Rhoades  
Notary Public

Attach to this form the *E-Verify Memorandum of Understanding* that you completed when enrolling.

## PARENT/YOUTH INTERVIEW

Youth's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Date of Interview: \_\_\_\_\_ Interviewer's Name: ---- \_\_\_\_\_

*Before starting the interview, talk to the parent about the interview purpose and process, including flow and areas of content. Explain that you will interview the parent and the child separately. Be sure to share expectations around mandatory reporting of abuse if disclosed by either the parent or the child, including BBBS policy and applicable state law. Also, share with the parent that you are going to talk to the child about safety and cover the child safety materials, "Talking with Grown Ups" or "Personal Safety Awareness for Teens", or your agency's child safety training materials. Show the parent the materials and encourage the parent to review those materials with the child together later.*

### **Here is a sample script:**

*"Thank you for your interest in Big Brothers Big Sisters and for taking the time to allow me to get to know you and your child today. I will interview both you and your child, separately. In my time with you, I'm going to ask you a lot of questions about your child -- including questions about their personality and interests, school, behavior, health, and relationships. I am also going to ask you some questions about family life and yourself, because we want to find a Big that will not only be a good fit for your child but will partner and communicate well with you in this match. I am going to write as we talk, just to be sure I don't forget anything you have shared with me once I leave here. After interviewing you, I will then interview your child. I will ask questions about things such as school, family life, interests, and friends. Because child safety is our number one priority at Big Brothers Big Sisters, I will also talk to your child about safety, using this booklet, which I encourage you to look over with your child together later. I also want to let you know that if you or your child share any information that discloses child abuse or maltreatment of any child, please understand that I may have to report that based on mandatory reporting laws and Big Brother Big Sisters policy. [Share specific state and agency reporting expectations]. Do you have any questions for me before we get started?"*

### **PARENT INTERVIEW (if possible, without the child present)**

1. How did you hear about Big Brothers Big Sisters?
2. Overall, how do you think your child will benefit by having a Big Brother or Big Sister?
3. Do you know anyone else involved in the program? What have they shared with you about their experience in the program?

### **Question Group 1 - PERSONALITY/INTERESTS:**

1. Describe your child's personality.
2. What are your child's strengths and talents?
3. Could you tell me a little about how your child spends his or her time? What activities does he/she enjoy?
4. Does your child prefer to be active and participate in activities or to sit back and observe?
5. When he/she meets new people, how does he/she typically respond?

6. What would be helpful for a Big in getting to know your child? What advice do you have for a Big?

**Question Group 2 - FAMILY RELATIONSHIPS:**

1. How would you generally describe your relationship with your child?
2. Describe the way that you and your child communicate with each other.
  - a. How do you discipline your child?
3. Who lives in the home? What are their relationships like with the child?
  - a. What kinds of activities do you do as a family?
4. Is there anyone in your home or closely associated with your family that may pose as a potential safety risk to the volunteer or in interacting with others, including children, within the Big Brothers Big Sisters Program?
5. Does your child have a parent or parental figure that is currently serving in the military or is considered a veteran?  
*(Verify with information provided on application to be sure information was correctly listed in AIM.)*
  - a. What branch? For how long? Dates of service?
  - b. What is the history of deployment? Do you anticipate the loved one will be deployed in the future?
  - c. Is your family or the child connected to any military family support groups or organizations at this time?

***If one or more parents are not in the home, ask the following questions:***

6. What is the child's relationship with the absent parent(s)?
  - a. How often does the child see the absent parent(s)? What type of contact do they have?
  - b. Have you talked to the child's parent(s) about enrolling the child in BBBS? When and what was the response? How supportive do you think the absent parent(s) will be towards the child being matched with a mentor?
7. Does the child have a parent or loved one that is currently in state or federal prison? What is the relationship of that person to the child?
  - a. For what crime was the person convicted and when did he/she go to prison?
  - b. What is length of the sentence? Do you know when the parent/loved-one is eligible to be released?
  - c. Will the parent or loved-one join the family on release? If so, do you expect the match to continue?
  - d. What does the child know about the parent/loved-one being incarcerated?
  - e. Do you anticipate that the child will want to talk to the volunteer about the incarceration?
  - f. When the last time the child saw the parent/loved-one? Does the child visit, write, or talk on the phone?
  - g. Have you talked to the parent/loved-one about the child having a BB or BS? What do they think?

**Question Group 3 - PHYSICAL AND MENTAL HEALTH**

1. Does your child have any type of physical health issues or diagnosis? Is he/she on medication?
  - a. How will this affect match activities?
2. Does your child have any allergies to food, animals, insect bites, etc?
  - a. Are there any foods or drinks that you limit or do not allow your child to have?
3. Tell me about any behavioral issues your child has had or you feel needs to improve upon.
  - a. How do you handle these behaviors?
  - b. How do you feel this will affect a match or match activities?
  - c. What advice would you give the mentor in handling any behavioral issues that come up in their time together?
4. Has your child been involved with the police or juvenile justice system?
  - a. What type of involvement? (e.g., arrest, delinquency court appearance, referral to diversion program, probation, etc.)
  - b. When was this involvement?
  - c. What was the reason for the involvement? (e.g., behavior, charges, etc.)
  - d. What was the disposition of the involvement (in other words, how was it resolved)? (e.g., dismissed, referral to services, adjudicated, placement, informal supervision, etc.)
  - e. How many times has your child had involvement with the police or juvenile justice system?
  - f. If currently involved, is there a case manager, probation or court worker assigned to your child?
    - i. If yes, do you have their name/contact info?
2. Does your child have a sibling who has had JJ involvement?
3. Does your child have friends who have had JJ involvement?
5. Is the child seeing a therapist or receiving counseling? Have they in the past? For what reason?
6. Tell me about any mental health issues or diagnoses your child has had.
  - a. Is your child on medication?
  - b. How do you feel this will affect a match or match activities?
  - c. What advice, if any, would you give the mentor?
7. To the best of your knowledge, has your child experienced any form of emotional, physical, or sexual abuse in the past?

- a. Tell me about that experience.
    - o *When did the abuse occur? How old was the child? Who was involved?*
  - b. Have there been any instances of your child acting out, whether sexually or using aggressive behaviors?
  - c. What services did the child receive?
  - d. How do you think this experience affects the child today?
  - e. Is this something your child talks about or would mention to a volunteer?
8. Has your child witnessed domestic violence, violence in the neighborhood? Or any other experiences that you feel have been significant in his/her life?
  9. Has your child experienced any other traumatic experiences?
  10. Has your child ever lived or been placed out of the home or your care?

**Question Group 4 - FAMILY LIFE**

1. How long have you lived in the home?
2. How long do you plan on living in your current home?
  - a. If planning on moving, when and to what location?
3. What is your general neighborhood like? Are there any safety issues?
4. What is a typical day like for the family? Week?
5. In what activities is the child involved? What days/times does the child participate in those activities?
6. Does your family strongly identify with or participate in any racial or cultural communities or organizations?
7. Is there a faith community in which your family is involved?
8. Considering your family's schedule, what days do you think the child would be most available for outings with the Big?
9. Do you see any major changes occurring in the family or child's life in the next several months?

**Question Group 5 - SCHOOL**

1. What school does your child attend? Grade?  
*(Verify with information provided on application to be sure information was correctly listed in AIM.)*
  - a. How long has your child been at this school? If recent change, why?
2. How would you describe your child's school performance and attitude toward school?
  - a. What grades does he/she typically receive in academics?
  - b. What grades does s/he typically receive in conduct or behavior?

- c. What else do teachers or other school personnel say about your child?
3. How often would you say your child misses school (whether because of illness, transportation issues, or any other reason)?
  - a. *If child is 12 or above*, does your child ever skip classes or school? If so, how have you or the school responded in the past?
  - b. How often is your child late for school?
4. Does your child receive any special education services? Does he/she have an IEP?
5. What behavioral issues has your child had at school?
6. How would you describe your child's relationship with teachers and school staff?
7. Is your child involved in any extra-curricular activities at school? If so, which ones? If not, why?
8. Tell me how you are involved at your child's school.
9. Are you happy with your child's school? Can you tell me a bit about what you like or dislike about the school?
10. Describe your child's relationships with other children.
11. What are your child's expectations for his/her education? (e.g., does he want to go to college, join the military, etc.?)

### **Question Group 6 - MATCH PREFERENCES**

#### **Partnering:**

1. How would you describe your personality?
2. How do you handle conflict?
3. How do you like to receive feedback?
4. What would you consider a successful match?
5. How will you form a partnership with a volunteer?
6. Tell me about a time when you successfully worked with another person (*babysitter, teacher, coach, etc.*) who was working with your child. What did you do to make that partnership work? What did you appreciate about that person?

#### **Preferences/Expectations:**

1. What goals do you have for the match?
2. Describe a person you think would meet your child's needs and interests.
3. What skills or areas do you want a volunteer to help your child with or teach your child?
4. Are there any topics of conversation that you do not want the volunteer to discuss with your child?
5. Are there any topics of discussion or areas of concern you specifically want the volunteer to talk with your child about?

6. What do you see the Big doing with your child?
7. Do you have any concerns or preferences regarding volunteers who: *(Explain agency policies as applicable.)*

Smoke:

Drink:

Own Pets:

Own Firearms/Weapons:

Have children of their own at home:

8. Do you have any preferences regarding a volunteer's: *(Explore responses.)*

Race/Ethnicity:

Religion/Faith:

Sexual Orientation:

Age:

9. Would you be open to your child being matched with a couple?
10. *If applicable*, would you be open to your child being matched in a cross-gender match?
11. What would you do if the overall match experience or the volunteer did not meet your expectations?
12. What would you do if your child did not seem to want to spend time with the Big?

**WRAP UP:**

1. What else do you think we should know about your child, to make the best match for him/her?
2. What questions do you have? Is there anything about which you would like more information?



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/20/2014

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> Commercial Lines - (866) 547-6283 Wells Fargo Insurance Services USA, Inc. 1 N Jefferson, Bldg C, 3rd Floor St. Louis, MO 63103	<b>CONTACT NAME:</b> Rosie Haukap <b>PHONE (A/C, No, Ext):</b> 314-919-3086 <b>FAX (A/C, No):</b> 855-512-3887 <b>E-MAIL ADDRESS:</b> rosie.haukap@wellsfargo.com														
<b>INSURED</b> CHA Low Income Services, Inc. 201 Switzler St Columbia MO 65203	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: center;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: center;">NAIC #</th> </tr> <tr> <td>INSURER A : Philadelphia Indemnity Insurance Company</td> <td style="text-align: center;">18058</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Philadelphia Indemnity Insurance Company	18058	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURER E :															
INSURER F :															

**COVERAGES**                      **CERTIFICATE NUMBER:** 8416194                      **REVISION NUMBER:** See below

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: _____			PHPK1234456	10/25/2014	10/25/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 Prof Liab \$ _____
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ \$ _____
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$ _____						EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is added as Additional Insured where required by written contract and subject to the terms and conditions of the policy.

## CERTIFICATE HOLDER

## CANCELLATION

County of Boone 613 E. Ash St. Columbia, MO 65201	<p><b>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</b></p> <p>AUTHORIZED REPRESENTATIVE</p>
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**Supplemental Declaration Page  
For Automobile Coverage**

**DECLARATIONS**

**Item 1. Named Insured and Mailing Address:**

**Columbia Housing Authority  
201 Switzler Street  
Columbia, MO 65203**

**Item 2. Policy Period:** From January 01, 2014 to January 01, 2015

**Item 3. Insured Autos:**

2014	Nissan	Cargo S NV200	Vin # 3N6CM0KN7EK693446	7/3/14
2014	Ford	Escape SE	Vin # 1FMCU9GX1EUA86200	9/23/13
2014	Ford	Escape S	Vin # 1FMCU0F72EUA86199	9/23/13
2013	Nissan	NV200	VIN # 3N6CM0KN6DK690746	
2012	Ford	Econoline Van	VIN # 1FBSS3BL3CDB14460	
2011	Ford	F-150	VIN # 1FTNF1CF9BKD84247	
2011	Ford	F-150	VIN # 1FTNF1CF0BKD84248	
2010	Ford	Escape	VIN # 1FMCU0DGXAKC90130	
2010	Ford	Escape	VIN # 1FMCU0DG3AKC90129	
2009	Ford	F-150	VIN # 1FTRF12W69KB97898	
2008	Ford	Econoline Van	VIN # 1FBSS31LX8DA49440	
2008	Ford	Escape	VIN # 1FMCU93108KA50063	
2007	Carry-On	Utility Trailer	VIN # 4YMUL12157M057481	
2006	Load	Trailer	VIN # 4ZEDT142961014181	
2006	Ford	Pickup	VIN # 1FTWF31596EC94630	
2006	Ford	Pickup	VIN # 1FTWF31526EC94629	
2004	Ford	Econoline Van	VIN # 1FTNE24W24HB31570	
2002	Ford	Econoline	VIN # 1FTRE14W42HA85555	
2002	Ford	Pickup	VIN # 1FTRF172X2KC42305	
2002	Ford	Pickup	VIN # 1FTRX18L32NB10151	
2001	Ford	Econoline	VIN # 1FBSS31L61HA92025	
1998	Ford	Club Wagon	VIN # 1FBSS31L0WHA64308	
1998	Ford	Ranger	VIN # 1FTZR15UXWPB38496	
1998	Ford	Van	VIN # 1FTRE14L9WHB88983	

Item 4. Coverages effective as of: 01/01/2014

Comprehensive & Collision \$250 Deductible

Uninsured/Underinsured \$25,000 per person, \$50,000 per accident

Liability: \$2,657,587 per occurrence and \$398,638 per person\*

(Combined Single Limit for Bodily Injury and Property Damage Liability)

Item 5. Covered Drivers:

Anderson, Bryan S.		Noland, Diane M.	
Anspach, Gary L.		Owens, Deric L.	
Baurichter, Kaleb M.		Platero, Shannon L.	
Belmore, James M.		Platero, Vernon L.	
Brock, Devara D.		Price-Radtke, Karen L.	
Brooks, Janice L.		Rhodes, Eltonya R.	
Brotemarkle, Mark O.		Richardson, Lyndsy M.	
Brown, Julie M.	8/7/14	Riechers, Melissa R.	
Brown, Marcus L.	7/29/14	Rowe, Ronald K.	9/5/14
Cannaday, Gary M.		Simmons, Debbi L.	
Chellis, Rino K.		Skinner, Crystal A.	
Clark, Ronald D.		Slotwinski, Traci L.	11/18/13
Davee, Gina A.	7/28/14	Sly, Rhonda M.	
Davis, Erica M.	10/14/14	Smajlovic, Mefail	
Edwards, Tawanda L. EFFECTIVE	10/27/14	Sommer, Zoe F.	11/20/13
Friesz, Erin D.		St. John, Jenah M.	7/30/14
Grant, Norman E.	9/12/13	Steffensmeier, April D.	
Griffin, Elizabeth A.		Steinhaus, Phillip A.	
Harris, Jacqueline		Stevenson, Taalor C.	10/22/14
Harvey, Mary K.		Tapia, Andrea S.	11/4/13
Hasanovic, Hajrudin		Thomason, Tara M.	
Hatton, Ida R.		Thompson, Barron K.	
Hess, Richard J.		Thornton, Ronald D.	
James, Elaina B.		Vincent, Erin N.	
Jennings, Terry A.	8/27/14	West, George M.	8/27/13
Johnson, Denisha A.		Williams, Cornelia L.	
Keith, Kevin E.		Willingham, Gregory L.	
Keith, Shane M.	10/30/14		
Kelly, Jewell L.			
Kennon, David C.			
Kessler, Matthew C. *			
Lewis, Laura A.			
Litchfield, Dorothy M.			
Markt, Rebecca L.			
Martin, Veronica M.			
Martinez, Veronica R.			
Mehmedovic, Mustafa			

\*Limited to driving to and from Food Bank

\* Nothing contained herein shall constitute any waiver of any kind of the defenses or limitations of sovereign immunity or official immunity.

The purpose of protection contained under the previous paragraph is not to include coverage for any liability or suit for damages which is barred by the doctrines of sovereign or governmental immunity by whatever name, as set forth in Sections 537.600 - 537.650 RSMo, as amended from time-to-time.

This Declaration Page is not intended to act as a waiver, nor is it a waiver of any defense available to the named Insured by statute or at Common-Law.

This policy was electronically delivered to [susan.mcnary@mhpci.com](mailto:susan.mcnary@mhpci.com) on 12/16/2013



Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**SCHEDULE RATING DETAIL**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Schedule Rating Detail:**

Management: Safety Organization	-5.00%
Management: Cooperation with Company	-3.00%
Employees: Selection, Training and Supervision	-10.00%

**Total Schedule Rating: -18.00%**

**ISSUE DATE:** 12/16/2013



WC 00 00 01A (05/88)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

INFORMATION PAGE			
1.	<b>INSURED:</b> Columbia Housing Authority 201 Switzler Street Columbia, MO 65203		<b>PRODUCER: 1306-1</b> MHAPCI 173 Chesterfield Business Parkway Chesterfield, MO 63005
	FEDERAL ID NO.: 43-6014416		OTHER NAMED INSURED:
	RISK ID NO.: 240212889		OTHER LOCATIONS:
	INSURED'S LEGAL STATUS: Other		
2.	The policy period is from: <b>12/16/2013</b> to <b>12/16/2014</b> 12:01 A.M. standard time at the insured mailing address.		
3a.	<b>Workers Compensation Insurance:</b> Part One of the policy applies to the Workers Compensation Law of the states listed here: MO		
3b.	<b>Employers Liability Insurance:</b> Part Two of the policy applies to work in each state listed in item 3a. The limits of our liability under Part Two are:		
	Bodily Injury by Accident	\$ 1,000,000	each accident
	Bodily Injury by Disease	\$ 1,000,000	policy limit
	Bodily Injury by Disease	\$ 1,000,000	each employee
3c.	<b>Other States Insured:</b> Part Three of the policy applies to the states, if any, listed here: NONE		
3d.	This policy includes these endorsements and schedules: See WC 99 06 02		
4.	<i>The premium for this policy will be determined by our Manual of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.</i>		
	See Classification Schedule	Total Estimated Premium:	\$43,575.00
		Estimated Second Injury Fund Surcharge:	\$1,308.00
Expense Constant: \$240.00			
Minimum Premium: \$642.00		Total Estimated Premium and Surcharges:	\$44,883.00
Billing Payment Mode: Nine Installment - 25% Down			

**ISSUING OFFICE:**  
101 N. Keene St.  
Columbia, MO 65201

Countersigned By:

ISSUE DATE: 12/16/2013

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WC 00 00 01A (05/88)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

**CLASSIFICATION SCHEDULE**

**Insured: Columbia Housing Authority**

The policy period is from: **12/16/2013 to 12/16/2014**

The policy rating period is from: **12/16/2013 to 12/16/2014**

Classifications	Code No.	Premium Basis		
		Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	Estimated Annual Premium
<b>Location: 1 201 Switzler Street, Columbia MO 65203</b>				
Housing Authority & Clerical, Salespersons, Drivers	9033	2,255,140	2.77	62,467.00
Manual Premium				62,467.00
Increased Employers Liability 1.1%				687.00
Exp. Modifier 0.86				(\$8,842.00)
Modified Premium				54,312.00
Schedule Rating Credit/Debit -18%				(9,776.00)
Standard Premium				44,536.00
Premium Discount				(1,652.00)
Expense Constant				240.00
Terrorism Risk Act of 2007				451.00
<b>Total Estimated Premium</b>				<b>43,575.00</b>
Missouri SIF 3%				1,287.00
Missouri SIF Expense Constant 3%				7.00
Missouri SIF Terrorism 3%				14.00
<b>Total Premium and Missouri Second Injury</b>				<b>44,883.00</b>

**Billing Payment Mode:** Nine Installment - 25% Down

**ISSUE DATE:** 12/16/2013

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**Policy Number: MEM 1011301-08**

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company - Carrier #33413**

**INFORMATION PAGE**

Coverage is provided by Missouri Employers Mutual Insurance Company. The complete Home Office address and location for receipt of premium payment is:

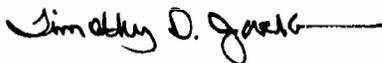
Missouri Employers Mutual Insurance Company  
101 N. Keene St.  
Columbia, MO 65201

By acceptance of this policy, the named insured becomes a member of the Company and shall be entitled to vote at all meetings of the members and, upon termination of this policy, shall participate in the distribution of dividends as fixed and determined by the directors in accordance with the law.

This policy is not assessable. Your liability as a policyholder and a member of the Company under this policy is limited to payment of premium.

The annual meeting will be held at the principle offices of the Corporation or at such other place within the State as the Board of Directors shall from time to time determine, on the first business day of July or as deemed by majority vote of the Board of Directors.

The Information Page and all the forms and endorsements listed on it and including with it complete this policy. Coverage under this policy is provided by the Company named in the Information Page (a Mutual Company). In witness whereof we have executed and attested this policy, but this policy is not valid unless it has been countersigned by our authorized representative.



Secretary



President and CEO



WC 99 06 02 (09/02)

Policy Number: MEM 1011301-08

Workers Compensation and Employers Liability Insurance Policy
Insurer: Missouri Employers Mutual Insurance Company

SCHEDULE OF ENDORSEMENTS

Insured: Columbia Housing Authority

Effective Date: 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Schedule of Endorsements:

Table with 2 columns: Code and Description. Includes entries like SCHRATING Schedule Rating, WC 00 00 01 A Information Page, WC 99 06 02 Schedule of Endorsements, etc.



WC 99 06 05 (09/02)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**INSTALLMENT SCHEDULE**

Insured: Columbia Housing Authority

Effective Date: 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Installment/ Endorsement No.	Installment* Amount	SIF* Surcharge	Total Amount*	Due Date
Down Payment	\$11,073.75	332.25	\$11,406.00	12/26/2013
Installment #1	\$4,062.67	121.98	\$4,194.65	02/05/2014
Installment #2	\$4,062.66	121.98	\$4,194.64	03/10/2014
Installment #3	\$4,062.66	121.97	\$4,194.63	04/07/2014
Installment #4	\$4,062.66	121.97	\$4,194.63	05/06/2014
Installment #5	\$4,062.65	121.97	\$4,194.62	06/05/2014
Installment #6	\$4,062.65	121.96	\$4,194.61	07/07/2014
Installment #7	\$4,062.65	121.96	\$4,194.61	08/05/2014
Installment #8	\$4,062.65	121.96	\$4,194.61	09/05/2014
Total	\$43,575.00	\$1,308.00	\$44,963.00	
	*A \$10 fee will be added to each installment - if applicable	*Second Injury Fund		

ISSUE DATE: 12/16/2013

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

In return for the payment of the premium and subject to all terms of this policy, we agree with you as follows:

**GENERAL SECTION**

**A. The Policy**

This policy includes at its effective date the Information Page and all endorsements and schedules listed there. It is a contract of insurance between you (the employer named in Item 1 of the Information Page) and us (the insurer named on the Information Page). The only agreements relating to this insurance are stated in this policy. The terms of this policy may not be changed or waived except by endorsement issued by us to be part of this policy.

**B. Who Is Insured**

You are insured if you are an employer named in Item 1 of the Information Page. If that employer is a partnership, and if you are one of its partners, you are insured, but only in your capacity as an employer of the partnership's employees.

**C. Workers Compensation Law**

Workers Compensation Law means the workers or workmen's compensation law and occupational disease law of each state or territory named in Item 3.A. of the Information Page. It includes any amendments to that law which are in effect during the policy period. It does not include any federal workers or workmen's compensation law, any federal occupational disease law or the provisions of any law that provide nonoccupational disability benefits.

**D. State**

State means any state of the United States of America, and the District of Columbia.

**E. Locations**

This policy covers all of your workplaces listed in Items 1 or 4 of the Information Page; and it covers all other workplaces in Item 3.A. states unless you have other insurance or are self-insured for such workplaces.

**PART ONE - WORKERS COMPENSATION INSURANCE**

**A. How This Insurance Applies**

This workers compensation insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. Bodily injury by accident must occur during the policy period.
2. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.

**B. We Will Pay**

We will pay promptly when due the benefits required of you by the workers compensation law.

**C. We Will Defend**

We have the right and duty to defend at our expense any claim, proceeding or suit against you for benefits payable by this insurance. We have the right to investigate and settle these claims, proceedings or suits.

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance.

**D. We Will Also Pay**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding or suit we defend:

1. reasonable expenses incurred at our request, but not loss of earnings;
2. premiums for bonds to release attachments and for appeal bonds in bond amounts up to the amount payable under this insurance;
3. litigation costs taxed against you;
4. interest on a judgment as required by law until we offer the amount due under this insurance;  
and
5. expenses we incur.

**E. Other Insurance**

We will not pay more than our share of benefits and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that may apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance will be equal until the loss is paid.

**F. Payments You Must Make**

You are responsible for any payments in excess of the benefits regularly provided by the workers compensation law including those required because:

1. of your serious and willful misconduct;
2. you knowingly employ an employee in violation of law;
3. you fail to comply with a health or safety law or regulation; or
4. you discharge, coerce or otherwise discriminate against any employee in violation of the workers compensation law.

If we make any payments in excess of the benefits regularly provided by the workers compensation law on your behalf, you will reimburse us promptly.

**G. Recovery From Others**

We have your rights, and the rights of persons entitled to the benefits of this insurance, to recover our payments from anyone liable for the injury. You will do everything necessary to protect those rights for us and to help us enforce them.

**H. Statutory Provisions**

These statements apply where they are required by law.

1. As between an injured worker and us, we have notice of the injury when you have notice.
2. Your default or the bankruptcy or insolvency of you or your estate will not relieve us of our duties under this insurance after an injury occurs.

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

3. We are directly and primarily liable to any person entitled to the benefits payable by this insurance. Those persons may enforce our duties; so may an agency authorized by law. Enforcement may be against us or against you and us.
4. Jurisdiction over you is jurisdiction over us for purposes of the workers compensation law. We are bound by decisions against you under that law, subject to the provisions of this policy that are not in conflict with that law.
5. This insurance conforms to the parts of the workers compensation law that apply to:
  - a. benefits payable by this insurance;
  - b. special taxes, payments into security or other special funds, and assessments payable by us under that law.
6. Terms of this insurance that conflict with the workers compensation law are changed by this statement to conform to that law.

Nothing in these paragraphs relieves you of your duties under this policy.

**PART TWO - EMPLOYERS LIABILITY INSURANCE**

**A. How This Insurance Applies**

This employers liability insurance applies to bodily injury by accident or bodily injury by disease. Bodily injury includes resulting death.

1. The bodily injury must arise out of and in the course of the injured employee's employment by you.
2. The employment must be necessary or incidental to your work in a state or territory listed in Item 3.A. of the Information Page.
3. Bodily injury by accident must occur during the policy period.
4. Bodily injury by disease must be caused or aggravated by the conditions of your employment. The employee's last day of last exposure to the conditions causing or aggravating such bodily injury by disease must occur during the policy period.
5. If you are sued, the original suit and any related legal actions for damages for bodily injury by accident or by disease must be brought in the United States of America, its territories or possessions, or Canada.

**B. We Will Pay**

We will pay all sums that you legally must pay as damages because of bodily injury to your employees, provided the bodily injury is covered by this Employers Liability Insurance.

The damages we will pay, where recovery is permitted by law, include damages:

1. For which you are liable to a third party by reason of a claim or suit against you by that third party to recover the damages claimed against such third party as a result of injury to your employee;
2. For care and loss of services; and
3. For consequential bodily injury to a spouse, child, parent, brother or sister of the injured employee; provided that these damages are the direct consequence of bodily injury that arises out of and in the course of the injured employee's employment by you; and

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

4. Because of bodily injury to your employee that arises out of and in the course of employment, claimed against you in a capacity other than as employer.

**C. Exclusions**

This insurance does not cover:

1. Liability assumed under a contract. This exclusion does not apply to a warranty that your work will be done in a workmanlike manner;
2. Punitive or exemplary damages because of bodily injury to an employee employed in violation of law;
3. Bodily injury to an employee while employed in violation of law with your actual knowledge or the actual knowledge of any of your executive officers;
4. Any obligation imposed by a workers compensation, occupational disease, unemployment compensation, or disability benefits law, or any similar law;
5. Bodily injury intentionally caused or aggravated by you;.
6. Bodily injury occurring outside the United States of America, its territories or possessions, and Canada. This exclusion does not apply to bodily injury to a citizen or resident of the United States of America or Canada who is temporarily outside these countries;
7. Damages arising out of coercion, criticism, demotion, evaluation, reassignment, discipline, defamation, harassment, humiliation, discrimination against or termination of any employee, or any personnel practices, policies, acts or omissions;
8. Bodily injury to any person in work subject to the Longshore and Harbor Workers' Compensation Act (33 USC Sections 901-950), the Non-appropriated Fund Instrumentalities Act (5 USC Sections 8171-8173), the Outer Continental Shelf Lands Act (43 USC Sections 1331-1356a), the Defense Base Act (42 USC Sections 1651-1654), the Federal Coal Mine Safety and Health Act (30 USC Sections 801-945), any other federal workers or workmen's compensation law or other federal occupational disease law, or any amendments to these laws;
9. Bodily injury to any person in work subject to the Federal Employers' Liability Act (45 USC Sections 51-60), any other federal laws obligating an employer to pay damages to an employee due to bodily injury arising out of or in the course of employment, or any amendments to those laws;
10. Bodily injury to a master or member of the crew of any vessel;
11. Fines or penalties imposed for violation of federal or state law; and
12. Damages payable under the Migrant and Seasonal Agricultural Worker Protection Act (29 USC Sections 1801-1872) and under any other federal law awarding damages for violation of those laws or regulations issued there under, and any amendments to those laws.

**D. We Will Defend**

We have the right and duty to defend, at our expense, any claim, proceeding or suit against you for damages payable by this insurance. We have the right to investigate and settle these claims, proceedings and suits.

We have no duty to defend a claim, proceeding or suit that is not covered by this insurance. We have no duty to defend or continue defending after we have paid our applicable limit of liability under this insurance.

**E. We Will Also Pay**

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

We will also pay these costs, in addition to other amounts payable under this insurance, as part of any claim, proceeding, or suit we defend:

1. Reasonable expenses incurred at our request, but not loss of earnings;
2. Premiums for bonds to release attachments and for appeal bonds in bond amounts up to the limit of our liability under this insurance;
3. Litigation costs taxed against you;
4. Interest on a judgment as required by law until we offer the amount due under this insurance; and
5. Expenses we incur.

**F. Other Insurance**

We will not pay more than our share of damages and costs covered by this insurance and other insurance or self-insurance. Subject to any limits of liability that apply, all shares will be equal until the loss is paid. If any insurance or self-insurance is exhausted, the shares of all remaining insurance and self-insurance will be equal until the loss is paid.

**G. Limits of Liability**

Our liability to pay for damages is limited. Our limits of liability are shown in Item 3.B. of the Information Page. They apply as explained below.

1. **Bodily Injury by Accident.** The limit shown for "bodily injury by accident-each accident" is the most we will pay for all damages covered by this insurance because of bodily injury to one or more employees in any one accident.

A disease is not bodily injury by accident unless it results directly from bodily injury by accident.

2. **Bodily Injury by Disease.** The limit shown for "bodily injury by disease-policy limit" is the most we will pay for all damages covered by this insurance and arising out of bodily injury by disease, regardless of the number of employees who sustain bodily injury by disease. The limit shown for "bodily injury by disease-each employee" is the most we will pay for all damages because of bodily injury by disease to any one employee.

Bodily injury by disease does not include disease that results directly from a bodily injury by accident.

3. We will not pay any claims for damages after we have paid the applicable limit of our liability under this insurance.

**H. Recovery From Others**

We have your rights to recover our payment from anyone liable for an injury covered by this insurance. You will do everything necessary to protect those rights for us and to help us enforce them.

**I. Actions Against Us**

There will be no right of action against us under this insurance unless:

1. You have complied with all the terms of this policy; and
2. The amount you owe has been determined with our consent or by actual trial and final judgment.

This insurance does not give anyone the right to add us as a defendant in an action against you to determine your liability. The bankruptcy or insolvency of you or your estate will not relieve us of our obligations under this Part.

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**PART THREE - OTHER STATES INSURANCE**

**A. How This Insurance Applies**

1. This other states insurance applies only if one or more states are shown in Item 3.C. of the Information Page.
2. If you begin work in any one of those states after the effective date of this policy and are not insured or are not self-insured for such work, all provisions of the policy will apply as though that state were listed in Item 3.A. of the Information Page.
3. We will reimburse you for the benefits required by the workers compensation law of that state if we are not permitted to pay the benefits directly to persons entitled to them.
4. If you have work on the effective date of this policy in any state not listed in Item 3.A. of the Information Page, coverage will not be afforded for that state unless we are notified within thirty days.

**B. Notice**

Tell us at once if you begin work in any state listed in Item 3.C. of the Information Page.

**PART FOUR - YOUR DUTIES IF INJURY OCCURS**

Tell us at once if injury occurs that may be covered by this policy. Your other duties are listed here.

1. Provide for immediate medical and other services required by the workers compensation law.
2. Give us or our agent the names and addresses of the injured persons and of witnesses, and other information we may need.
3. Promptly give us all notices, demands and legal papers related to the injury, claim, proceeding or suit.
4. Cooperate with us and assist us, as we may request, in the investigation, settlement or defense of any claim, proceeding or suit.
5. Do nothing after an injury occurs that would interfere with our right to recover from others.
6. Do not voluntarily make payments, assume obligations or incur expenses, except at your own cost.

**PART FIVE - PREMIUM**

**A. Our Manuals**

All premium for this policy will be determined by our manuals of rules, rates, rating plans and classifications. We may change our manuals and apply the changes to this policy if authorized by law or a governmental agency regulating this insurance.

**B. Classifications**

Item 4 of the Information Page shows the rate and premium basis for certain business or work classifications. These classifications were assigned based on an estimate of the exposures you would have during the policy period. If your actual exposures are not properly described by those classifications, we will assign proper classifications, rates and premium basis by endorsement to this policy.

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**C. Remuneration**

Premium for each work classification is determined by multiplying a rate times a premium basis. Remuneration is the most common premium basis. This premium basis includes payroll and all other remuneration paid or payable during the policy period for the services of:

1. all your officers and employees engaged in work covered by this policy; and
2. all other persons engaged in work that could make us liable under Part One (Workers Compensation Insurance) of this policy. If you do not have payroll records for these persons, the contract price for their services and materials may be used as the premium basis. This paragraph 2 will not apply if you give us proof that the employers of these persons lawfully secured their workers compensation obligations.

**D. Premium Payments**

1. You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid.

**E. Final Premium**

The premium shown on the Information Page, schedules, and endorsements is an estimate. The final premium will be determined after this policy ends by using the actual, not the estimated, premium basis and the proper classifications and rates that lawfully apply to the business and work covered by this policy. If the final premium is more than the premium you paid to us, you must pay us the balance. If it is less, we will refund the balance to you. The final premium will not be less than the highest minimum premium for the classifications covered by this policy.

If this policy is canceled, final premium will be determined in the follow way unless our manuals provide otherwise:

1. If we cancel, final premium will be calculated pro rata based on the time this policy was in force. Final premium will not be less than the pro rata share of the minimum premium.
2. If you cancel, final premium will be more than pro rata; it will be based on the time this policy was in force, and increased by our short-rate cancelation table and procedure. Final premium will not be less than the minimum premium.

**F. Records**

You will keep records of information needed to compute premium. You will provide us with copies of those records when we ask for them.

**G. Audit**

You will let us examine and audit all your records that relate to this policy. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. We may conduct the audits during regular business hours during the policy period and within three years after the policy period ends. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE POLICY**

**PART SIX - CONDITIONS**

**A. Inspection**

We have the right, but are not obliged to inspect your workplaces at any time. Our inspections are not safety inspections. They relate only to the insurability of the workplaces and the premiums to be charged. We may give you reports on the conditions we find. We may also recommend changes. While they may help reduce losses, we do not undertake to perform the duty of any person to provide for the health or safety of your employees or the public. We do not warrant that your workplaces are safe or healthful or that they comply with laws, regulations, codes or standards. Insurance rate service organizations have the same rights we have under this provision.

**B. Long Term Policy**

If the policy period is longer than one year and sixteen days, all provisions of this policy will apply as though a new policy were issued on each annual anniversary that this policy is in force.

**C. Transfer of Your Rights and Duties**

Your rights or duties under this policy may not be transferred without our written consent.

If you die and we receive notice within thirty days after your death, we will cover your legal representative as insured.

**D. Cancellation**

1. You may cancel this policy. You must mail or deliver advance written notice to us stating when the cancellation is to take effect.
2. We may cancel this policy. We must mail or deliver to you not less than ten days advance written notice stating when the cancellation is to take effect. Mailing that notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The policy period will end on the day and hour stated in the cancellation notice.
4. Any of these provisions that conflict with a law that controls the cancellation of the insurance in this policy is changed by this statement to comply with the law.

**E. Sole Representative**

The insured first named in Item 1 of the Information Page will act on behalf of all insureds to change this policy, receive return premium, and give or receive notice of cancellation.



WC 00 04 02 (04/84)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**ANNIVERSARY RATING DATE ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

The premium and rates for this policy, and the experience rating modification factor, if any, may change on your anniversary rating date shown in the Schedule.

**Schedule**

Anniversary Rating Date    12 (Month)    16 (Day)

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 00 04 03 (04/84)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**EXPERIENCE RATING MODIFICATION FACTOR ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

The premium for the policy will be adjusted by an experience rating modification factor. The factor was not available when the policy was issued. The factor, if any, shown on the Information Page is an estimate. We will issue an endorsement to show the proper factor, if different from the factor shown, when it is calculated.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 00 04 06 A (07/95)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**PREMIUM DISCOUNT ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

The premium for this policy and the policies, if any, listed in Item 3 of the Schedule may be eligible for a discount. This endorsement shows your estimated discount in Items 1 or 2 of the Schedule. The final calculation of premium discount will be determined by our manuals and your premium basis as determined by audit. Premium subject to retrospective rating is not subject to premium discount.

**Schedule**

1. State

Estimated Eligible Premium

	First	Next	Next	Next	Next	Next
Missouri	\$10,000	\$15,000	\$25,000	\$25,000	\$25,000	\$100,000
	0.0%	4.5%	5.0%	7.0%	8.5%	9.5%

2. Average percentage discount:

3. Other policies:

4. If there are no entries in Items 1, 2 and 3 of the Schedule, see the Premium Discount Endorsement attached to your policy number:

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 00 04 14 (07/90)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**NOTIFICATION OF CHANGE IN OWNERSHIP ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Experience rating is mandatory for all eligible insureds. The experience rating modification factor, if any, applicable to this policy, may change if there is a change in your ownership or in that of one or more of the entities eligible to be combined with you for experience rating purposes. Change in ownership includes sales, purchases, other transfers, mergers, consolidations, dissolutions, formations of a new entity and other changes provided for in the applicable experience rating plan manual.

You must report any change in ownership to us in writing within 90 days of such change. Failure to report such changes within this period may result in revision of the experience rating modification factor used to determine your premium.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 00 04 19 (01/01)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**PREMIUM DUE DATE ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement is used to amend:

Section D. of Part Five of the policy is replaced by this provision.

**PART FIVE PREMIUM**

D. **Premium** is amended to read:

You will pay all premium when due. You will pay the premium even if part or all of a workers compensation law is not valid. **The due date for audit and retrospective premiums is the date of billing.**

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement**

Insured: Columbia Housing Authority

Effective Date: 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement addresses the requirements of the Terrorism Risk Insurance Act of 2002 as amended and extended by the Terrorism Risk Insurance Program Reauthorization Act of 2007. It serves to notify you of certain limitations under the Act, and that your insurance carrier is charging premium for losses that may occur in the event of an Act of Terrorism.

Your policy provides coverage for workers compensation losses caused by Acts of Terrorism, including workers compensation benefit obligations dictated by state law. Coverage for such losses is still subject to all terms, definitions, exclusions, and conditions in your policy, and any applicable federal and/or state laws, rules, or regulations.

**Definitions**

The definitions provided in this endorsement are based on and have the same meaning as the definitions in the Act. If words or phrases not defined in this endorsement are defined in the Act, the definitions in the Act will apply.

"Act" means the Terrorism Risk Insurance Act of 2002, which took effect on November 26, 2002, and any amendments thereto resulting from the Terrorism Risk Insurance Program Reauthorization Act of 2007.

"Act of Terrorism" means any act that is certified by the Secretary of the Treasury, in concurrence with the Secretary of State, and the Attorney General of the United States as meeting all of the following requirements:

- a. The act is an act of terrorism.
- b. The act is violent or dangerous to human life, property, or infrastructure.
- c. The act resulted in damage within the United States, or outside of the United States in the case of the premises of United States missions or certain air carriers or vessels.
- d. The act has been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

"Insured Loss" means any loss resulting from an act of terrorism (and, except for Pennsylvania, including an act of war, in the case of workers compensation) that is covered by primary or excess property and casualty insurance issued by an insurer if the loss occurs in the United States or at the premises of United States missions or to certain air carriers or vessels.

"Insured Deductible" means, for the period beginning on January 1, 2008, and ending on December 31, 2014, an amount equal to 20% of our direct earned premiums, over the calendar year immediately preceding the applicable Program Year.

"Program Year" refers to each calendar year between January 1, 2008 and December 31, 2014, as applicable.

**Limitation of Liability**

The Act limits our liability to you under this policy. If aggregate Insured Losses exceed \$100,000,000,000 in a Program Year and if we have met our Insurer Deductible, we are not liable for the payment of any portion of the amount of Insured Losses that exceeds \$100,000,000,000; and for aggregate Insured Losses up to \$100,000,000,000, we will pay only a pro rata share of such Insured Losses as determined by the Secretary of the Treasury.



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Policyholder Disclosure Notice**

1. Insured Losses would be partially reimbursed by the United States Government. If the aggregate industry Insured Losses exceed \$100,000,000 in a Program Year, the United States Government would pay 85% of our Insured Losses that exceed our Insurer Deductible.
2. Notwithstanding item 1 above, the United States Government will not make any payment under the Act for any portion of Insured Losses that exceed \$100,000,000,000.
3. The premium charge for the coverage your policy provides for Insured Losses is included in the amount shown in Item 4 of the Information Page or in the Schedule below.

**Schedule**

<u>State</u>	<u>Rate per \$100 of Remuneration</u>	<u>Premium</u>
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This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 24 04 06 C (08/05)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI EMPLOYER PAID MEDICAL ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

As a Missouri employer, you have the right, as provided by Section 287.957 of the Revised Statutes of Missouri, to have medical-only claims that do not exceed \$1,000 excluded from your experience modification calculation. This will only be allowed when you pay all of the employee's medical costs, there is no lost time from the employment, other than the first three days or less of disability and no claim is filed. You still must report all injuries, regardless of the dollar amount, to the Division of Workers' Compensation and to us.

However, it should be noted that if, at any time, the medical expenses that are paid "out-of-pocket" due to a particular injury should ever exceed \$1,000 in the aggregate, and/or the employee misses more than three days from work due to the injury, then this injury must be reported to us as a claim. We will pay the full amount of the claim, which includes any reimbursements due to you for past medical expenses incurred by you for this particular claim. As a result, the total amount of losses incurred by us due to this claim will be included in your experience modification calculation.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI CANCELTION AND NONRENEWAL ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

The **Cancellation** Condition of the policy is replaced by the following:

**Cancellation**

1. You may cancel this policy. You will mail or deliver advance written notice to us, stating when the cancellation is to take effect.
2. We may cancel this policy. We will mail or deliver to you not less than 60 days advance written notice stating when the cancellation is to take effect and our reason for the cancellation. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
3. The 60-day notice requirement does not apply where cancellation is based on one or more of the following reasons:
  - a. nonpayment of premium;
  - b. fraud or material misrepresentation affecting the policy or in the presentation of a claim under the policy;
  - c. a violation of policy terms;
  - d. changes in conditions after the effective date of the policy materially increasing the hazards originally insured;
  - e. our insolvency;
  - f. our involuntary loss of reinsurance for the policy.
4. The policy period will end on the day and hour stated in the cancellation notice.

**Nonrenewal**

1. We may elect not to renew the policy. We will mail to you not less than 60 days advance written notice stating when the nonrenewal will take effect and our reason for nonrenewal. Proof of mailing of this notice to you at your mailing address shown in Item 1 of the Information Page will be sufficient to prove notice.
2. If we fail to provide notice of nonrenewal as required, the policy will still terminate on its expiration date if:
  - a. we show you our willingness to renew the policy but you notify us or the agent or broker who procured this policy that you do not want the policy renewed; or
  - b. you fail to pay all premiums when due; or
  - c. you obtain other insurance as a replacement of the policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 24 06 02 B (07/06)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI PROPERTY AND CASUALTY GUARANTY  
ASSOCIATION NOTIFICATION ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page.

**Missouri Property and Casualty Insurance Guaranty Association Coverage Limits:**

1. Subject to the provisions of the Missouri Property and Casualty Insurance Guaranty Association Act (Act), if we are a member of the Missouri Property and Casualty Insurance Guaranty Association (Association), the Association will pay claims covered under the Act if we become insolvent.
2. The Act contains various exclusions, conditions and limitations that govern a claimant's eligibility to collect payment from the Association and affect the amount of any payment. The following limitation applies subject to all other provisions of the Act:
  - a. Claims covered by the Association do not include a claim by or against an insolvent insurer if the insured has a net worth of more than \$25 million on the later of the end of the insured's most recent fiscal year or the December thirty-first of the year next preceding the date the insurer becomes an insolvent insurer; provided that an insured's net worth on such date shall be deemed to include the aggregate net worth of the insured and all of its affiliates as calculated on a consolidated basis.

If the insured prepares an annual report to shareholders, or an annual report to management reflecting net worth, then such report for the fiscal year immediately preceding the date of insolvency of the insurer will be used to determine net worth.

However, the association will not:

- (1) Pay an amount in excess of the applicable limit of insurance of the policy from which a claim arises; or
- (2) Return to an insured any unearned premium in excess of \$25,000.

These limitations have no effect on the coverage we will provide under this policy.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**MISSOURI AMENDATORY ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

This endorsement applies only to the insurance provided by the policy because Missouri is shown in Item 3.A. of the Information Page

Section G., **Audit**, of Part Five (Premium) of the policy is replaced by the following:

**G. Audit**

You will let us examine and audit all your records that relate to this policy during regular business hours during and after the policy period ends. These records include ledgers, journals, registers, vouchers, contracts, tax reports, payroll and disbursement records, and programs for storing and retrieving data. Information developed by audit will be used to determine final premium. Insurance rate service organizations have the same rights we have under this provision.

Audits shall be completed, billed, and premiums returned within 120 days of policy expiration or cancellation. This standard of 120 days shall not be applicable if:

1. A delay is caused by your failure to respond to reasonable audit requests provided that the requests are timely and adequately documented; or
2. A delay is by the mutual agreement of you and us provided that the agreement is adequately documented.

If you or we have any objection to the results of any audit, you or we shall have up to three years from the date of expiration or cancellation of this policy in which to send a written notice demanding a reconsideration of the audit. The written notice shall be based upon sufficiently clear and specific facts as to why the audit should be reconsidered.

If you do not allow us to examine and audit all of your records that relate to this policy or do not provide audit information as reasonably requested, we may apply an Audit Noncompliance Charge equal to estimated annual premium.

If you allow us to examine and audit all of your records after we have applied an Audit Noncompliance Charge, your premium will be revised accordingly.

Failure to cooperate with this policy provision may also result in the cancellation of your insurance coverage, as specified under the policy and allowed under Missouri law.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.



WC 89 04 06 (07/87)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**EXPERIENCE MODIFICATION ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

**Experience Modification is changed to read:**

12/16/2013 to 12/16/2014 - 0.86

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 99 03 01 (09/02)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**LIMITED COVERAGE FOR TEMPORARY AND INCIDENTAL OPERATIONS IN OTHER STATES**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

"PART THREE-OTHER STATES INSURANCE" of the policy is replaced by the following:

**A. How this insurance applies:**

1. We will pay promptly, when due, the benefits required of you by the workers compensation law of any state other than Missouri, but only if the claim for such benefits involves work performed by a Missouri employee.
2. If we are not permitted to pay the benefits directly to persons entitled to them under circumstances described in Item 1. above, we will reimburse you for the benefits required to be paid.

**B. This insurance does not apply to:**

1. Any employee unless the contract of employment was made in Missouri, or the employment was principally localized in Missouri.
2. Any person claiming benefits under the workers compensation law of any state that requires you to obtain coverage in such state before you begin work in such state; or
3. Any person claiming benefits in a state for which you have workers compensation coverage; or
4. Your operations in any state other than Missouri, unless these operations are of a temporary and incidental nature, and are performed by a Missouri employee; or
5. Fines or penalties arising out of your failure to comply with the requirements of the workers compensation law.

**IMPORTANT NOTICE**

If you hire any employees outside of Missouri or begin operations in any state other than Missouri, you must obtain insurance coverage in that state and do whatever else may be required under that state's law, as this endorsement does not satisfy the requirements of that state's workers compensation law. Missouri Employers Mutual Insurance Company cannot provide coverage that is required under any state's laws other than Missouri.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 99 06 01A (01/03)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy**  
**Insurer: Missouri Employers Mutual Insurance Company**

**SECOND INJURY FUND SURCHARGE**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

In addition to the premium charged by Missouri Employers Mutual Insurance, the Missouri Division of Workers' Compensation has made the policy subject to a surcharge. The surcharge will finance the Second Injury Fund.

The amount of the surcharge will be shown on the Policy Information Page and collected from you at the same time that we collect your premium. We will then remit the amount due to the State of Missouri. Any adjustments to your premium will require an adjustment to the surcharge.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**ISSUE DATE:** 12/16/2013



WC 99 06 08 (09/02)

Policy Number: MEM 1011301-08

**Workers Compensation and Employers Liability Insurance Policy  
Insurer: Missouri Employers Mutual Insurance Company**

**PAYMENT PLAN ENDORSEMENT**

**Insured:** Columbia Housing Authority

**Effective Date:** 12/16/2013

The policy period is from: 12/16/2013 to: 12/16/2014

Please check your Policy Information Page to see the basis upon which your policy was issued, in order to determine which of the following apply:

**Annual Payment:**

The premium for this policy is payable in whole before the policy's effective date. This premium is based on the estimates shown on your Policy Information Page. Final premium for each annual period of this policy is subject to audit by Missouri Employers Mutual.

**EZ-Pay:**

The premium for this policy will be calculated weekly, bi-weekly, twice monthly or monthly based on the EZ-Pay plan indicated on your Policy Information Page. The approved premium reporting form must be filled out and returned with the premium payment from the approved payroll service company to Missouri Employers Mutual. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit by MEM. Premium reports received by MEM are subject to review.

**Installment Payments:**

The premium for this policy is based on the estimates shown on your Policy Information Page and will be divided into installments according to the plan shown there. Premium is due on or before the date shown on the installment billing statement. If premium is not received by the due date on the installment billing, your policy will be canceled. Any unpaid premium balance will be billed to you. Any remaining funds will be returned to you, subject to final audit by MEM.

**Monthly Premium Reporting:**

The premium for this policy will be calculated on a monthly basis. At the end of each month, you will receive a premium reporting form, which must be filled out and returned with the premium payment to Missouri Employers Mutual. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit by MEM. Premium reports received by MEM are subject to review.

**Quarterly Premium Reporting:**

The premium for this policy will be calculated on a quarterly basis. At the end of each calendar quarter, you will receive a premium reporting form, which must be filled out and returned with the premium payment to Missouri Employers Mutual. Premium is due upon receipt of the premium reporting form. If the report and premium are not received by the due date indicated on the form, your policy will be canceled. In the event of cancellation, the security deposit will be applied to any unpaid premium balance. Any remaining unpaid premium will be billed to you. Any remaining funds will be returned to you, subject to the final audit by MEM. Premium reports received by MEM are subject to review.

**ISSUE DATE:** 12/16/2013

## **YOUTH INTERVIEW (if possible, without the parent present)**

***Talk to the child about what to expect from the interview, especially if the child is young and may not understand what it means to be interviewed. In that explanation, be sure to share expectations around mandatory reporting of abuse if disclosed. Here is a sample script:***

*“Today, I’m going to ask you a lot of questions – about things such as school, your family, and yourself. These questions will help me get to know you, which will then help me find the best Big for you. I will also ask you some questions about what you want and what you expect from having a Big. Some of these questions might be hard for you to answer – that’s okay, just do your best to answer. If you want to skip and come back to a question, just say, “Skip.” We are also going to talk some about safety, using this book which I am going to give you to keep when we are done. I hope you will share this book with your parent later too. Before we get started, I wanted to tell you a few things. As we talk, I am going to write, so I am sure not to forget anything you have shared with me as I look for you a Big Brother or Big Sister. I am not going to let a Big or your parent read your answers, but I will share some of your answers, especially with the Big before they meet you to help them understand a little bit about who you are and what you like. Also, I wanted to let you know that if you share any information with me about you or someone else being hurt or unsafe, I may have to share that information with certain people, like the police or other social workers whose job it is to help children that are being hurt. I do that because I care about the safety and well-being of all children, including you. Do you understand? Do you have any questions before we get started?”*

1. What has your guardian/parent told you about Big Brothers Big Sisters?
2. Why do you think your guardian/parent wants you to have a BB or BS?
3. Do you want a Big? Why? Why not?
4. *For Teens or others that you are trying to assess their interest in the program:*
  - a. We ask for at least a year commitment from you and the Big. What do you think about that?
  - b. What do you hope to learn or gain from having a Big?
  - c. If you had plans with your Big Brother/Sister and a friend invited you to do something fun at the same time, what would you chose? How would you decide?
5. What do you think is going to be the best part about having a Big Brother or Big Sister?
6. What would you want me to tell them about you?
7. What might you want to know about them?
8. What should we tell them about your family?
  - a. Who makes up your family? Who lives in your home?
  - b. What are some activities you like to do with your family?
9. How do you usually spend your time with your friends?
10. If you could do anything you wanted with your time, what would you do?
11. What is something that is hard for you to do that you need help with sometimes?
12. If you could be good at one thing, what would it be?
13. What do you want to be when you are older or grow up?

14. What is the best thing that has ever happened to you? What is the worst?
15. If you could change one thing in your life, what would that be?
16. Do you like school? Why or why not?
  - a. What is your favorite and least favorite subject at school?
  - b. Who has been your favorite teacher? What did you like about that person?
  - c. Do you think school is important? Why or why not?
17. What is something that makes you special or unique?
18. Tell me about the kind of person you think would be the best Big for you?
19. Is there anything you would like to talk about with a Big?
20. What would you want to do with a BB or BS?
  - a. *Do you have any fears of any activities, animals or places? Anything you wouldn't want to do with your BB or BS?*
21. Are there any questions that you want to ask about having a Big Brother or Big Sister?

### **SAFETY**

***Follow BBBSA child safety materials, "Talking with Grown Ups" or "Personal Safety Awareness for Teens", or your agency's child safety materials, as a discussion guide to cover the material with the child and ensure that she/he understands the content. Document the child's answers in the booklet and on this form. Please note the following:***

1. *Any areas of safety in which the child seemed most familiar and knowledgeable:*
2. *Any questions the child had about the materials:*
3. *Any areas of the material with which the child seemed unfamiliar:*
4. *Any disclosures of abuse or trauma made by the child during this discussion or in any part of the interview:*

***Next, have the child complete the child autobiography exercise titled, "In My Own Words". Depending on age and ability, youth can fill in on their own or verbally fill in the blanks as staff asks and records response. If the child fills it out independently, be sure to read and explore any responses as needed.***

### **AREAS OF FOCUS**

***Conclude by talking to the parent (and child, if appropriate) about a few "areas of focus" for the child. Use what you learned in the interview to help you work with the parent and child to come up with a few areas, like self-esteem, social skills, etc.***

*Make certain to ask the parent and child if they have any other questions before you leave. Explain next steps and provide a number at which you can be reached should they have additional questions.*

## **In My Own Words**

*Fill in the blank with the answer that best represents you. It doesn't have to be one word – it can be as long or as short as you want.*

1. I am proud of \_\_\_\_\_
2. Today I feel \_\_\_\_\_
3. My biggest trouble is \_\_\_\_\_
4. The best thing about me is \_\_\_\_\_
5. I wish my family \_\_\_\_\_
6. Sometimes I worry about \_\_\_\_\_
7. I am happy when \_\_\_\_\_
8. I am sad when \_\_\_\_\_
9. I hope \_\_\_\_\_
10. I hope I never \_\_\_\_\_
11. The most important person to me is \_\_\_\_\_
12. I don't like it when people \_\_\_\_\_
13. I laugh when \_\_\_\_\_
14. I want to learn to \_\_\_\_\_
15. My friends would say I am \_\_\_\_\_

Is there anything else that I haven't asked you today that you wanted to share? Anything else you want a Big to know about you? Feel free to write anything else you want to share in the space below or on the back of this paper.

Consumer Name: SAMPLE COPY  
DLA20 copyrighted to require training

Consumer ID: Contact  
Willa.Presmanes@mtmservices.org

## Daily Living Activities (DLA-20©): Youth Mental Health (Ages 6-18)

© W.S.Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

**Instructions:** Using the scale below, rate how often or how well the youth independently performed (or assisted as age-appropriate) each of the 20 Activities of

Daily Living (ADLs) during the last 30 days. If the youth's level of functioning varied, rate the lowest possible score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no appropriate school or housing available"). A score of 5 to 7 indicates functioning "within normal limits" (WNL) for that activity. Enter N/A if the activity was not assessed. Do not rate more than 5 items N/A. Columns allow for 5 re-assessments.

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)				
None of the time; Restricted in DLA; Pervasive, continuous intervention required-ADL is Dysfunctional, Disabling impairment	Almost never; Concern for danger to self/other or Not functional for age group in gen.pop.; Severe Impairments	Occasionally; Functioning may depend on continuous prompts/structure or support; Substantial	Some of the time; marginal independence Low level of moderate support; Serious Impairment	A good bit of time; Independent with age-appropriate expected supports; Minimal <u>problems</u> in school, socially, job.	Most of the time; Independent with intermittent support or follow-up; <u>Periodic transient concerns</u>	All of the time; Optimal strength & independent asset; <u>no problem or concerns in selected ADL</u>				
ACTIVITIES	Examples of age-appropriate strengths in WNL behaviors (Scores 5-7)					Initial	Date2	Date3	Date4	Date5
1. Health Practices	Assist or manage adequate weight, moods, outdoor exercise, aches and pains; take medications or over the counter drugs only with adult supervision.									
2. Housing Stability & Maintenance	Housing is stable and youth contributes to stability in the home (age-appropriate); respect others & property, share in chores, involve caretakers in school-related projects, grades									
3. Communication	Greet adults; listens, expresses feelings, anger, opinions effectively									
4. Safety	Play it safe? Avoid guns, knives, matches, dangerous people or places where there is a likely trouble or abuse potential; if driving, has safe record									
5. Managing Time	Assist or manage time for promptly, regularly attending school & work (age appropriate); routinely completes tasks, sleep and wakeup and mealtime on regular basis?									
6. Managing Money	Reliably handles or manage monetary allowance: abstains from overspending personal limits, betting, stealing and borrowing?									
7. Nutrition	Eat at least 2 basically nutritious meals with caretakers; eat healthy snacks that reasonably limit sugar and caffeine?									
8. Problem Solving	Understand presenting problems, reasons for seeking services; focus on possible solutions for age-appropriate time periods; assist or manage difficult situations?									
9. Family Relationships	Feel close to at least one other person at home; get along with family or caretakers, feel loved?									
10. Alcohol/ Drug Use	Abstain from smoking cigarettes, drinking alcohol, doing drugs or inhalants or any kind; avoid high risk drinking situations & people who do drugs?									
11. Leisure	Enjoy 2 or more fun & relaxing activities: musical instruments, music, watching or playing sports, reading, computer or board games, cards, artistic hobbies, movies, TV?									
12. Community Resources	Use community activities, resources such as after-school sponsored tutoring, clubs, sports, scouts, YM/YWCA, library, church, dances?									
13. Social Network	Make, keep same-age friends; avoid bullying, gangs, cults, antisocial groups?									
14. Sexuality	Reports sexually responsible behaviors with girls, boys (and age-appropriate)? Educated and avoids sexual activities, infections, pregnancy?									
15. Productivity	Feel good about performance at school, consider grades to be good, complete school projects without undue difficulty. Have vocational goals?									
16. Coping Skills	Accept adult correction without undue arguing, temper outburst; tolerate frustration.									
17. Behavior Norms	Control threatening or physical expression of anger, violent behavior, either to self or others, to property. Law abiding, responsible with school, community rules, driving car.									
18. Personal Care, Hygiene	Help or manage general cleanliness: daily bath, shower, brush teeth									
19. Grooming	Assist or manage general appearance: hair, shave, comply with school rule									
20. Dress	Assist or responsibly care for clean clothes, comply with school dress code									

**Scoring Instructions:** If all 20 DLAs are rated, sum column and take 1/2 for estimated CGAS or

Step 1. Add scores from applicable column.

Step 2. Divide sum by number of activities actually rated. This is the average DLA score.

Step 3. To estimate CGAS, multiply the average DLA score by 10. Compare to Axis V and Lower GAF if consumer is symptomatic.

Step 4. +/- Change Score: subtract initial average DLA score (R1) from most recent rating (R2-R5).

Sum 1-20					
Average DLA					
DLA=Est. CGAS					
Change Score					

Consumer Name:
Consumer ID:

**Children’s Global Assessment Scale  
(Axis 5, DSMIV-TR) CGAS**

**DLA (est. CGAS+3 pts) correlates with CGAS. Rate the lowest possible score!** Code global functioning from superior (99) to grossly impaired (1) as described below. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations such as “no appropriate school,” “no job,” “no wheelchair,” etc.

**1 – 10 Needs constant supervision (24 hr care) to prevent hurting self or others:**

Severely aggressive or self-destructive behavior, or gross impairment in reality.

**11 – 20 Some danger - Needs considerable supervision:**

Frequently violent, repeated suicide attempts, or failure to maintain personal hygiene as age appropriate, or gross impairment in all forms of communication.

**21 – 30 Inability to function in almost all areas:**

Multiple, debilitating symptoms; serious impairment in communication (sometimes incoherent or inappropriate).

**31 – 40 Major impairment in several functional areas (2+):**

Disturbed at home, school, with peers or in society at large – persistent aggression, markedly withdrawn and isolated behavior due to mood, thought disturbance, suicide attempts with clear lethal intent; often requires special schooling/hospitalization.

**41 – 50 Serious symptoms/serious functional impairments:**

Symptoms/impairments interfere in most social functioning or severe impairment of functioning in one: suicidal preoccupations, ruminations, school refusal and anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive, antisocial behavior.

**For short-term Outpatient Counseling or D/C planning, consider 51-70**

**51-60 Variable functioning with sporadic difficulties or symptoms:**

Symptoms/difficulties in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time, but not otherwise.

**61 – 70 Some difficulty in single areas but otherwise functioning optimally:**

Sporadic, isolated antisocial acts, playing hooky, petty theft; consistent minor difficulties with school work; mood changes of brief duration, fears and anxieties which do not lead to gross avoidance behavior; self-doubts; has some interpersonal relationships.

**Optimal functioning – 71-90**

**71 – 80 No more than slight impairment in functioning at home, school, or with peers:**

Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, death), but these are brief and transient.

**81 – 90 Good functioning in all areas:**

Safe and Secure in family, school and with peers; transient difficulties occasionally get out of hand (e.g., mild anxiety or occasional blowups with parents, siblings, peers).

**91 – 100 Superior functioning in all areas:**

Functioning well in home, school, community, with peers; many interests, likeable, confident in school.

Review Date 1 Rater’s Signature (include credentials)	Date	Time (AM/PM)
Review Date 2 Rater’s Signature (include credentials)	Date	Time (AM/PM)
Review Date 3 Rater’s Signature (include credentials)	Date	Time (AM/PM)
Review Date 4 Rater’s Signature (include credentials)	Date	Time (AM/PM)
Review Date 5 Rater’s Signature (include credentials)	Date	Time (AM/PM)



## Big Brothers Big Sisters

3 month SoR <input type="checkbox"/> _0 12 month or EOSY SoR <input type="checkbox"/> _1	Date Completed: _____
Match Name: _____ Date of Match: _____ Youth's Name: _____	
Youth's Age: _____	Male <input type="checkbox"/> _0 Female <input type="checkbox"/> _1      CB <input type="checkbox"/> _1 SB <input type="checkbox"/> _2 Other <input type="checkbox"/> _3
Ethnicity: White <input type="checkbox"/> _1 Black <input type="checkbox"/> _2 Hispanic <input type="checkbox"/> _3 Asian <input type="checkbox"/> _4 Native American <input type="checkbox"/> _5 Other <input type="checkbox"/> _6	
Check if: HS Student <input type="checkbox"/> _0 College Student <input type="checkbox"/> _1	Check if: E-mail <input type="checkbox"/> _0 In-person <input type="checkbox"/> _1 Over phone <input type="checkbox"/> _2

### YOUTH STRENGTH OF RELATIONSHIP SURVEY

For each of the sentences below, **decide how true each statement is for you**. Then, circle one number that fits best. If you think the statement is NEVER TRUE, circle "1"; if you think it is HARDLY EVER TRUE, circle "2"; if the statement is SOMETIMES TRUE, circle "3"; if you think it is MOST OF THE TIME TRUE, circle "4"; and if the statement is ALWAYS TRUE, circle "5."

	(Circle One)					
	Never True	Hardly Ever True	Sometimes True	Most of the Time True	Always True	I Don't Know
1. My Big has lots of good ideas about how to solve a problem.	1	2	3	4	5	6
2. My Big helps me take my mind off things by doing something with me.	1	2	3	4	5	6
3. When I'm with my Big, I feel ignored.	1	2	3	4	5	6
4. When I'm with my Big, I feel mad.	1	2	3	4	5	6
5. When I am with my Big, I feel safe.	1	2	3	4	5	6
6. When I'm with my Big, I feel disappointed.	1	2	3	4	5	6
7. My relationship with my Big is very important to me.	1	2	3	4	5	6
8. When I'm with my Big, I feel bored.	1	2	3	4	5	6
9. When something is bugging me, my Big listens while I talk about it.	1	2	3	4	5	6
10. I feel close to my Big.	1	2	3	4	5	6

**Thank You!**



## Big Brothers Big Sisters

**FOR NON-AIM AGENCY USE ONLY:**

3 month SoR  12 month or EOSY SoR

Match Name: \_\_\_\_\_ Date of Match: \_\_\_\_\_ Mentor's Name: \_\_\_\_\_

Mentor's Age: \_\_\_\_\_ Male  Female  CB  SB  Other

Ethnicity: White  Black  Hispanic  Asian  Native American  Other

### MENTOR STRENGTH OF RELATIONSHIP SURVEY

To what extent do you agree with the following statements?	(Circle One)					
	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	I Don't Know
1. I am enjoying the experience of being a Big.	1	2	3	4	5	6
2. I expected that being a mentor would be more fun than actually it is.	1	2	3	4	5	6
3. My Little and I are interested in the same things.	1	2	3	4	5	6
4. I feel confident handling the challenges of being a mentor.	1	2	3	4	5	6
5. Being a Big is more of a time commitment than I anticipated.	1	2	3	4	5	6
6. I feel overwhelmed by my Little's family difficulties.	1	2	3	4	5	6
7. My Little has made improvements since we started meeting.	1	2	3	4	5	6
8. I sometimes feel frustrated with how few things have changed with my Little.	1	2	3	4	5	6
9. My Little and I are sometimes at a loss for things to talk about.	1	2	3	4	5	6
10. It is hard for me to find the time to be with my Little.	1	2	3	4	5	6
11. I think my Little and I are well-matched.	1	2	3	4	5	6
12. I get the sense that my Little would rather be doing something else.	1	2	3	4	5	6
13. My Little has trouble sticking with one activity for very long.	1	2	3	4	5	6
14. I feel close to my Little.	1	2	3	4	5	6

15. Which of the following best describes how decisions are usually made about how you and your Little will spend your time together? *[Please check only one box.]*

- <sub>1</sub> I usually decide how we'll spend our time together.
- <sub>2</sub> My Little usually decides how we'll spend our time together.
- <sub>3</sub> I get ideas from my Little then we decide together.
- <sub>4</sub> The agency case manager outlines how we will spend our time together.
- <sub>5</sub> Someone else (like a teacher or parent) decides how we'll spend our time together.





**AGREEMENT FOR PURCHASE OF SERVICES  
Counseling and Case Management Services**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Lutheran Family and Children's Services of Missouri**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "LFCS".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the LFCS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to LFCS thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY LFCS**

LFCS is expected to the greatest extent possible to maximize funding from all other sources. LFCS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. LFCS shall only request reimbursement for services not reimbursable by any other source. LFCS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. LFCS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. LFCS agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and LFCS's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the LFCS's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the LFCS and the LFCS agrees to furnish **counseling and case management services** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the LFCS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$186,280.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of LFCS **be renewed for an additional two (2) one-year periods.** LFCS agrees and understands that the BCCSB may require supplemental information to be submitted by LFCS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **counseling and case management services** is the mutually agreed upon rate of **\$127.64 per hour for counseling and \$76.28 per hour for case management.** All billing shall be invoiced to BCCSB monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the LFCS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by LFCS to monitor service delivery and program expenditures. LFCS agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by LFCS and, if so stipulated, are noted on this contract document. Payments may be withheld from LFCS if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. LFCS agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** LFCS also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of LFCS's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from LFCS, if reports designated here are not made available upon request.

9. **Monitoring.** LFCS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect LFCS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, LFCS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event LFCS requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from LFCS must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with LFCS's policies and procedures and in accordance with any local/state/federal regulations. LFCS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. LFCS must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** LFCS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** LFCS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to LFCS's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** LFCS agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and LFCS, and this shall include any transaction in which LFCS is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** LFCS may enter into subcontracts for components of the contracted service as LFCS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the LFCS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** LFCS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. LFCS shall require each subcontractor to affirmatively state in its Agreement with the LFCS that the subcontractor shall not knowingly employ, hire for employment or continue to

employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide LFCS a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** LFCS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against LFCS or any individual acting on the LFCS's behalf, including subcontractors, which seek to enjoin or prohibit LFCS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If LFCS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if LFCS no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, LFCS will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event LFCS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to LFCS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the LFCS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the LFCS, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, LFCS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Lutheran Family and Children’s Services of Missouri**, (meaning anyone, including but not limited to consultants having a contract with the LFCS or subcontractor for part of the services), or anyone directly or indirectly employed by LFCS, or of anyone for whose acts LFCS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** LFCS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. LFCS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. LFCS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. LFCS agrees to acknowledge the Children’s Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and LFCS. The BCCSB does not recognize any of the LFCS’s employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** LFCS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the LFCS shall be mailed or delivered to:

Lutheran Family and Children's Services of Missouri  
Christine Corcoran, MSW, LCSW, Director of Regional Operations  
9666 Olive Boulevard, Ste. 400  
St. Louis, MO 63132

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

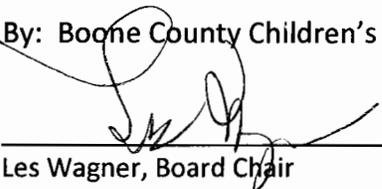
**Lutheran Family and Children's Services of Missouri**

By:   
Signature

By: Christine Corcoran  
Printed Name/ Title

**Boone County, Missouri**

By: Boone County Commission  
  
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board  
  
Les Wagner, Board Chair

APPROVED AS TO FORM:

  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pittsford by jg 12/05/2014 2161/71106/\$186,280  
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to: [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org).

Company Name: Lutheran Family and Children's Services

Address: 401 West Boulevard North, Suite B

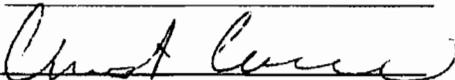
Columbia, MO 65203

Telephone: (573) 815-9955 Fax: (573) 449-4640

43-0652650

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: Christine Corcoran Title: Regional Director

Signature:  Date: November 12, 2014

E-mail: christinec@lfcs.org

 (Case Management)

- a. What unit cost is charged to other funders that provide funding for this same or similar service? (ex. City of Columbia Social Services, Heart of Missouri United Way and other Children's Services Funds)
  
- b. The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rationale is given for charging a different amount. Please provide an updated unit price for the services. Please also provide an adjusted total amount requested.

Lutheran Family and Children's Services of Missouri – Case Management

A. Only one of Lutheran Family and Children's Services of Missouri's public contracts for case management services (the contract with St. Louis County Children's Service Fund) is constructed around a reimbursement rate that is based on an industry standard analysis.<sup>1</sup> In 2013, St. Louis County further differentiated and defined its unit rates of reimbursement for services for the two-year, 2014-2015 contracts, based on this industry standard analysis. This resulted in a 2014-2015 reimbursement rate of \$117.38 per unit for services that are directly comparable to those put forth in our proposal to the Boone County Children's Services Fund.

LFCS' other public contract reimbursement rates for similar services either do not allow for all program costs, are calculated based on different services, or include fluctuating variables, rather than average workload standards. For example, the Heart of Missouri United Way unit is defined by number of individuals served, regardless of number sessions or hours provided. The City of Columbia unit of service definition is in transition. In recent years past, the unit was based on the number of clients served and now is transitioning to hours of service provided (but includes mentoring/volunteer hours--services not proposed in our application to the Boone County Children's Services Fund).

B. LFCS' children's services fund contract with St. Louis County includes the most closely aligned public unit rate of reimbursement, based on services comparable to those proposed to the Boone County Children's Services Fund. Therefore, respecting the Boone County Children's Services Board's desire to stay aligned with an established public funding unit reimbursement rate, LFCS proposes a reimbursement rate of \$117.38 per unit.

This rate, applied to the 1,587 units estimated for the first year of proposed services, totals \$186,282.

This rate, applied to the 2,240 units estimated for the years two and three of proposed services, totals \$262,931.

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<sup>1</sup> St. Louis County Children's Service Fund service rate determination is "based on the standard clinical activities performed on the child's behalf. These activities are associated standards of effort and rates as published by the American Medical Association or other third party sources which are factual, evidential and transparent. Once established the standard activities defined under Current Procedural Terminology (CPT) or industry practice, become the basis of the contract with agencies and the associated value of effort which will remain constant across demographics, location and year. The final annual dollar rate is established for each service rate by multiplying the standard value of effort by the current Conversion Factor a Board Multiplier."

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

Lutheran Family and Children's Services of Missouri - Output Revision - November 12, 2014

**a. Output:**

**i. Service to be provided**

Service to be provided is case management which includes direct services--counseling, parenting and life skills curriculum, financial/material assistance, and complementary support groups—and indirect services--specialized referrals. Included in case management are face-to-face meetings; phone and electronic contacts and consultation; and referrals. Services require case related documentation (data collection, case notes, reports, referral summaries).

**ii. Unit measurement**

Units of service for case management (and all related services listed above) will be measured in hours (or partial hours at a minimum of quarter-hour increments).

**iii. Unit cost**

LFCS calculates the cost per unit of case management at \$125.27, year one; \$126.35, year two; and \$130.34, year three . We are requesting from the Children's Service Fund reimbursement at \$127.637 per unit of service for 1,270 counseling units and \$76.28 for 317 case management units. For years two and three, we request 1,792 units of counseling at \$127.637 per unit of service and 448 case management units at \$76.28 per unit.

**iv. Amount requested**

LFCS requests \$186,280 (\$127.637 per unit of service for 1,270 counseling units and \$76.28 for 317 case management units) from the Boone County Children's Services Fund for the first year of the expanded case management programming (1,587 units); \$262,898 for the second year and third years (1,792 units of counseling at \$127.637 per unit of service and 448 case management units at \$76.28 per unit).

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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November 7, 2014

Christine Corcoran, MSW, LCSW  
Director of Regional Operations  
Lutheran Family and Children's Services of Missouri  
E-mail: [Christinec@lfcs.org](mailto:Christinec@lfcs.org)

RE: Request for Additional Information #2 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Ms. Corcoran:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information as soon as possible by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Case Management)**

- a. What unit cost is charged to other funders that provide funding for this same or similar service? (ex. City of Columbia Social Services, Heart of Missouri United Way and other Children’s Services Funds)
  
- b. The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated unit price for the services. Please also provide an adjusted total amount requested.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 10, 2014

Christine Corcoran, MSW, LCSW  
Director of Regional Operations  
Lutheran Family and Children's Services of Missouri  
E-mail: [Christinec@lfcs.org](mailto:Christinec@lfcs.org)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Ms. Corcoran:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: Lutheran Family and Children's Services of Missouri

Address: 401 West Blvd North Suite B  
Columbia, MO 65203

Telephone: 573-815-9955 Fax: 573-449-4640

Federal Tax ID (or Social Security #): 43-0652650

Print Name: Christine Corcoran Title: Director of Regional Operations

Signature:  Date: October 10, 2014

E-mail: christinec@lfcs.org

**[REDACTED] (Case Management)**

- a. Please further explain the unit measurement and unit cost? The proposal states, "Unit measurement – Units will be measured in hours/partial hours at a minimum of quarter-hour increments." Then the proposal goes on to state that the unit of service is \$125. Is this cost for an hour, ½ hour, or 15 minutes? Please provide the breakdowns.

**A unit of service by the hour is \$125, for 30 minutes it is \$62.50 and for 15 minutes it is \$31.25.**

- b. Please provide what services are included in this cost and the justification for the cost?

**Services include individual and family assessment, service planning, individual counseling, curriculum-based parenting educational sessions, and coordination of specialized services, which includes managing referrals with other agencies and programs. Central to these services are experienced, professional staff. Complementary to these services are professional development, staff training and travel, communications, data collection and management, and office space. LFCS offers these case management services in the office or in the home, whichever is more convenient for the children and families we serve.**

**Individual and family assessment:** At the time of intake and in the early stages of services, LFCS Social Workers collect and process information from each client, including but not limited to their presenting problems, and medical, mental health, employment, education, and family histories. This information assists the Social Worker and client as they develop the course of service.

**Service planning:** LFCS Social Workers, with input from each client, develop a service plan (treatment plan), which is used as a guide to make sure all presenting problems and risk factors are being addressed. The service plan is reviewed monthly and updated accordingly. Service planning helps clients stay on track to achieve their goals. This focus increases efficiency, reducing the duration of services and increasing the likelihood of each family's achievement of independence.

**Individual Counseling:** Counseling includes individual sessions with the Social Worker (in the office or their home) to assist clients who are dealing with a crisis and to problem-solve some of the issues that are affecting them and their families. Depression, anxiety, and the effects of chronic stress are common among our target population. Counseling strategies may include stress management techniques, solution focused brief therapy, role playing and, motivational interviewing.

**Curriculum-based parenting education sessions:** Using the evidence-based Nurturing Parenting/Nurturing Skills curriculum, parenting education sessions are offered individually or through group sessions. Groups are organized and lead by the Social Workers to give clients a place to feel supported by others, so that they "not feel alone in their struggles." LFCS Social Workers use this setting to convey accurate information on a variety of curriculum topics such as domestic violence and its impact on the family system and child, child development, depression/anxiety, the importance of attachment and bonding, behavior management/positive discipline, and other related topics.

**Coordination of specialized services:** Social Workers work closely with clients as they navigate service systems--both private and public, including local, county, and/or state health and human services. This includes recommending and managing referrals to other agencies and programs and tracking clients' progress in obtaining needed resources. LFCS makes

**every attempt to remove barriers that clients face to accessing services and resources. This includes providing transportation to and from appointments, assisting in the completion of applications, and other activities that will increase the likelihood of a family's health, safety, and success.**

**LFCS leverages these services with financial and material assistance, whenever possible. Clothing, food, diapers, cribs, and car seats are items that LFCS distributes. Some of these items are purchased, and many are donated from generous individuals and community groups. Rent and utility assistance is provided to eligible families, as available.**

**All the services described above, along with material and financial assistance, can help families avert further crises such as homelessness or the need for state intervention. LFCS seeks to support families before they must turn to more costly and disruptive alternatives and systems.**

**Three of four of the Case Management staff who are performing professional case management (assessment, planning, counseling, education, coordination of services) have masters level degrees and hold licenses in counseling or social work. The fourth staff member is currently pursuing her Masters in Social Work degree and is set to graduate in 2016. When hiring new staff, LFCS seeks masters level, preferably licensed, candidates.**

**The cost of these professional services described above can be broken down into the following percentages:**

**Personnel expenses comprise 63% of the requested unit cost. This includes the Social Worker and Direct Supervisor's time to provide the services described above, along with Administrative Assistant's time to perform reception, intake, and data entry related to each case. Also considered in this expense is the Social Worker's complementary time on task for professional development, community providers' meetings, and time in transit to/from home visits.**

**Professional services constitute 5% of the requested unit reimbursement. The proposed program's prorated share of database and data management, program development and evaluation, quality assurance, and accreditation expenses.**

**Consumable supplies comprise 1% of the requested unit cost. This includes office and copy supplies, printing, postage, and toys/games for the waiting area.**

**Equipment (for the first year only) costs comprise 6% of the requested unit cost and covers computer equipment (for 3 staff), copier, security system, and desk/office furniture for new case management staff.**

**Communications constitute 2% of the requested unit reimbursement, for program-related telephone service; data lines and service; and cellular phone service.**

**Occupancy constitutes 9% of the requested unit cost, for rent, utilities, maintenance, security, and property insurance.**

**Meetings, trainings, and development comprise 1% of the requested unit reimbursement for professional development opportunities, training and seminar registrations.**

**Travel/mileage accounts for 2% of the requested unit cost for home visits, client service trips, and attendance at community meetings throughout Boone County.**

**Administration costs comprise 11% of the requested unit reimbursement. Expenses include program's share of accounting, information technology, senior administration, and human resources.**

- c. How many families is the agency currently working with that reside outside the city limits?

**Currently, we are serving 2 families outside of the City limits. We have had 2 additional families recently move into the city limits from the county. We have received feedback from the surrounding communities about the need for our services. For example, Centralia has requested services for 6 families, for which we have on a waiting list. Our agency has not specifically marketed outside of the Columbia area due to funding constraints. With additional funding, we would aggressively market our services in the surrounding communities. All of our services are offered in the client's home and/ or community.**

- d. How many more families will the agency work with that live outside the city limits?

**With new funding, LFCS will make marketing services in the surrounding communities of Boone County a priority. Our staff have relationships within the schools, churches and community in the surrounding areas, including First Chance for Children, Parents as Teachers, Hallsville, Ashland, Centralia high schools. We have a plan to target those referral resources immediately upon award of the contract. We will increase our referrals to approximately 25-30 new families minimally in the County.**

- e. Please provide more specific information on what types of improvements the BCCSB would see in the target population?

**Through our intervention, the county should expect to see a decrease in child abuse and neglect calls and a decrease in children going into the state's foster care system. In addition, our programming has demonstrated through our interventions that 85% of our young parents who participate complete or continue their high school education, babies are born healthier, and parents experience less depression.**

**Through our intervention the community will see a decrease in:**

- 1. Risk factors that cause child abuse and neglect. There will be a decreased number of hotline calls made and substantiated reports in the population we serve which will decrease the number of children in foster care which will have a societal and economic impact to the community.**
- 2. Clients will increase their parenting skills which will decrease the number of child abuse and neglect calls and increase the likelihood in a child succeeding in school**

- f. What are the current statistics for substantiated CA/N complaints amongst the current target population?

**During the most recent 2013 annual data report, there were 990 hotline calls made regarding child abuse in Boone County. The research indicates that the population that LFCS serves through this program is at increased rate of child abuse and neglect due to poverty, poor family connections and resources, single**

**parenthood, and lack of positive parenting knowledge. In the United States, children in families in our target population (families with children from infants to age 5) comprise approximately 57% of all cases of abuse and neglect. In Boone County, 60% of hotline calls resulted in substantiated cases of abuse or neglect in the most recent reporting year. During the most recent reporting year, the rate of substantiated cases was 28.43 per 1,000 children.**

**According to Child Welfare Information Gateway ([www.childwelfare.gov](http://www.childwelfare.gov)), by focusing on the protective factors that LFCS targets in its' programming is the best way to prevent child abuse and neglect. Those protective factors include nurturing and attachment, knowledge of parenting and child and youth development, parental resilience (coping skills), social connections, concrete supports for parents and social and emotional competence.**

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Christine Corcoran, MSW, LCSW  
Director of Regional Operations  
Lutheran Family and Children's Services of Missouri  
E-mail: [Christinec@lfcs.org](mailto:Christinec@lfcs.org)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Ms. Corcoran:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script that reads "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Case Management)**

- a. Please further explain the unit measurement and unit cost? The proposal states, “Unit measurement – Units will be measured in hours/partial hours at a minimum of quarter-hour increments.” Then the proposal goes on to state that the unit of service is \$125. Is this cost for an hour, ½ hour, or 15 minutes? Please provide the breakdowns.
- b. Please provide what services are included in this cost and the justification for the cost?
- c. How many families is the agency currently working with that reside outside the city limits?
- d. How many more families will the agency work with that live outside the city limits?
- e. Please provide more specific information on what types of improvements the BCCSB would see in the target population?
- f. What are the current statistics for substantiated CA/N complaints amongst the current target population?

27-10-30-17  
Case  
Management

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name: Lutheran Family and Children's Services of Missouri**

**Agency Address: 401 West Blvd. North Suite B, Columbia MO 65203**

**Agency Phone Number: 573-815-9955**

**Primary Agency Contact (include title): Christine Corcoran, MSW, LCSW  
Director of Regional Operations**

**Email Address: Christinec@lfcs.org**

**Contact Phone Number: 573-815-9955**

**Amount Requested: 198,375 (year 1)**

**Federal Tax ID (or Social Security #): 43-0652650**

**Signature:  Date: 7-8-14**

**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i. Attach a copy of your agency's Mission Statement.**
- ii. Attach a list of your agency's Board of Directors.**
- iii. Provide a summary of your agency's services within Boone County.**

Lutheran Family and Children's Services of Missouri (LFCS) provides counseling, case management, foster care, and adoption services within Boone County. LFCS specializes in case management for pregnant and parenting teens and families with young children. Services include risk assessment, service planning, counseling, parenting education, financial assistance, and information and referral services.

- iv. Provide agency and program brochures related to these services, if available.**

A brochure describing case management services is attached.

**b. Target Population:**

**i. Describe your agency's target population(s).**

The specific target population for the proposed Case Management services includes families with young children (infant to age 5) and pregnant and parenting teens who are at risk of child abuse and neglect CA/N and who are residents of Boone County. Those most in need of case management services are young families with low income, single parents, broken family relationships, and other risk factors -- unstable housing, history of abuse and neglect, mental illness, or a lack of parenting experience/skills.

**ii. State the statutorily eligible service area(s) (see page 2) your target population falls within.**

Home-based and community-based family intervention programs is our primary service area, with a portion of our target population that falls within the unmarried parent services category.

**iii. Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.**

There is no specific sub-group in the target population that would be ineligible for case management services. If we are unable to meet the needs of any given client, a referral will be made to a provider best suited to meet their needs.

**iv. Describe any impediments your agency has in serving your target population.**

Because LFCS offers services in the home and community we do not have the transportation impediments that are often experienced by our target population.

**c. Service Need:**

**i. Provide a detailed description of the unmet need in Boone County for your agency's services.**

- ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).**

The Children's Mental Health Services Assessment (2011) by the Institute of Public Policy at University of Missouri found that 138 parents and children were turned away from case management and supportive services due to a lack of resources in 2010. LFCS was unable to serve 62 of the 138 documented in the assessment. The Boone County Community Input Sessions (February-April 2014) further confirmed the need for case management services for teen parents and families with young children. Community members noted a need for building protective factors in families emphasizing preventative services, and a critical need for community based services to reach into all of Boone County.

The need to prevent child abuse and neglect (CA/N) in Boone County applies not only to the physical scars of maltreatment. It extends to the prevention of serious, negative, and long-term psychological, emotional and cognitive effects. Consider the consequences of leaving this community need untreated:

- Abused/neglected children are at least 25 percent more likely to experience: delinquency, teen pregnancy, academic difficulty, drug use, and mental health issues.
- Abused/neglected children were 11 times more likely to be arrested for criminal behavior as a juvenile, 2.7 times more likely to be arrested as an adult.
- In one long-term study, as many as 80 percent of young adults who had been abused met the diagnostic criteria for at least one psychiatric disorder at age 21.<sup>1</sup>

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<sup>1</sup> Silverman, A. B., Reinherz, H. Z., & Giaconia, R. M. (1996). The long-term sequelae of child and adolescent abuse: a longitudinal community study. *Child Abuse and Neglect* 20(8):709-723.

Child abuse and mental health are inextricably linked. Exposure to violence/trauma can over-stimulate the brain's fear response, leaving the brain less able to process complex thought, have less impulse control, or fine motor control.<sup>2</sup> Malnutrition is a form of neglect that can lead to delayed brain growth, cognitive and motor delays, anxiety, depression, social problems, and attention problems.<sup>3</sup> Internal data shows that in 2013 in central Missouri, LFCS provided case management services to 219 families with children aged 0-5. Of those, 119 were teen parents. Over 90% of the clients were at risk for abuse and neglect. Based on our experience, the majority of LFCS clients do not have supportive family members or a support network in place; are struggling with debilitating anxiety, depression or stress; and/or come from single parent households in poverty.

**iii. State the purpose of your proposed service.**

LFCS utilizes the Nurturing Parenting with subset Nurturing Teens which is tailored to meet the needs of teens and is an evidence based curriculum and a case management framework to address the needs of families with young children and pregnant and parenting teens in Boone County.

**iv. State the goals of your proposed service.**

The goals of Nurturing Kids and Nurturing Teens are that children do not experience abuse and neglect and that parents access all resources they need to head safe and stable families.

**v. Describe the anticipated outcomes of your proposed service.**

- Parents will demonstrate progress toward the reduction or elimination of key risk factors that lead to child abuse and/or neglect.

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<sup>2</sup> Perry, B. D. (2000a). *The neuroarcheology of childhood maltreatment: The neurodevelopmental costs of adverse childhood events*. Child Trauma Academy.

<sup>3</sup> Shonkoff, J. P., & Phillips, D. A. (2000). *From neurons to neighborhoods: The science of early childhood development*. Washington, D.C.: National Academy Press.

- Parents of young children (including teen parents) will increase their knowledge of positive parenting.

**vi. Identify other providers of this proposed service in Boone County.**

LFCS has a long history of partnering with four other agencies in the community (Central Missouri Community Action, Boone County Health Department, Parents as Teachers, and First Chance for Children) providing home visiting services. LFCS is the only agency that provides clinical case management services in the home and community. LFCS and the Boone County Department of Health (DPHHS) provide similar services, but LFCS and DPHHS do not duplicate services to clients. DPHHS and LFCS have utilized a coordinated referral system which includes referring all teens and higher-risk clients to LFCS for case management.

**vii. What agencies do you receive referrals from and to what agencies do you make referrals?**

LFCS has cooperative agreements and referral relationships with Columbia Public Schools, Boone County Health Department, Parents as Teachers, Youth Empowerment Zone, True North, Voluntary Action Center, Women and Children's Health, Boone Hospital, Family Health Center, Central Missouri Community Action (CMCA) and First Chance for Children. For example, if our client is seeking child care, we refer to CMCA's Head Start program. In addition, we often refer clients to CMCA's financial management courses. We receive referrals from Parents as Teachers routinely--parents who have mental health or parenting needs greater than PAT addresses.

**viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.**

MOU's attached include; Boone County Department of Health, First Chance for Children and Youth Empowerment Zone

## 2. EVALUATION

### a. Performance Information:

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

Attachment A is included.

### b. Outcomes:

- i. Describe your service outcomes (measurable and time specific).

- Parents will demonstrate progress toward the reduction or elimination of key risk factors that lead to child abuse and/or neglect. (CA/N)
- Parents of young children (including teen parents) will increase their parenting knowledge.

Please see indicators and performance targets below for measures and time frames.

### c. Indicators:

- i. Identify and describe the indicators which will measure your service outcomes.
- ii. Identify your agency's performance target of these indicators.

OUTPUT: In year two when fully operational, 75 new clients will receive counseling, case management, material assistance and/or information and referrals.

- After a minimum of three case management meetings, 70% or 52 clients will have documented progress toward addressing risk factors that lead to CA/N.
- After participation in at least two hours of Nurturing Skills module(s), 90% or 67 clients will demonstrate an increase in their parenting knowledge or skills.
- 90% or 67 families served who participate in at least five meetings will have an absence of a substantiated CA/N report and/or out of home placement.

### d. Measurement:

- i. Discuss who will be responsible for the accomplishment of each of the outcomes.
- ii. Discuss how the data will be collected.

- iii. **Identify your agency's timeline for each outcome.**
- iv. **Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.**

Case Managers will be responsible for providing the services that will result in each of the desired outcomes. Supervision is provided by the LFCS Mid Missouri Regional Director.

LFCS uses the web based electronic client record system called Community Tech Knowledge (CTK), for recording and processing all client demographic, case status, assessment, and outcomes data. In addition, staff establish a paper record and usedocument intake, assessment, service planning, progress and discharge activity. A case contact is recorded for each activity and serves as documentation for billing/utilization.

**Data Collection/Evaluation Tools.** Data collection tools include Intake Paperwork (demographics); Initial Client Assessment of Risk Factors for CA/N Checklist; Protective Factors Survey; Service Plan/Agreement; and Nurturing Skills Competency Scale. Incidents of substantiated abuse and neglect as well as out of home placement information are documented when applicable. Sources of information include client self-report, collateral reporting, and staff observation. When indicated, staff use appropriate client release forms to access further information.

Staff are responsible for the administering all evaluation tools listed above with the client. The Nurturing Skills Competency Scale is in effect a pre and post test that can be done at each pertinent session in which a Nurturing Parenting module was used. The Protective Factors survey is completed with every client at intake and discharge as well in March and September each year. The subsequent surveys are measured against the intake survey to assess for progress. Staff gathers and reports data on a monthly report form. These tools are evidenced based and are easy to administer, brief and no cost to the agency or client.

CTK has enhanced reporting features used for administrative oversight and quality improvements. Supervisory staff monitor the results to ensure integrity of the intervention model and effective service delivery.

### **Timeline**

Upon funding, LFCS is ready to implement services within 60 days. Currently, we have 37 families who are on our waiting list. When a family contacts LFCS, an appointment will be scheduled for the client within 72 hours based on the child's/family's needs. Client outcomes will be met within the timeframes listed under each objective.

#### **e. Input**

##### **i. Clinical Expertise:**

##### **1. Discuss the capacity of your agency to deliver the proposed service.**

LFCS has a long history of providing social services in Missouri, with a strong infrastructure that supports a variety of programs and services statewide. This infrastructure includes experienced program administration, efficient IT/data management systems, strong fiscal accountability, and quality professional service delivery staff. LFCS manages a number of sizeable service contracts, including several supported by children's service funds in other counties. LFCS has been providing services in Boone County for over 16 years with strong relationships with local agencies, churches, schools, health care providers, and community groups. Four of our five existing staff are Licensed Clinical Social Workers with over 75 years of combined experience. Because our proposed services in Boone County are an extension of our core competencies and given our well-established infrastructure, LFCS has the capacity to begin delivering services upon hiring additional staff.

##### **ii. Service Activity:**

##### **1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.**

LFCS will use the Nurturing Kids curriculum to provide comprehensive, case management to meet the needs of children and families. A subset of this program is Nurturing Teens, which uses a similar approach tailored to meet the needs of pregnant and parenting teens.

services to pregnant and parenting teens and families with young children will take place in the client's home, at school, or in the community. The activities and interventions that comprise program include Intake, Case Management--which includes Assessment, Service Planning, Direct Services (Counseling, Parenting and Life Skills Curriculum, Financial/Material Assistance, and Supportive Groups), Indirect Services/Specialized Referrals--and Case Termination/Follow-Up.

Indirect services may include referrals for specialized services in the areas of health care, child care, educational resources, employment services, or other resources.

**Intake/Assessment.** Upon contact with LFCS, a staff member provides the client with information regarding services and collects basic demographic data. An initial appointment is set. LFCS is available to meet the client in their home, at school, at the office, or at a convenient, community-based location. The Case Manager establishes rapport with the client and begins the process of assessing what strengths and needs are present. The documentation of risk and protective factors are essential to this process. Case Managers routinely track risk factors throughout service delivery note progress made toward addressing each.

**Case Management/Service Planning.** The client and the Case Manager work together to develop a service plan. The plan builds upon the strengths and resources of the teen or family and includes strategies to correct maladaptive behaviors and encourage personal growth. The plan addresses the immediate needs of the child(ren) and family, so that their living environment is stabilized and further goals to increase positive parenting and life skills.

**Counseling, Parenting/Life Skills, and Other Assistance.** After the service plan is developed, case management continues. There is a combination of counseling, parenting and life skills education, supportive services and relevant referrals necessary to create a safe and stable home environment and healthy family relationships. Counseling addresses clients' emotional difficulties, provides strategies to cope with stress, and coaches young parents to modify behavior patterns safely. Counseling services may be provided by the Case Manager, or in some cases, may be referred to an outside therapist. Many young parents have never had an opportunity to share ideas, fears, and dreams within a non-judgmental environment.

Parenting and life skills are promoted with the help of the Nurturing Skills for Teen Parents curriculum (for pregnant and parenting teens) or Nurturing Skills for Families (for families with young children). These curricula offer modules on topics such as growth and development of children; managing and expressing feelings; understanding discipline; alternatives to spanking; managing stress and anger; communication skills; and building self-worth and personal empowerment. The curriculum provides evidence-based, family-centered, prevention education that helps teen parents and parents of young children build protective factors, encourages personal growth, and leads to safe and nurturing parenting and child rearing practices. The Nurturing Skills Competency Scale (NP2 NSCS MSV) for parents is the measurement tool that corresponds to the Nurturing Skills lessons. This tool is used to track clients' understanding of the identified skills areas.

**Specialized Referrals.** Referrals to specialized programs and resources are an important part of high quality case management and may be necessary to stabilize the child's environment. For some parents, addressing a housing, financial, or medical crisis is key to decreasing risk factors. LFCS works with other area agencies and professionals across a variety

of disciplines to make effective referrals in a number of specialized areas. Examples include health care, child care, educational resources, employment services, housing/utilities, and substance abuse/mental health treatment. In addition, LFCS utilizes funding from donations and special events to provide limited financial assistance for crisis needs. **Case Closure and Follow up.** Once the goals of the service plan are met, parents meet with the Case Manager to ensure that risk issues have been addressed. Families are encouraged to thrive in self-sufficiency, checking in less frequently, as they practice and maintain healthy relationships and a safe family environment. As needed and appropriate, the parent may always contact LFCS in the future to seek assistance.

**2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.**

High quality interventions, such as comprehensive case management within a therapeutic relationship, can be a very effective family-strengthening practice, according to the U.S. Department of Health and Human Service's Children's Bureau (2011).<sup>4</sup> Comprehensive case management and counseling can build protective factors--parenting skills and attitudes--and reduce risk factors such as parent depression, caregiver drug use, caregiver stress, maladaptive behavior, and children's behavioral problems. LFCS case management is an individualized family intervention and aims to increase protective factors, correct maladaptive patterns of behavior, decrease risk factors, and target child safety and well-being outcomes.

The Nurturing Parenting Programs are evidence-based, family-centered prevention curricula that help families build protective factors that reduce the likelihood of abuse and neglect of children. Based on research conducted on the effectiveness of the curricula, they are

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<sup>4</sup> U.S. Department of Health and Human Services, Children's Bureau (2011). *Child maltreatment prevention: past, present, and future*. Washington, DC.

recognized by the Substance Abuse and Mental Health Services Administration, the National Registry for Evidence-based Parenting Programs, the Office of Juvenile Justice and Delinquency Prevention, and a number of state and local agencies as effective.

**3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.**

Not applicable

**f. Output:**

**i. Service to be provided**

Case management which includes direct services--counseling, parenting and life skills curriculum, financial/material assistance, a—and indirect services--specialized referrals. There are face-to-face meetings; phone and electronic contacts and consultation; and referrals. Services require case related documentation (data collection, case notes, reports, referral summaries).

**ii. Unit measurement**

Units will be measured in hours/partial hours at a minimum of quarter-hour increments.

**iii. Unit cost**

LFCS calculates the cost per unit of case management at \$125.27, year one; \$126.35, year two; and \$130.34, year three . We are requesting from the Children's Service Fund reimbursement at \$125 per unit of service.

**iv. Amount requested**

LFCS requests \$198,375 from the Boone County Children's Services Fund for the first year of the case management programming (1,587 units); \$280,000 for the second year (2,240 units); and \$280,000 for the third year (2,240 units).

**v. Number of individuals to be served**

The first year we anticipate serving 45 new clients and delivering 1,587 units of service. We anticipate that 75 new clients will be served by the second and third years with 2,240 units.

**vi. Average units of services per individual**

We anticipate an average of 3 units per child/family per month.

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B)**
- ii. Program Budget Worksheet (see Attachment C)**

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.**

**Attachment B Agency Financial Information**

Agency Financial information (Revenues and Expenses) for Lutheran Family and Children's Services of Missouri is listed in Attachment B. This agency-wide data consists of revenues and expenses for all of programs and services across Missouri.

**Attachment C Program Budget Worksheet**

**Existing Programming** - Current Case Management ("Resource Parent") is supported by the City of Columbia (\$48,000) and the United Way (\$63,000). The existing services specifically target pregnant and parenting teens. The personnel costs associated with providing these services include direct services staff at (2 full-time equivalent-\$81,018/current year) and prorated direct supervision and support staff (\$30,687/current year). Program expenses also include professional services; supplies; communications; occupancy; equipment maintenance; meetings, education and training; insurance; staff travel; insurance, and related administrative costs (accounting, information technology, human resources). Non-personnel costs are budgeted at \$29,597.

**Proposed Programming – Expansion of Case Management**

*Revenue* - LFCS requests \$198,375 from the Boone County Children’s Services Fund for the first year of the expanded case management programming; \$280,000 for the second year; and \$280,000 for the third year. LFCS will commit additional revenues to support mid-Missouri programming, including general fundraising and contributions from local as well as statewide donors. LFCS measures a unit of service as an hour (with partial hours at a minimum of quarter-hour increments). We have estimated our unit cost for case management as between \$125.27-130.34 for the first three years of the program. We are requesting a reimbursement rate of \$125 per unit from the Children’s Services Fund. The first year we anticipate serving 45 new clients and delivering 1,587 units of service. We anticipate that 75 new clients will be served by the second and third years and 2,240 units of service will be delivered.

*Personnel* - The project’s first (start-up) year, new personnel will consist of two full-time equivalent Case Managers (\$89,181 salaries and benefits) “phased-in” over the course of the year. Taxes and benefits for full-time employees include FICA, life insurance, worker's compensation, health insurance, and retirement match. Direct supervision and support (reception, intake, data entry) prorated to these expanded services is estimated at \$35,254. Total personnel costs for the second and third years, when the case loads and services are at full capacity, will include 3.25 full-time equivalent Case Managers (\$153,806 salaries and benefits for year 2; and \$159,212 for year 3 [includes a 3% raise]) and direct supervision and support is estimated at \$52,349 for year 2 and \$54,049 for year 3.

*Professional Services* – year 1 \$10,107; year 2 \$16,386; year 3 \$16,877. These costs are the program’s share of database and data management, program development and evaluation, quality assurance, and accreditation expenses.

*Consumable Supplies* – year 1 \$2,330; year 2 \$2,836; year 3 \$2,836 These estimates, for each of three years, are office and copy supplies, printing, postage, and toys/games for the waiting area.

*Durable Supplies* – This will be a year one expense only-computer equipment (3 staff), copier, security system, and desk/office furniture for new case management staff--total of \$13,000.

*Communication Costs* – year 1 \$3,287; year 2 \$3,876; year 3 \$3,876 These estimates, for each of three years, include program-related telephone service; data lines/service; and cellular service.

*Occupancy* – year 1 \$17,429; year 2 \$17,471; year 3 \$17,513 Occupancy costs prorated include rent, utilities, maintenance, security, and property insurance.

*Equipment maintenance* – year 1 \$666; year 2 \$935; year 3 \$907 Equipment maintenance is the budgeted cost of copier, computer, phone or other equipment maintenance and repair.

*Meetings, Education and Training* – year 1 \$1,941; year 2 \$2,647; year 3 \$2,647 These are professional development opportunities and training costs for the program's Case Managers.

*Professional Insurance* – year 1 \$651; year 2 \$887; year 3 \$887 These estimates, for each of three years, are the program's share of the cost of professional insurance.

*Staff Travel* – year 1 \$4,000; year 2 \$4,000; year 3 \$4,000 Case Managers will will make home visits and attend c meetings throughout Boone County, traveling an estimated 600 miles total per month. LFCS uses the IRS reimbursement rate.

*General Operating Expenses and Administration* – year 1 \$22,764; year 2 \$32,441; year 3 \$33,639 Each of three years of general operating and administrative expenses estimated at 13% of program costs. Expenses include accounting, information technology, senior administration, and human resources.

**ATTACHMENT A**  
**Program Performance Measures Information Worksheet**

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
Case Management stabilizes the family and may include -- Direct Services (Counseling, Parenting and Life Skills Curriculum, Financial/Material Assistance, Support Group), Indirect Services/Specialized Referrals.	By year two, when programming is at full capacity, 75 parents will receive a minimum of 3 hours of individualized case management monthly.	Parents of young children (including teen parents) will demonstrate progress toward the reduction or elimination of key risk factors that lead to CA/N	After a minimum of three case management meetings with a Case Manager, 70% or 52 clients will have documented progress toward addressing risk factors that lead to CA/N.	Protective Risk Factors Survey which will be administered at regular intervals
	By year two, when programming is at full capacity, 75 parents will receive a minimum of 2 hours monthly of parenting education.	Parents of young children (including teen parent) will increase their parenting knowledge.	After participating in at least two hours of Nurturing Skills module(s), 90% or 67 clients demonstrate an increase in their parenting knowledge.	Nurturing Skills Competency Scale (NP2 NSCS MSV)
	By year two, when programming is at full capacity, 67 parents participate in at least 5 family-strengthening sessions with their Case Manager.	Parents of young children (including teen parents) will avoid CA/N.	90% or 60 families who participate in at least 5 meetings with their Case Manager will have an absence of a substantiated CA/N reports and/or involuntary out of home placement.	Protective Risk Factors Survey which will be administered at regular intervals. Substantiated reports recorded in Adverse Incident Report.

## ATTACHMENT B

### AGENCY FINANCIAL INFORMATION

**AGENCY NAME:** Lutheran Family and Children's  
Services of Missouri

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	63,000	63,000	63,000	0	
B. Other United Ways	802,361	802,070	802,070	0	
C. Capital Campaigns					
D. Grants (non-governmental)	1,254,013	1,122,666	1,122,666	0	
E. Fund Raising & Other Direct Support	887,558	900,203	933,709	3.7%	
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>3,006,932</b>	<b>2,887,939</b>	<b>2,921,445</b>		
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding			273,375	100%	
B. Boone County - Other					
C. Other Counties	3,457,072	4,238,412	4,238,412	0	
D. City of Columbia - Social Service Funding	47,340	48,000	48,000	0	
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)	1,498,646	289,225	289,225	0	
H. State (Purchase of Services, Grants, etc.)	1,000,335	909,945	909,945	0	
I. Other (Schools, Courts, etc.)	116,218	130,000	130,000	0	
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>6,119,611</b>	<b>5,615,582</b>	<b>5,888,957</b>	<b>4.9%</b>	
3. Program Service Fees	765,663	721,500	721,500	0	
4. Investment Income (realized & unrealized)	3,300	5,000	5,000	0	
5. Other Revenue Items	408,271	259,500	259,500	0	
<b>TOTAL AGENCY REVENUE</b>	<b>10,303,777</b>	<b>9,489,521</b>	<b>9,796,402</b>		
<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services	8,749,061	7,809,251	8,116,132	11.5%	
Expenses for Management and General	1,331,234	1,380,270	1,380,270	0	
Expenses for Fundraising	301,249	300,000	300,000	0	
<b>TOTAL AGENCY EXPENSES</b>	<b>10,381,544</b>	<b>9,489,521</b>	<b>9,796,402</b>		
% of Management and Fundraising Expenses	15.7	17.7	17.2		
<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Net Assets, End of Year	8,498,959	8,498,959	8,498,959	0	
<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>	
Cash, End of Year	2,638,762	1,638,762	1,638,762	0	

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: Case Management First Year**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	70,000	63,000	63,000	18.72%	0.00%
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support				0.00%	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding			198,375	58.93%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding	48,000	48,000	48,000	14.26%	0.00%
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)		0	0	0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items Contributions	53,203	65,339	27,234	8.09%	-58.32%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$171,203</b>	<b>\$176,339</b>	<b>\$336,609</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	105,877	109,053	230,837	68.58%	111.67%
2. Non-Personnel	65,326	67,286	105,772	31.42%	57.20%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$171,203</b>	<b>\$176,339</b>	<b>\$336,609</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)	2	2	5.25

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

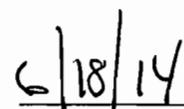
- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Alan Erdman, President/CEO

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date





\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

Jon Eickmann, Board Chair

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Signature - Agency Board Chair

  
\_\_\_\_\_  
Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

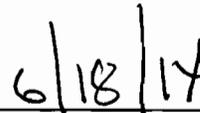
Alan Erdman, President/CEO

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Name and Title of Authorized Representative



Signature



Date



## THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

### MEMORANDUM OF UNDERSTANDING

#### ARTICLE I

##### PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and Lutheran Family and Childrens Services of Missouri (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

#### ARTICLE II

##### FUNCTIONS TO BE PERFORMED

###### A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment

Company ID Number: 139986

eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

**C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
  - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any

Company ID Number: 139986

action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of

Company ID Number: 139986

employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The

Company ID Number: 139986

Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

## **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

Company ID Number: 139986

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### ARTICLE IV

#### SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### ARTICLE V

#### PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRJRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

Company ID Number: 139986

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer Lutheran Family and Childrens Services of Missouri**

Rayna Ewell

Name (Please type or print)

Title

*Electronically Signed*

07/29/2008

Signature

Date

**Department of Homeland Security – Verification Division**

**USCIS Verification Division**

Name (Please type or print)

Title

*Electronically Signed*

07/29/2008

Signature

Date

Company ID Number: 139986

**INFORMATION REQUIRED  
FOR THE E-VERIFY PROGRAM**

Information relating to your Company:

Company Name: Lutheran Family and Childrens Services of Missouri

Company Facility Address: 8631 Delmar Blvd.  
Saint Louis, MO 63124

Company Alternate Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

County or Parish: SAINT LOUIS

Employer Identification Number: 430652650

North American Industry  
Classification Systems Code: 624

Parent Company: \_\_\_\_\_

Number of Employees: 100 to  
499      Number of Sites Verified for: 7

Are you verifying for more than 1 site? If yes, please provide the number of sites verified for in each State.

- ALABAMA      1 site(s)
- MISSOURI      6 site(s)

Information relating to the Program Administrator(s) for your Company on policy questions or operational problems:

Name:	<b>Rayna Ewell</b>	Fax Number:
Telephone Number:	<b>(314) 787 - 5100 .ext 2734</b>	
E-mail Address:	<b>raynae@LFCS.ORG</b>	
Name:	<b>Rebecca S Turnage</b>	Fax Number: <b>(314) 754 - 2794</b>
Telephone Number:	<b>(314) 787 - 5100 .ext 27322732</b>	
E-mail Address:	<b>rebeccat@LFCS.org</b>	
Name:	<b>Emma L Hurley</b>	Fax Number:
Telephone Number:	<b>(314) 787 - 5100 .ext 27962796</b>	
E-mail Address:	<b>emmah@LFCS.org</b>	

## **Lutheran Family and Children's Services of Missouri**

### **Mission Statement**

*God's love in Jesus Christ empowers Lutheran Family and Children's Services of Missouri to help families, children and individuals experience greater hope and wholeness of life.*

**Lutheran Family and Children's Services of Missouri**  
**Board of Director's Information**  
**2013-2014**

<b>JON EICKMANN –</b> Chair of Operating Board	Vice President , Enterprise Holdings
<b>KEVIN J. BALLENTINE</b>	Sales and Development Professional
<b>BRENDA BLIGHT</b>	Bookkeeper, Lutheran Church of the Atonement
<b>MARK BOSSI –</b> Vice Chair of Operating Board	Attorney, Thompson Coburn LLP
<b>MATTHEW BRICKLER</b>	Contracts & Pricing Administrator, The Boeing Company
<b>CHRISTINA DANCY</b>	Deposits/ Treasury Analyst, US Bank
<b>TOM DANKENBRING</b>	Field Director/Financial Rep., Northwestern Mutual
<b>PAUL DeNUNZIO</b>	Retired
<b>JOSE GOMEZ</b>	Supply Chain Project Mgr. Emerson
<b>ERIC GUTBERLET</b>	Marketing Consultant
<b>JAN HINDUJA</b>	Community Volunteer
<b>LAURA HOLLINGSWORTH</b> Secretary of Operating Board	Owner, Hollingsworth Interiors
<b>RICK JOHNSON</b>	President, Creative Communications for the Parish
<b>THOMAS DAVID KAPP</b>	Executive Vice President, eCommerce Industries, Inc.
<b>VERNON KASTEN, JR.</b>	CEO, Ceramo Company, Inc.
<b>C. DENNIS KEMPER</b>	Senior Advisor, AHM Asset Management
<b>LARRY LEMKE</b>	Retired
<b>DAVID ALLAN LIESCHEIDT</b>	DAL Enterprises

**Lutheran Family and Children's Services of Missouri**  
**Board of Director's Information**  
**2013-2014**

<b>KATHRYN MEHLHORN</b>	Community Volunteer
<b>GREG MILLER</b>	Purchasing Manager Manna Pro Products, LLC
<b>C. JERRY NELSON</b>	Professor Emeritus University of Missouri-Columbia
<b>MARK REED</b>	Principal & Portfolio Mgr., North American Management Corp.
<b>JASON RUST</b>	Associate Pastor, Historic Trinity Lutheran Church
<b>JIM SCHLIE</b>	Organizational Consultant, Faith-based Not-for-Profits
<b>KAREN SMITT-LEWIS</b>	Retired
<b>KEITH SPEARS</b>	Manager, Enterprise Holdings, Inc.
<b>LESLIE STEINMEYER</b>	Retired
<b>LEAH STODDARD</b>	Senior VP Healthcare–Treasury Mgmt., PNC Financial Services
<b>DON VOGEL</b>	VP – Investments, UBS Financial Services
<b>TIFFANY WANG</b>	Program Manager Diversity Awareness Partnership
<b>TIWANA WARE</b>	Doctor of Pharmacy, Kindred Healthcare-St. Anthony
<b>MARK YAEGER</b>	Director-Program Management, World Wide Technology, Inc.

## LFCS Mid-Missouri Advisory Board Members - 2013

2013-2014				
Last Name	First Name	Address	Email	Work #
Bange	Emily	240 Morningside Lane, Fayette, MO 65248	bangetwo@yahoo.com	
Bezenek	Melody	3906 Zambazi Drive 2595 South Winding Trail Drive, Columbia, MO 65201	Melody.Bezenek@veteransunited.com	573-876-2600 (ex) 4156
Dirks	Sandy		sandy.dirks@mchsi.com	
Fagan	Lois	1318 Grace Lane, Booneville, MO 65233	Lois.Fagan@sprint.com	
Hartwig	Vicki	1802 Muirfield Drvie Columbia, MO 65203	gaylewig@mediacombb.net	268-6739
Moessner	Paul	914 West Blvd. South Columbia, MO 65203	pmoessner@saintandrewslutheran.org.	449-5674
Peters	Stacy	1001 Marcassin Drive Columbia, MO 65201	stacy.s.peters@gmail.com	808-0243
Rumpf	Karla		rumpf@centurytel.net	
Seaton	Jenny	406 Kristi Lane, Ashland, MO 65010	jenseaton@yahoo.com	882-8519
Spence	Leigh	604 West Blvd South, Columbia, MO 65203	lspence@columbia.k12.mo.us	214-3008
Young	Jayne	1601 Mills Drive, Columbia, MO 65203	jaynesw64@hotmail.com	884-3465

**LFCs Nurturing Network  
Team**

**The Nurturing Network ...**

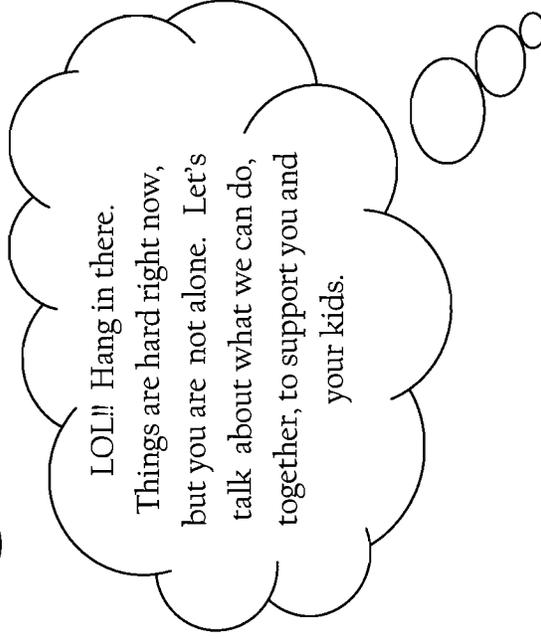
# The Nurturing Network

**CALL FOR INFORMATION,  
ASSISTANCE OR BROCHURES**

**Lutheran Family &  
Children's Services  
573-815-9955**



The Nurturing Network is supported in part by  
The United Way and the City of Columbia and  
provided on a nondiscriminatory basis.



**For  
Yourself**



**For Your  
Child**



**For Your  
Future**

**Call us.  
We want to help**

**YOU  
573-815-9955**

**youth at risk**  
..... finding solutions together



## The Nurturing Network ...

Are you pregnant and worried about how you are going to manage? Are you already a parent? Could you use help to become the best parent you can be? *The Nurturing Network* is here. You don't have to handle this alone.

### Things to Consider

- Do you have a place to live?
- Are you able to support yourself, and your kids?
- Have you completed your education?
- Do you struggle to care for your child?
- Is there stress in your relationship with your child's father or others in your life?
- What hopes and dreams do you have for your future?
- What dreams do you have for your child?

### Who Qualifies?

Any Missouri woman who is struggling with two or more of the "Things to Consider" above may be eligible to receive help.

### Identifying Resources

*The Nurturing Network* can help you identify financial resources and services, which will increase your ability to provide a safe and stable home, and make a brighter future for you and your child.

## The Nurturing Network ...

### What Can You Expect?

- Meeting in a safe and comfortable place: your home, at school, in the community or at one of our offices in your neighborhood
- Identifying achievable goals and ways to achieve them.
- Connecting to resources in our community to help you better care for yourself and your children.
- Dealing with issues in your life as they impact you and your children.
- Working on goals that are important to you and your children with a professional

### What Is It?

Nurturing Parent Programs are nationally recognized evidence based training Curricula.

### Possible Referrals or Services

- Medical Care
- Domestic Abuse Protection
- Alternative Housing
- Alternative Schooling
- Job Training and Placement
- Efforts to Promote Responsible Paternity
- Adoption Assistance
- Child Care
- Parenting Skills
- Drug and Alcohol Testing and Referrals
- Residential Care for Teens
- Temporary Foster Care for Children under 5

## The Nurturing Network ...

### What Will We Talk About?

- **Conflicts and Compromises**  
*How to stay happy when you are trying to please everyone else*
- **Having Fun With Your Child**  
*Games to Increase Bonding Between You & Your Child*
- **How to Take Care of Yourself**  
*When You Don't Even Have Time to Breathe!*
- **Making Good Choices**  
*Decision Making 101*
- **Discipline Techniques**  
*Telling Your Child No When Her First Words Were NO MOMMY!*
- **The Importance of Touch**



# NURTURING SKILLS FOR TEEN PARENTS

<b>Instructions for Use of Form</b>	
For each lesson, indicate the date it was addressed with the client	
<b>Section One Getting Started and Assessment</b>	
Lesson 1.1 Welcome	
Lesson 1.1 Competency Demonstrated?	
Lesson 1.2 Description and Orientation	
Lesson 1.2 Competency Demonstrated?	
Lesson 1.3 Hopes and Fears	
Lesson 1.3 Competency Demonstrated?	
Lesson 1.4 Assessing Parenting Strengths	
Lesson 1.4 Competency Demonstrated?	
<b>Section Two Nurturing Parenting Philosophy</b>	
Lesson 2.1 Nurturing Parenting	
Lesson 2.1 Competency Demonstrated?	
Lesson 2.2 Nurturing as a Lifestyle	
Lesson 2.2 Competency Demonstrated?	
<b>Section Three Being a Teen Parent</b>	
Lesson 3.1 Being a Teen Parent	
Lesson 3.1 Competency Demonstrated?	
Lesson 3.2 Smoking and My Child's Health	
Lesson 3.2 Competency Demonstrated?	
Lesson 3.3 Alcohol and Drugs	
Lesson 3.3 Competency Demonstrated?	
<b>Section Four Being a Teenager</b>	
Lesson 4.1 Dating, Love, and Rejection	

Lesson 4.1 Competency Demonstrated?	
Lesson 4.2 Bodies, Sex, and Birth Control	
Lesson 4.2 Competency Demonstrated?	
Lesson 4.3 Love, Sex, STDs, and AIDS	
Lesson 4.3 Competency Demonstrated?	
Lesson 4.4 Peer Pressure	
Lesson 4.4 Competency Demonstrated?	
Lesson 4.5 Touch, Personal Space, and Date Rape	
Lesson 4.5 Competency Demonstrated?	
Lesson 4.6 Possessive and Violent Relationships	
Lesson 4.6 Competency Demonstrated?	
Lesson 4.7 Families and Alcohol Use	
Lesson 4.7 Competency Demonstrated?	
<b>Section Five Growth and Development of Children</b>	
Lesson 5.1 Children's Brain Development	
Lesson 5.1 Competency Demonstrated?	
Lesson 5.2 The Male & Female Brain	
Lesson 5.2 Competency Demonstrated?	
Lesson 5.3 Expectations and Development of Children	
Lesson 5.3 Competency Demonstrated?	
Lesson 5.4 Ages and Stages: Infant Development	

Lesson 5.4 Competency Demonstrated?	
Lesson 5.5 Ages and Stages: Toddler Development	
Lesson 5.5 Competency Demonstrated?	
Lesson 5.6 Ages and Stages: Preschooler Development	
Lesson 5.6 Competency Demonstrated?	
Lesson 5.7 Skill Strips and Review	
Lesson 5.7 Competency Demonstrated?	
Lesson 5.8 Nutrition and Mealtime	
Lesson 5.8 Competency Demonstrated?	
Lesson 5.9 Toilet Training	
Lesson 5.9 Competency Demonstrated?	
<b>Section Six The Importance of Touch</b>	
Lesson 6.1 The Importance of Parent/Child Touch	
Lesson 6.1 Competency Demonstrated?	
Lesson 6.2 Infant and Child Massage	
Lesson 6.2 Competency Demonstrated?	
Lesson 6.3 Body Map: Examining Touch History	
Lesson 6.3 Competency Demonstrated?	
<b>Section Seven Developing Empathy</b>	
Lesson 7.1 Developing Empathy	
Lesson 7.1 Competency Demonstrated?	
Lesson 7.2 Parents' and Children's Needs	
Lesson 7.2 Competency Demonstrated?	

Lesson 7.3 Spoiling Your Children	
Lesson 7.3 Competency Demonstrated?	
<b>Section Eight Managing and Expressing Feelings</b>	
Lesson 8.1 Recognizing and Understanding Feelings	
Lesson 8.1 Competency Demonstrated?	
Lesson 8.2 Helping Children Learn to Handle Their Feelings	
Lesson 8.2 Competency Demonstrated?	
Lesson 8.3 Understanding and Handling Stress	
Lesson 8.3 Competency Demonstrated?	
Lesson 8.4 Understanding and Expressing Anger	
Lesson 8.4 Competency Demonstrated?	
Lesson 8.5 Sanctuary Relaxation	
Lesson 8.5 Competency Demonstrated?	
Lesson 8.6 Blue Light Relaxation	
Lesson 8.6 Competency Demonstrated?	
<b>Section Nine Understanding Discipline</b>	
Lesson 9.1 Helping Children Manage Their Behavior	
Lesson 9.1 Competency Demonstrated?	
Lesson 9.2 Understanding Discipline	
Lesson 9.2 Competency Demonstrated?	
Lesson 9.3 Developing Family Morals and Values	
Lesson 9.3 Competency Demonstrated?	
Lesson 9.4 Developing Family Rules	

Lesson 9.4 Competency Demonstrated?	
Lesson 9.5 Child Proofing Your Home	
Lesson 9.5 Competency Demonstrated?	
<b>Section Ten Rewarding Childrens Appropriate Behavior</b>	
Lesson 10.1 Giving and Receiving Praise	
Lesson 10.1 Competency Demonstrated?	
Lesson 10.2 Rewarding Children and Their Behavior	
Lesson 10.2 Competency Demonstrated?	
<b>Section Eleven Punishing Childrens Inappropriate Behavior</b>	
Lesson 11.1 Punishing Children's Behavior	
Lesson 11.1 Competency Demonstrated?	
Lesson 11.2 Time-Out	
Lesson 11.2 Competency Demonstrated?	
<b>Section Twelve Alternatives to Spanking</b>	
Lesson 12.1 Why Parents Hit Their Children	
Lesson 12.1 Competency Demonstrated?	
Lesson 12.2 Verbal & Physical Direction	
Lesson 12.2 Competency Demonstrated?	
Lesson 12.3 Ignoring Inappropriate Behaviors	
Lesson 12.3 Competency Demonstrated?	
Lesson 12.4 Alternatives to Spanking	
Lesson 12.4 Competency Demonstrated?	
<b>Section Thirteen Developing Nurturing Parenting Routines</b>	

Lesson 13.1 Establishing Nurturing Parenting Routines	
Lesson 13.1 Competency Demonstrated?	
Lesson 13.2 Establishing a Nurturing Diapering and Dressing Routine	
Lesson 13.2 Competency Demonstrated?	
Lesson 13.3 Establishing a Nurturing Feeding Time Routine	
Lesson 13.3 Competency Demonstrated?	
Lesson 13.4 Establishing a Nurturing Bath Time Routine	
Lesson 13.4 Competency Demonstrated?	
Lesson 13.5 Establishing a Nurturing Bed Time Routine	
Lesson 13.5 Competency Demonstrated?	
<b>Section Fourteen Building Self Worth and Personal Power in Children</b>	
Lesson 14.1 Improving Self-Worth	
Lesson 14.1 Competency Demonstrated?	
Lesson 14.2 Building Personal Power; Power Struggles	
Lesson 14.2 Competency Demonstrated?	
<b>Lesson Fifteen Communication Skills</b>	
Lesson 15.1 Criticism and Confrontation	
Lesson 15.1 Competency Demonstrated?	
Lesson 15.2 Problem Solving, Decision Making, Negotiation, and Compromise	
Lesson 15.2 Competency Demonstrated?	
<b>Lesson Sixteen Self Awareness and Improvement</b>	
Lesson 16.1 About Me	

Lesson 16.1 Competency Demonstrated?	
Lesson 16.2 Make-up, Skin Care, Hair Care	
Lesson 16.2 Competency Demonstrated?	

## ADVERSE OR UNUSUAL INCIDENT ADMINISTRATIVE FORM

First Name:	
Last Name:	
<b>Report Reference</b>	
Date of Report	
Program or Department Involved	Foster Care - Crisis
Date Incident Occurred	1/1/2013
Time Incident Occurred	
Date Incident was Discovered	
Time Incident was Discovered	
<b>Details of the Incident</b>	
Individuals Involved	
Where did the incident occur?	
What type of incident was this?	Substantiated hotline call
Describe the Incident and the Results	
Select any Issues of Agency Concern	
Describe Issues of Concern and Any Additional Action Required	
Is this incident reportable to COA?	
Additional Comments:	
<b>Corrective Action Steps</b>	
Is corrective action required?	No
Please describe any corrective actions	
Date corrective action implemented	
Date of follow up	
Please describe any follow-up or resolution	
<b>Signatures Required</b>	
Person Reporting Incident (signature and title)	>
Date Reporting Person signed	
Supervisor's Assessment of Actions Taken	>

Supervisor: (Signature, Title, and Date)	>
Director: (Signature, Title, and Date)	>
Vice President: (Signature and Date)	>
CEO: (Signature and Date)	>
<b>Incidents Reportable to COA</b>	
List of Reportable Incidents (choose if required)	

## RISK FACTORS AND OUTCOMES

<b>Dates of Completion</b>	
Date Risk Factors Assessed	6/14/2013
Date Outcomes Assessed	
Date of Second Outcomes Assessment	
Date of Third Outcomes Assessment	
<b>Stress</b>	
Is Stress a Risk Factor?	
Was Intervention Offered for Stress?	
Were Improvements Noted in this Person's Stress Level?	
Were Stress-related Outcomes Achieved?	
Parental Stress Indicator (complete as applicable)	
Scores should be on a scale of 1 to 5 with 5 being the most stressed	
Parental stress level before services	0
Parental stress level after intervention	0
<b>Education</b>	
Is education a risk factor?	
Education Risk Factors	
Was Education Intervention Offered?	
Was Improvement Noted for Education?	
Education outcomes achieved?	
Education Outcomes	
<b>Employment</b>	
Is employment a risk factor?	
Employment Risk Factors	
Were Employment Interventions Offered?	
Was Improvement Noted for Employment?	
Employment outcomes achieved?	
Employment Outcomes	

<b>Substance Use</b>	
Drug and Alcohol Use	
Is Drug and Alcohol Use a Risk Factor?	
Drug and Alcohol Risk Factors	
Were Drug and Alcohol Interventions Offered?	
Was Improvement Noted for Drug and Alcohol Use	
Drug and Alcohol outcomes acheived?	
Drug and Alcohol Outcomes	
Smoking	
Is Smoking a Risk Factor	
Were Smoking Interventions Offered?	
Was Improvement Noted for Smoking?	
Smoking Outcomes	
Were Smoking Outcomes Acheived?	
<b>Health and Pregnancy</b>	
Is health and/or pregnancy a risk factor?	
Health and Pregnancy Risk Factors	
Were Health and Pregnancy Interventions Offered?	
Was Improvement Noted for Health and Pregnancy?	
Health and pregnancy outcomes achieved?	
Pregnancy Related Health Issues Outcomes	
<b>Housing and Support</b>	
Housing	
Is Housing a Risk Factor?	
Housing Risk Factors	
Were Housing Interventions Offered?	
Were Improvements Noted in this Person's Living Situation?	

Were Housing Outcomes Achieved?	
Housing Outcomes	
<b>Social Support</b>	
Are Social Supports a Risk Factor?	
Social Support Risk Factors	
Were Social Support Interventions Offered?	
Were Social Support Improvements Noted?	
Were Social Support Outcomes Achieved?	
Social Support Outcomes	
<b>Abuse and Neglect</b>	
Is abuse or neglect a risk factor?	
Abuse or Neglect Risk Factors	
Were Abuse or Neglect Interventions Offered?	
Was Improvement Noted for Abuse or Neglect?	
Abuse or neglect outcomes achieved?	
Abuse or Neglect Outcomes	
<b>Mental Health</b>	
Is mental health a risk factor?	
Mental Health Risk Factors	
Were Mental Health Interventions Offered?	
Were Improvements Noted in this Person's Mental Health?	
Mental health outcomes achieved?	
Mental Health Outcomes	

## MEMORANDUM OF UNDERSTANDING

between

**Lutheran Family and Children's Services of Missouri**

and

**Columbia/Boone County Department of Public Health and Human Services**

Both organizations agree to exchange information on referral patterns, outcome trends, opportunities for improvement, and the sharing of common resources to support the development of an integrated system of care.

### **Lutheran Family & Children's Services agrees to:**

Provide professional, specialized case management services to Unwed and Teenage Parents to age 19 and families identified at risk with children 0-5 years old.

- Case management services will include the assignment of a qualified Case Manager, risk assessment, crisis counseling, service planning, information and referral services, and service coordination.
- Parenting education will be offered using the Nurturing Parenting Programs,<sup>®</sup> an evidence-based curriculum series recognized nationally for effectiveness toward the prevention and treatment of child abuse and neglect. The Nurturing Parenting Programs<sup>®</sup> include a specialized curriculum for teen parents.
- Participation in the program is voluntary, and length and intensity of service is based exclusively on the individual needs of each client. Clients will receive services free of charge.

### **And/or**

Provide professional, mental health counseling services to children and youth to age 19 and their families that may include

- Therapy/counseling services provided in home or community-based settings
- School- and community-based early childhood services
- School-based assessment and treatment intervention
- Group counseling and support groups for students dealing with a target issue such as significant loss
- Mental health presentations (using age appropriate, evidenced based curriculum) to students and parents, including prevention activities, e.g., substance abuse, conflict resolution, building healthy relationships, stress of teen pregnancy, depression prevention.
- Crisis intervention

### **Columbia/Boone County Department of Public Health and Human Services agrees to:**

- Share LFCS brochures and information with clients

- Provide client referrals when appropriate for services

Both parties understand and agree that Memorandum of Understanding is in effect during the course of grant funding for these services.



---

*Lutheran Family & Children's Services*

Authorized Signature

Printed Name:

Christine Carceran

Date:

7-7-14



---

**Public Health and Human Services**

Authorized Signature

Printed Name:

Steve Hollis

Date:

7/2/14

## MEMORANDUM OF UNDERSTANDING

between

**Lutheran Family and Children's Services of Missouri**

and

**First Chance for Children**

Both organizations agree to exchange information on referral patterns, outcome trends, opportunities for improvement, and the sharing of common resources to support the development of an integrated system of care.

### **Lutheran Family & Children's Services agrees to:**

Provide professional, specialized case management services to Unwed and Teenage Parents to age 19 and families identified at risk with children 0-5 years old.

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- Mental health presentations (using age appropriate, evidenced based curriculum) to students and parents, including prevention activities, e.g., substance abuse, conflict resolution, building healthy relationships, stress of teen pregnancy, depression prevention.
- Crisis intervention

### **First Chance for Children agrees to:**

- Share LFCS brochures and information with clients

- Provide client referrals when appropriate for services

Both parties understand and agree that Memorandum of Understanding is in effect during the course of grant funding for these services.



*Lutheran Family & Children's Services*  
Authorized Signature



*First Chance for Children*  
Authorized Signature

Printed Name:

Christine Corcoran

Printed Name:

Jack C Jensen

Date:

7-7-14

Date:

7/2/2014

## MEMORANDUM OF UNDERSTANDING

between

**Lutheran Family and Children's Services of Missouri**

and

**Youth Empowerment Zone**

Both organizations agree to exchange information on referral patterns, outcome trends, opportunities for improvement, and the sharing of common resources to support the development of an integrated system of care.

### **Lutheran Family & Children's Services agrees to:**

Provide professional, specialized case management services to Unwed and Teenage Parents to age 19 and families identified at risk with children 0-5 years old.

- Case management services will include the assignment of a qualified Case Manager, risk assessment, crisis counseling, service planning, information and referral services, and service coordination.
- Parenting education will be offered using the Nurturing Parenting Programs,<sup>®</sup> an evidence-based curriculum series recognized nationally for effectiveness toward the prevention and treatment of child abuse and neglect. The Nurturing Parenting Programs<sup>®</sup> include a specialized curriculum for teen parents.
- Participation in the program is voluntary, and length and intensity of service is based exclusively on the individual needs of each client. Clients will receive services free of charge.

### **And/or**

Provide professional, mental health counseling services to children and youth to age 19 and their families that may include

- Therapy/counseling services provided in home or community-based settings
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- School-based assessment and treatment intervention
- Group counseling and support groups for students dealing with a target issue such as significant loss
- Mental health presentations (using age appropriate, evidenced based curriculum) to students and parents, including prevention activities, e.g., substance abuse, conflict resolution, building healthy relationships, stress of teen pregnancy, depression prevention.
- Crisis intervention

### **Youth Empowerment Zone agrees to:**

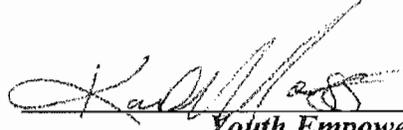
- Share LFCS brochures and information with clients

- Provide client referrals when appropriate for services

Both parties understand and agree that Memorandum of Understanding is in effect during the course of grant funding for these services.



*Lutheran Family & Children's Services*  
Authorized Signature



*Youth Empowerment Zone*  
Authorized Signature

Printed Name: Chastina Corcoran

Printed Name: Karita Moss

Date: 7-1-14

Date: 7/1/14

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Proposal **27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application** receipt of which is hereby acknowledged:

Company Name: Lutheran Family and Children's Services

Address: 401 West Blvd., North Suite B, Columbia, MO 65203

Phone Number: (573) 815-9955 Fax Number: (573) 449-4640

E-mail: christinec@lfcs.org

Authorized Representative Signature:  Date: 6-26-14

Authorized Representative Printed Name: Christine Corcoran

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

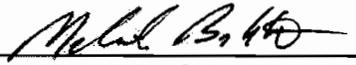
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Lutheran Family and Children's Services

Address: 401 West Blvd., North Suite B, Columbia, MO 65203

Phone Number: (573) 815-9955 Fax Number: (573) 449-4640

E-mail: christinec@lfc.org

Authorized Representative Signature:  Date: 6/9/2014

Authorized Representative Printed Name: Christine Corcoran

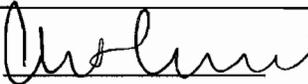
OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: Lutheran Family and Children's Services

Address: 401 West Blvd., North Suite B, Columbia, MO 65203

Phone Number: (573) 815-9955 Fax Number: (573) 449-4640

E-mail: christinec@lfcs.org

Authorized Representative Signature:  Date: 6/9/2014

Authorized Representative Printed Name: Christine Corcoran

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Lutheran Family and Children's Services

Address: 401 West Blvd., North Suite B, Columbia, MO 65203

Phone Number: (573) 815-9955 Fax Number: (573) 449-4640

E-mail: christinec@lfcs.org

Authorized Representative Signature: Christine Corcoran Date: 6-24-14

Authorized Representative Printed Name: Christine Corcoran

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Lutheran Family and Children's Services

Address: 401 West Blvd., North Suite B, Columbia, MO 65203

Phone Number: (573) 815-9955 Fax Number: (573) 449-4640

E-mail: christinec@lfcs.org

Authorized Representative Signature: Christine Corcoran Date: 6-26-14

Authorized Representative Printed Name: Christine Corcoran

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application receipt of which is hereby acknowledged:

Company Name: Lutheran Family + Childrens Services

Address: 401 West Blvd North Ste B

Phone Number: 815-9955 Fax Number: 479-4640

E-mail: ChristineC@LFCS.org

Authorized Representative Signature: [Signature] Date: 6-27-14

Authorized Representative Printed Name: Christine Corcoran



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

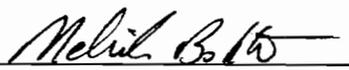
I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

Response: **No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

Response: **These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

Response: **There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

Response: **Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

Response: **Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

Response: **All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

Response: **Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

Response: **If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**   
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**

**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

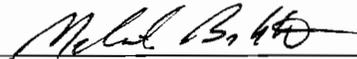
Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

Response: **Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- o Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- o Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- o Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- o What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- o Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- o Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:



Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

#### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymmo.org">mbobbitt@boonecountymmo.org</a>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014. 10:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 10, 2014 9:15 a.m. Central Time
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 10, 2014 9:30 a.m. Central Time

#### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

- c. **Service Need:**
  - i. Provide a detailed description of the unmet need in Boone County for your agency's services.
  - ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
  - iii. State the purpose of your proposed service.
  - iv. State the goals of your proposed service.
  - v. Describe the anticipated outcomes of your proposed service.
  - vi. Identify other providers of this proposed service in Boone County.
  - vii. What agencies do you receive referrals from and to what agencies do you make referrals?
  - viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

## 2. EVALUATION

- a. **Performance Information:**
  - i. Attach a Program Performance Measures Worksheet (see Attachment A).
- b. **Outcomes:**
  - i. Describe your service outcomes (outcomes need to be measurable and time specific).
- c. **Indicators:**
  - i. Identify and describe the indicators which will measure your service outcomes.
  - ii. Identify your agency's performance target of these indicators.
- d. **Measurement:**
  - i. Discuss who will be responsible for the accomplishment of each of the outcomes.
  - ii. Discuss how the data will be collected.
  - iii. Identify your agency's timeline for each outcome.
  - iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**ii. Service Activity:**

1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided
- ii. Unit measurement
- iii. Unit cost
- iv. Amount requested
- v. Number of individuals to be served
- vi. Average units of services per individual

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B)
- ii. Program Budget Worksheet (see Attachment C)

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity</i> = Service	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANG CURREN TO PROPOSE
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair \_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

5/14/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Lutheran Trust, Inc. 1500 Wall St. Saint Charles, MO 63303	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): <b>(800) 200-7257</b>	FAX (A/C, No): <b>(866) 608-0600</b>
	<b>E-MAIL ADDRESS:</b>	
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : GuideOne Mutual Insurance Company</b>		<b>15032</b>
<b>INSURED</b>  Lutheran Family & Childrens Services of MO 8631 Delmar Blvd Saint Louis, MO 63124	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			1260-502	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY			3873-690	01/01/2014	01/01/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		9619-951	01/01/2014	01/01/2015	EACH OCCURRENCE \$ 5,000,000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED <input checked="" type="checkbox"/> RETENTION \$ 2,500						Aggregate \$ 5,000,000
							\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			1281-787	08/01/2013	08/01/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Property Coverage			1260-502	01/01/2014	01/01/2015	Blanket Limit 7,183,700

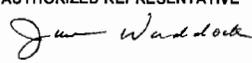
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The County of Boone-Missouri and its directors, and employees are listed as additional insureds for General Liability and Social Workers & Counselors Liability with respects to our Insured's operation. A Waiver of Subrogation has been added in favor of The County of Boone-Missouri and its directors, and employees. See Attached Form CA0444/0310

The General Liability provides liability for all employed social workers & counselors employed by the insured for \$1,000,000 per occ./ \$3,000,000 aggregate limit Form PCG7550/0409

Cancellation Clause re: GIL4205/0409-90 days notice for any reason other than non payment. 10 days notice for non payment of premium

**CERTIFICATE HOLDER****CANCELLATION**

Boone County	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



## AGREEMENT FOR PURCHASE OF SERVICES Access to Healthy Food

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Sustainable Farms & Communities, Inc.** a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**SF&C**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the SF&C has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to SF&C thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

### **FUNDING ALLOCATION FOR SERVICES RENDERED BY SF&C**

SF&C is expected to the greatest extent possible to maximize funding from all other sources. SF&C shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. SF&C shall only request reimbursement for services not reimbursable by any other source. SF&C shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. SF&C will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. SF&C agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and SF&C's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the SF&C's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the SF&C and the SF&C agrees to furnish **Access to Healthy Food** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the SF&C's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$45,000** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of SF&C be **renewed for an additional two (2) one-year periods**. SF&C agrees and understands that the BCCSB may require supplemental information to be submitted by SF&C prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **matching funds of \$25 of Supplemental Nutrition Assistance Program (SNAP) benefits redeemed at the Columbia Farmer's Market** is the mutually agreed upon rate of **\$25.00 per week**. All billing shall be invoiced to BCCSB monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the SF&C, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by SF&C to monitor service delivery and program expenditures. SF&C agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by SF&C and, if so stipulated, are noted on this contract document. Payments may be withheld from SF&C if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. SF&C agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** SF&C also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of SF&C's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from SF&C, if reports designated here are not made available upon request.

9. **Monitoring.** SF&C agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect SF&C's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, SF&C hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event SF&C requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from SF&C must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with SF&C's policies and procedures and in accordance with any local/state/federal regulations. SF&C agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. SF&C must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** SF&C will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** SF&C agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to SF&C's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** SF&C agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and SF&C, and this shall include any transaction in which SF&C is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** SF&C may enter into subcontracts for components of the contracted service as SF&C deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the SF&C shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** SF&C agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. SF&C shall require each subcontractor to affirmatively state in its Agreement with the SF&C that the subcontractor shall not knowingly employ, hire for employment or continue to

employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide SF&C a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** SF&C agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against SF&C or any individual acting on the SF&C's behalf, including subcontractors, which seek to enjoin or prohibit SF&C from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If SF&C ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if SF&C no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, SF&C will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event SF&C, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to SF&C as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the SF&C fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the SF&C, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** SF&C agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **Sustainable Farms and Communities, Inc.**, (meaning anyone, including but not limited to consultants having a contract with the SF&C or subcontractor for part of the services), or anyone directly or indirectly employed by SF&C, or of anyone for whose acts SF&C may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** SF&C shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. SF&C will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. SF&C will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. SF&C agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and SF&C. The BCCSB does not recognize any of the SF&C's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** SF&C shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the SF&C shall be mailed or delivered to:

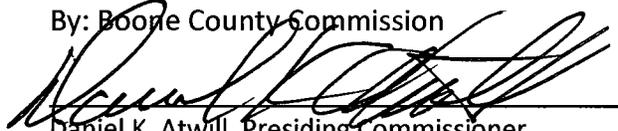
Sustainable Farms and Communities, Inc.  
Dr. Kenneth Pigg, Chairperson  
P.O. Box 1092  
Columbia, MO, 65205

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**Sustainable Farms & Communities, Inc.**

**Boone County, Missouri**

By:   
Signature

By: Boone County Commission  
  
Daniel K. Atwill, Presiding Commissioner

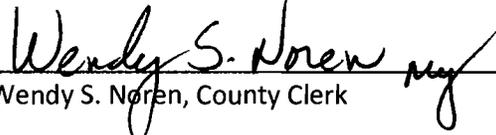
By: Kenneth E. Pigg, Chair  
Printed Name/ Title

By: Boone County Children's Services Board  
  
Les Wagner, Board Chair

APPROVED AS TO FORM:

ATTEST:

  
County Counselor

  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

 2161 / 71106 / \$45,000  
Signature Date Appropriation Account  
An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: Sustainable Farms + Communities, Inc.

Address: P.O. Box 1042  
Columbia, MO 65205

Telephone: 573/299-0913 Fax: none

Federal Tax ID (or Social Security #): 43-1903002

Print Name: Kenneth E. Pigg Title: Chair person

Signature: Kenneth E. Pigg Date: 10-14-14

E-mail: LKeneth80@hotmail.com



(Access to Healthy Food)

- a. Why is the focus for this proposal only for children under the age of 10?
- b. How much funding was this agency awarded from Heart of Missouri United Way?
- c. How will AHF staff members ensure that during recruitment of participants that they are recruiting the most needy minority families?
- d. Please provide a detailed outline of how the amount requested was developed.  
(Ex. Unit Measurement (1 hour) x Unit Cost (\$30/hour) x Average Number of Units per person (10 units) x Number of Individuals Served (100 people) = Amount requested (\$30,000 total)
- e. Please provide justification for the Unit Cost.
- f. Please submit a signed copy of the Purchase of Service Addendum #3 and Purchase of Service Addendum # 4. Unfortunately, the Pilot Addendums (#3 and #4) were turned in with the proposal.

## ATTACHMENT C

### PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL
<b>1. DIRECT SUPPORT</b>				
A. Heart of Missouri United Way	0	0	8,900	8.07%
B. Other United Ways	0	0	0	0.00%
C. Capital Campaigns	0	0	25,000	22.66%
D. Grants (non-governmental)	1,500	2,000	3,000	2.72%
E. Fund Raising & Other Direct Support	3,750	20,500	16,000	14.50%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>				
A. Boone County - Social Service Funding	0	0	49,340	44.72%
B. Boone County - Other	0	0	0	0.00%
C. Other Counties	0	0	0	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%
E. City of Columbia - Other	0	0	0	0.00%
F. Other Cities	0	0	0	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%
H. State (Purchase of Services, Grants, etc.)	0	5,000	5,000	4.53%
I. Other (Schools, Courts, etc.)	0	0	3,100	2.81%
<b>3. Program Service Fees</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>
<b>4. Investment Income (realized &amp; unrealized)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0.00%</b>
<b>5. Other Revenue Items</b>	<b>0</b>			<b>0.00%</b>
<b>TOTAL PROGRAM REVENUE</b>	<b>\$5,250</b>	<b>\$27,500</b>	<b>\$110,340</b>	

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL
1. Personnel	0	0	10,700	15.02%
2. Non-Personnel	18,149	30,300	60,539	84.98%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$18,149</b>	<b>\$30,300</b>	<b>\$71,239</b>	

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 800/2080= .35 FTE)</i>	0	0	0.35

<b>% CHANGE CURRENT TO PROPOSED</b>
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undefined
0.00%
0.00%
50.00%
-21.95%

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<b>% CHANGE CURRENT TO PROPOSED</b>
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undefined
99.80%



*Sustainable Farms & Communities, Inc. P.O. Box 1092, Columbia, MO 65205*

October 13, 2014

TO: Melinda Bobbitt, Director, Boone County Purchasing

FROM: Kenneth Pigg, Board Chairperson

SUBJECT: Response to request for additional information #1

Melinda:

I believe these responses to your letter of October 7 will suffice. I discovered that I did not understand how the BCCSB Board wished to have the “unit cost” computed and I hope I now have that corrected. In making this change to our proposal, I have also taken the step of updating the budget worksheet for the proposal to reflect this recalculation and the commitment made to AHF from HMUW for 2015 (see below). Perhaps this will help with your assessment of our proposal.

If you have additional questions, please let me know. I’m out of town 10-15 to 10-20-14 but could response as soon as I return.

Re: Question a—The focus on children under 10 is both strategic and practical. Strategically, experience has shown that starting to develop good habits for healthy living early in life carries over into adulthood. We also expect that when children learn good habits they often suggest to parents that changing their habits is good practice. (Consider the track record of technology adoption among farmers encouraged by what their children learn in 4-H or how Scouting promotes good character and a love of the outdoors for kids and parents starting at an early age.) Practically, we do not expect to be able to gain access to sufficient funds to be able to meet all the needs for healthy food in Boone County among the low-income population. With limited resources we have chosen this target population (estimated at 300 families in Boone County by the City/County Health Dept.) as the most “at-risk” population.

Re: Question b—SF&C has been designated to receive \$8,900 in 2015 under the Safety Net strategy IF HMUW reaches its fundraising goals.

Re: Question c—SF&C requires that beneficiaries present their SNAP cards when they enroll thereby depending on the MO DSS to certify their low-income status. As it relates to minority

families, our proposal outlines the need to attract and enroll more of these families using a more personal approach that involves more face-to-face recruitment and networking among recipients. The recruitment of minority families has proven to be a most difficult task without staff employees. In our experience over the past 4 years, minority families of low-income status are often the subjects of inter-generational poverty for which effective interventions require substantial staff resources to overcome ingrained habits and attitudes. Should funding become available to employ staff, we will work directly with MO DSS and the City/County Health Department staff to meet and recruit minority families of low-income status, again relying on the procedures of these agencies to certify their financial status.

Re: Question d—See outline below:

1. One week of benefits/family = \$35.18
3. 225 hundred participating families = 225
4. 9 average redemptions/family/year
5. Total budget = \$71,239.50

Or, (1 week's benefits) x (Unit Cost of \$35.18) x (9 average visits/year) x (225 participating families) = \$71,239.50 total estimated cost

(Note: this is a revised estimated based on more recent data from 2014 given 9 months of service in current program effort, rather than 5 which was the basis of the initial proposal.)

Re: Question e—the Unit Cost is comprised of the direct costs of participant benefits at \$25/week plus the personnel costs of \$10,700 and other expenses for marketing/communications of \$2,025. The farmers' market operates 50 weeks/yr, a figure used to compute the annual costs and the average number of families redeeming benefits weekly as 25 families. For the calculation below, the personnel cost was considered separately from the incentive cost. To compute the unit cost, the following formula was used:

$$(\$25/wk) + ((\$12,275/50 \text{ weeks})/25 \text{ redemptions/wk}) = \$35.18 \text{ redemption/week}$$

The proposal recognizes the difficult challenge of attracting and involving minority families in the AHF program. At present, less than 5% of the participants are from minority families. In most cases, current participants are either students (with families), unemployed, or divorced and not working. These participants are “situationally poor” as their status is likely to eventually change for the better. Many of the minority population are “generationally poor” and are often considered unemployable. It is this population that we are targeting for improving their lifestyles to a healthier process. Meeting our goals will require a more intensive, face-to-face approach to recruitment and enrollment and participation. It will also require greater efforts at education about health and nutrition, food preparation and safety, and lifestyle changes. We have learned

that our approach for the past three-plus years will be insufficient for this audience, but adopting the more intensive approach will require some staffing as our volunteer board does not have the time or talent to achieve this goal itself. Staffing requires additional funding over and above our direct service provision.

(Note: this is a revised estimate based on more recent experience with the AHF program in 2014 and information supplied by M. Bobbitt re: computation of the unit cost measure. A revised budget form is also attached reflecting the amount that the Heart of Missouri United Way has designated for SF&C in 2015 (\$8,900). A revised budget worksheet is also attached for review.)

Re: Question f—the requested Addendums are signed and attached.



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

#### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

#### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

- c. Service Need:**
  - i.** Provide a detailed description of the unmet need in Boone County for your agency's services.
  - ii.** Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
  - iii.** State the purpose of your proposed service.
  - iv.** State the goals of your proposed service.
  - v.** Describe the anticipated outcomes of your proposed service.
  - vi.** Identify other providers of this proposed service in Boone County.
  - vii.** What agencies do you receive referrals from and to what agencies do you make referrals?
  - viii.** Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

## **2. EVALUATION**

- a. Performance Information:**
  - i.** Attach a Program Performance Measures Worksheet (see Attachment A).
- b. Outcomes:**
  - i.** Describe your service outcomes (outcomes need to be measurable and time specific).
- c. Indicators:**
  - i.** Identify and describe the indicators which will measure your service outcomes.
  - ii.** Identify your agency's performance target of these indicators.
- d. Measurement:**
  - i.** Discuss who will be responsible for the accomplishment of each of the outcomes.
  - ii.** Discuss how the data will be collected.
  - iii.** Identify your agency's timeline for each outcome.
  - iv.** Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**ii. Service Activity:**

1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.

2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

**i.** Service to be provided

**ii.** Unit measurement

**iii.** Unit cost

**iv.** Amount requested

**v.** Number of individuals to be served

**vi.** Average units of services per individual

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

**i.** Agency Financial Worksheet (see Attachment B)

**ii.** Program Budget Worksheet (see Attachment C)

**b. Budget Narrative**

**i.** Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

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Printed Name - Agency Executive Director/President/CEO

---

Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

---

Date



# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 7, 2014

Dr. Kenneth Pigg, Chairperson, Board of Directors  
Sustainable Farms & Communities, Inc. (SF&C)  
E-mail: [1Kennth80@hotmail.com](mailto:1Kennth80@hotmail.com)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Dr. Pigg:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_



**(Access to Healthy Food)**

- a. Why is the focus for this proposal only for children under the age of 10?
- b. How much funding was this agency awarded from Heart of Missouri United Way?
- c. How will AHF staff members ensure that during recruitment of participants that they are recruiting the most needy minority families?
- d. Please provide a detailed outline of how the amount requested was developed.  
(Ex. Unit Measurement (1 hour) x Unit Cost (\$30/hour) x Average Number of Units per person (10 units) x Number of Individuals Served (100 people) = Amount requested (\$30,000 total)
- e. Please provide justification for the Unit Cost.
- f. Please submit a signed copy of the Purchase of Service Addendum #3 and Purchase of Service Addendum # 4. Unfortunately, the Pilot Addendums (#3 and #4) were turned in with the proposal.

27.10 JUN 14

BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS

Agency Name: Sustainable Farms & Communities, Inc. (SF&C)

Agency Address: P.O. Box 1092, Columbia, MO 65205

Agency Phone Number: 573-289-0913

Primary Agency Contact: Dr. Kenneth Pigg, Chairperson, Board of Directors

Email Address: [lkenth80@hotmail.com](mailto:lkenth80@hotmail.com)

Contact Phone Number: 573-289-0913

Amount Requested: \$39,160.00

Federal Tax ID: 43-1903002

Signature: Kenneth Pigg Date: 7-10-14

**1. AGENCY AND SERVICE INFORMATION**

- a. Summary of Boone County Services Provided—SF&C was granted 501(c)(3) status in 2000 and operates entirely within Boone County, working closely with the Columbia Farmers' Market (CFM) Association with the mission of connecting producers and consumers of locally grown/produced food products in a community food system. (See purpose statement from SF&C Bylaws attached.) SF&C is a 15 member Board of Directors with three members appointed by the City of Columbia, 5 members representing the CFM and the remainder are at-large members from Boone County. The organization has no employees at the present time and operates solely as a volunteer organization (without members). Since 2011, SF&C has operated the Access to Healthy Food program in partnership with the CFM, Columbia/Boone County Dept. of Health and Human Services, the MU



ii. The portion of the Boone County population that AHF does not serve (well) is a predominantly minority population, especially those experiencing inter-generational poverty. While AHF enrolls a small number of African-American families who qualify, the needs are much greater than our ability to contact, recruit and enroll members of this population or support their use of the CFM as a source of healthy food.

iii. Based on anecdotal evidence from participants and observers, the primary impediments are poverty, a culture of poor food choices (energy-dense diet preferences) and perceptions of the Market environment that indicate the Market is “unfriendly.” As an all-volunteer organization, SF&C relies on word-of-mouth and conventional marketing techniques to recruit participating families. Without the manpower necessary to conduct active outreach campaigns, SF&C struggles to reach many at-risk families.

c. Service Need—The unmet needs for Boone County are detailed in the Missouri Hunger Atlas, 2013 (<http://foodsecurity.missouri.edu/wp-content/uploads/2014/05/Missouri-Hunger-Atlas-2013-5-5-14-Full-Version.pdf>).

This report and associated data sets deal with “food insecurity” and “food uncertainty,” related status indicators of hunger and, ultimately, poverty.

i. According to this source, “The costs of food insecurity are economic, social, physical and psychological. For example, the economic costs of food insecurity among adults include income loss, work absenteeism, higher demand for public benefits and social services and increased health care expenditures. Food insecurity and poverty are clearly connected—poverty is the best single predictor

of food insecurity, and hunger strongly correlates with lower educational achievement, unemployment and impaired work performance. Recent studies of children show food insecurity and hunger are significant predictors of chronic illness, low birth weight, lower school performance and developmental problems.”

ii. The level of food insecurity in Boone County is substantial. According to the Atlas, 27.3 per cent of households with children in the County were classified as “food uncertain.” This compares to the overall figure of 13.7% of total households with food uncertain, representing the level of need for food for children. Further, about 21% of the population under 18 years of age is SNAP eligible, yet Boone County has only about 77% of the eligible population enrolled in SNAP (Supplemental Nutrition Assistance Program) and only 47% of the eligible population enrolled in the WIC (Womens, Infants & Children) program. With a growing proportion of the county population experiencing hypertension, obesity and diabetes, the relationship between food and long-term health is apparent as it is typical for low-income families to spend limited food resources on “energy dense” foods (high in fat and sugar) rather than healthy food products. SNAP benefits alone cannot fully cover the higher cost of more nutritious food products as the average monthly SNAP benefit for all participants in Boone County was just over \$133/month and some research suggests a 2000 calorie diet of “nutrient dense” food products might cost as much as \$35/day (A USDA study found that a

2000 calorie diet of high-calorie foods costs about \$3.25 a day, compared to \$36.32 for low-calorie foods).<sup>1</sup>

It should also be noted that the Columbia/Boone County “Boone Issues Analysis of Mental Health” completed in 2012 lists food insecurity as one of four types of data used to assess mental health needs. It seems clear that access to healthy food is a fundamental element for healthy behaviors related to both mental and behavioral health.

- iii. The purpose of Access to Healthy Food is to relieve hunger and promote health among low-income families with young children.
- iv. The goal of the program is to reach at least half the eligible population by 2018 so that hunger (food insecurity) is reduced and healthy eating habits are created so as to secure long-term health benefits.
- v. The immediate outcomes of our program activity are to enroll at least 300 families by 2018, reduce the proportion of households with young children who are hungry below 20%, and increase minority participation in AHF to 25% of total participants. Longer term outcomes (which are unlikely to be measurable) are the reduction of food-related disease such as diabetes, hypertension and heart disease.
- vi. The food banks in Boone County provide food to needy families, however, their fresh foods supplies are often quite limited and users are restricted to only a few days’ eligibility (although it is understood that record-keeping is not very

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<sup>1</sup> Monsivais P and Drenowski A (2007). The Rising Cost of Low-Energy-Density Foods. Journal of American Dietetic Association, 107: 2071-2076. 2007.

accurate). Other than the redemption of SNAP and WIC benefits—which usually take place at commercial outlets such as groceries and convenience stores that do not stock many locally-produced items—there are no other known providers of supportive food services and no other programs that supplement SNAP/WIC benefits like AHF does. (In fact, other than Columbia, this type program only exists in Kansas City.)

**vii.** SF&C receives referrals from: Columbia/Boone County Dept. of Health and Human Services, food banks, Central Missouri Community Action, Columbia Housing Authority, Love INC, local churches and through existing users sharing information verbally or via social media. SF&C makes referrals to local food banks, the Missouri Dept. of Social Services and the Columbia/Boone County Department of Health and Human Services.

**viii.** See Attachment G for copies of agreements between SF&C and the Boone County/Columbia Department of Health and Social Services, the MU School of Public Health and Nursing and the Central Missouri Academy of Nutrition and Dietetics.

## **2. EVALUATION**

**a.** Performance Information (see Attachment A)

**b.** Outcomes

**i.** Service Outcomes: The immediate service outcomes include: (1) the total dollar amount redeemed at the Columbia Farmers' Market by participants; (2) the average level of utilization by AHF participants (utilization is defined as the expenditure of AHF benefits in at least two weeks/month; and (3) self reports of

reduction in hunger and consumption of healthy food products (collected via survey form). The intermediate outcomes include: (1) increased consumption of fresh fruit & vegetables by participants, especially young children; (2) reduced consumption of energy dense foods by participants; (3) reduced stress (self-reported) due to food insecurity/hunger; (4) increased minority participation in AHF; and (5) increased knowledge of the link between diet and health. These outcomes are measured annually with the immediate outcome measures monitored monthly. Outcomes such as these provide evidence of the adoption of healthy lifestyles among the participants.

**c. Indicators**

i. SF&C strives to keep evaluation as simple as possible as the level of expertise in this area by Board members is limited. Therefore, we use measures like “dollar amounts redeemed,” utilization rates (per cent of users redeeming AHF benefits each week) and a survey constructed by MU School of Public Health professors specifically for use with AHF participants. All of the intermediate outcomes are measured using this survey except for the use of SNAP benefits which is tracked by CFM management as a monthly dollar amount.

ii. Performance targets are listed below:

- Total Dollars redeemed at CFM by participants in 2014 = \$20,000
- Average Level of Utilization by AHF participants in 2014 = 50%
- Reduction in hunger reported in 2014 = 50% of participating families
- Increased consumption of healthy foods in 2014 = 75% of participating families

- Frequency of children's consumption of fresh food in 2014 = 4 days/week
- Reduced consumption of energy dense foods by participants = >3 days/week
- Reduced stress reported by AHF participants = 50% of participants
- Increased minority population enrolled as AHF participants = 15% of participants
- Increased knowledge of link between diet and health = 50% of participants

**d. Measurement**

**i.** Responsibilities for accomplishing these outcomes currently lie with the MU interns (from Schools of Public Health and Nursing) that manage the project on a daily basis. This arrangement will continue (and increased responsibility will be added) and will be supplemented by a part-time staff program assistant to give leadership to minority recruitment.

**ii.** Data are collected in three primary ways. Basic demographic data, baseline information and identifiers are collected with the enrollment form used by the AHF interns. Utilization data are collected by CFM management when benefits are redeemed and provided to SF&C monthly; this data includes weekly dollar amounts redeemed and the number of redemptions made by each individual family enrolled. Survey data is collected by interns and MU professors at the end of the market season (November - December) via personal interview and/or telephone interview.

**iii.** The timeline for each indicator above is annually, although the immediate indicators are monitored monthly with reports to the SF&C Board.

iv. The survey designed for evaluation of AHF is attached as Attachment H. This instrument was custom-designed for AHF use because of its unique design and lack of information regarding the existence of other relevant instruments. The survey makes use of existing indices wherever possible (e.g, stress experienced). Because of HIPAA, we cannot collect data on health conditions without going through a number of administrative procedures, we have chosen to rely upon the survey format (approved via the MU IRB process) and the use of secondary data collection through existing records. Another reason we use these approaches is that, as an all-volunteer organization, our board members do not have the time or expertise to conduct this evaluation by other means.

e. Input

i. Expertise: SF&C has, with the collaboration and support of the MU Schools of Public Health and Nursing, been operating the AHF program since 2011 and experiencing growing levels of participation. It is a relatively simple program to operate and we have made improvements each year to try and increase enrollment and the educational components of the program. For example, in 2014 we have developed a partnership with the Central Missouri Academy of Nutrition and Dietetics whose members are providing AHF enrollees with a weekly email blast full of information about new vegetables to eat, food safety, preparation methods and the links between specific diet elements and health. We will be testing the knowledge gains with the survey instrument in the Fall 2014. The MU interns are trained and supervised by a graduate student in public health with support from the Community Service Coordinator in the School and the Chair of SF&C, a

former MU faculty member and Executive Director of a non-profit association for 9 years. Additional faculty support has been provided by MU faculty in developing and supervising the evaluation data collection and analysis; these faculty use this information in their professional roles as well as providing summaries for SF&C to use for program purposes.

## ii. Service Activity

1. Healthy living styles may encompass any number or combination of habits considered to be “healthy.” AHF considers two factors as central to producing a single, healthy outcome. These two factors are healthy foods consumed beginning at an early age. The healthiest foods are fruits and vegetables, meats that do not contain growth hormones or antibiotics and are lean in their fat content, and dairy products without undesired hormones or contaminants that might lead to illness. While commercial grocers are more frequently making these products available to consumers, local producers who do not have to pick their produce early to get it on a truck and to a market outlet, can produce healthy products that are often more nutritious than those picked before completing their ripening process. These locally produced products are also more flavorful thus encouraging their consumption. Eating healthy, nutritious, tasty food products at an early age starts the development of healthy eating habits supporting healthy lifestyles. Educational support for this sort of consumption can also be helpful in developing healthy lifestyles as consumers learn how to prepare uncommon foods (to them) and use safe practices in preparation. Such education can also be helpful in linking nutritional qualities to healthy outcomes such as the avoidance of diabetes

and heart disease. By focusing the AHF program participant recruitment on SNAP-eligible families with young children, it directly affects the youngsters with supporting efforts by adult family members. Using young people to reach adults with new information has been an effective strategy for many years in programs such as the 4-H program and Scouting. Healthy eating habits are increasingly encouraged by changes in school menus and labeling on all food products. Thus, AHF supports SNAP use at farmers' markets to access local food products, expands purchasing power and decreasing hunger which reduces stress and the consumption of "energy dense foods" that lead to poor eating habits and illness. Since food consumption is a central activity in a healthy lifestyle, AHF directly addresses an important element in supporting long term health especially for young people who learn to eat and enjoy good foods at an early age.

In addition, direct, face-to-face efforts with related attempts to leverage existing personal networks among minority families will be used to identify and recruit participants for AHF. Based on anecdotal evidence frequently expressed directly to AHF staff members, minority families do not consider the Columbia Farmers' Market a "friendly" place to shop as there are not many minority families who shop at the Market and the foods available there are often considered to be expensive and, therefore, placing these families' ability to feed themselves at risk. By using existing networks, face-to-face contact and recruitment and a full explanation of the financial benefits available, we intend to increase participation in this population, often considered the most "at risk."

2. The evidence-based practices to be used are straightforward and directly applied: AHF increases the purchasing power of low-income families so they may afford more expensive nutritionally dense food products which have been shown to be more expensive than energy dense foods.<sup>2</sup> Since this support benefit is only available for purchases that qualify for SNAP programs, more energy dense foods that are often highly processed foods can be avoided more easily. The research supporting this approach is addressed below.

3. There is a significant research literature related to the quality of the food consumed and an individual's health. The following summarizes a good deal of this literature and provides a limited number of references (to conserve space). Dehghan and colleagues (2005) found that overweight and obesity in childhood is known to have significant impact on both physical and psychological health. Prevention may be achieved through a variety of interventions targeting built environment, physical activity, and diet.<sup>3</sup> In an article published in 2008, the authors find evidence for improving healthy lifestyles with a "whole family approach" that includes dietary changes, physical activity, education and early intervention (which is the sort of approach Access to Healthy Food emphasizes with its partners).<sup>4</sup> Similar findings come from a study by Kapor (2006) who found that the management of childhood obesity requires a multidimensional approach including dietary modifications, behavioral modifications and physical

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<sup>2</sup> Mosivais, P. and Drenowski, A. (2007) Ibid.

<sup>3</sup> Dehghan, M., Akhtar-Danesh, N., & Merchant, A.T. (2005). "Childhood obesity, prevalence and prevention." *Nutrition Journal*. Doi:10.1186/1475-2891-4-24

<sup>4</sup> Limbers, C.A., Turner, E.A., & Varni, J.W. (2008). "Promoting Healthy Lifestyles: Behavior modification and motivational interviewing in the treatment of obesity." *Journal of Clinical Lipidology*. Doi: 10.1016/j.jacl.2008.03.003

exercise.<sup>5</sup> Many studies have focused on institution-based approaches, especially those related to schools and the dietary choices and physical activities associated with these settings.<sup>6</sup> Greening and associates (2011) studied school-based efforts and found that intervening early in development may offer the best outcome because of the difficulties with changing lifestyle behaviors later in adulthood. These researchers recommend a population-based approach over a targeted approach to cultivate a culture of healthy lifestyle behaviors when children are developing their health-care habits.<sup>7</sup> It should also be noted that a healthy lifestyle approach that includes attention to diet and weight control, youth are less likely to become depressed as the association between obesity during childhood and depression is known to be high.<sup>8</sup> Studies such as these support the importance of encouraging healthy lifestyles at an early age and the important role of dietary behavior in the prevention equation, which programs such as Access to Healthy Foods encourages and supports with financial incentives and education. This review represents a very small summary of the available research.

f. Output:

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<sup>5</sup> Kapoor, S. (2006). "Physical activity to prevent obesity in young children: dietary and behavioral modifications in managing childhood obesity." British Medical Journal. Doi: 10.1136/bmj.39045.412593.1F

<sup>6</sup> Bartholomew, J.B., & Jowers, E.M. (2008). "Strategies to Modify School-Based Foods to Lower Obesity and Disease Risk." Doi: 10.1007/978-1-60327-571-2-24

<sup>7</sup> Greening, L., Harrell, K.T., Low, A.K., & Fielder, C.E. (2011). "Efficacy of a School-Based Childhood Obesity Intervention Program in a Rural Southern Community: TEAM Mississippi Project. Obesity. Doi: 10.1038/oby.2010.329

<sup>8</sup> Hasler, G., Pine, D.S., Kleinbaum, D.G., Gamma, A., Luckenbaugh, D., Ajdacic, V., & Angst, J. (2005). "Depressive symptoms during childhood and adult obesity: the Zurich Cohort Study." Molecular Psychiatry. Doi:10.1038/sl.mp.4001671

i. Services to be provided—Financial match (up to \$25/week) for SNAP benefits used at the Columbia Farmers’ Market for low income families with children under 10 years of age; educational support for healthy dietary choices, safety and food preparation suggestions; and, targeted recruitment efforts to reach a higher percentage of minority families who are SNAP eligible with young children.

Lastly, AHF staff members will recruit participants from at least 25 new families from minority populations in Boone County.

ii. Unit measurement—Based on the average utilization for each family/year (weekly benefits accessed/year), the direct cost of the AHF program can be estimated. This figure has been tracked for the past three years and has steadily increased as more families have taken advantage of this benefit. When the total indirect cost is added to the total direct costs and divided by the total number of participant families, the unit cost can be identified. For 2013 this unit amount (for families) was calculated at \$147.55 with unit indirect costs of \$25.00. For 2014 the estimated unit cost is \$202 based on increased participant enrollment and higher utilization rates with unit indirect costs of \$22.00.

iii. Unit cost estimated for 2015 is \$326.00 with unit indirect costs of \$17.77. The direct cost includes the temporary employment of a part-time staff person responsible for participant recruitment among minority families (\$10,700/year). The estimated utilization is \$280.00, a reasonable estimated increase based on recent experience.

iv. Amount requested--\$39,160 for calendar year 2015. Request based on proposed funding from the Heart of Missouri United Way for 2015 (already

submitted) and estimated results of SF&C fundraising efforts. It is anticipated that the Missouri Dept. of Agriculture grant that has been awarded to SF&C for AHF will not be available for 2015.

v. Number of individuals to be served—200 low income families averaging 4 persons/family or 800 persons. Additionally, AHF will add 25 minority families or 100 individuals to be served.

vi. Average units of services per individual--\$87.50. This figure is based on the redemption of \$25/week for each family for 14 weeks during the year or a little over once/month which has been typical for the past several years as a family may only shop at the Market on average about twice/month with some families shopping less frequently.

### **3. BUDGET**

The AHF budget estimates for 2015 are shown in Attachment C which represents a continuing growth in the number of families to be served with support anticipated from the Heart of Missouri United Way (\$32,000), the Boone County Children Services Board (\$39,160), and continued fundraising by SF&C to support the program. SF&C will be reallocating its limited volunteer resources for several years to conduct a capital campaign and has insufficient resources to continue the AHF program without additional support.

Attachment A: Access to Healthy Food Evaluation of Outcomes Logic Model

Inputs	Activities	Outputs	Outcomes		
			Initial	Intermediate	Long-Term <sup>1</sup>
<p>a. Money</p> <p>b. Volunteers</p> <p>c. Interns (MU)</p> <p>d. Enrollment/Marketing materials</p> <p>e. Internet access</p> <p>f. Partners (to refer families eligible for enrollment)</p> <p>g. Part-time staff</p>	<p>a. Provide \$ to match SNAP benefits used at CFM</p> <p>b. Enroll participants</p> <p>c. Educate participants</p> <p>d. Monitor/evaluate utilization &amp; population served</p> <p>e. Fundraising events to provide incidental expense coverage</p> <p>f. Educate partners about AHF and secure contact information for eligible participants</p> <p>g. Intern training</p>	<p>a. 200 low income participant families enrolled</p> <p>b. Weekly messages delivered to enrollees</p> <p>c. \$ distributed to participating families</p> <p>d. Materials distributed to partners</p> <p>e. # families served</p> <p>f. Funds raised from events</p> <p>g. New contact information base created</p> <p>h. five interns/volunteers trained (minimum)</p>	<p>a. \$ redeemed at CFM increases</p> <p>b. Income of target population increased</p> <p>c. Short term hunger alleviated</p> <p>d. 25 minority families enrolled</p>	<p>a. Reduction in hunger experienced by participants</p> <p>b. Increased consumption of fresh fruit &amp; veggie</p> <p>c. Reduced consumption of high energy foods</p> <p>d. Reduced stress due to food insecurity</p> <p>e. Increased use of SNAP benefits by eligible population</p> <p>e. Changes in knowledge re: food consumption and health links</p> <p>f. Increase in coverage for eligible population</p> <p>g. Formulation of efforts to reach non-participating but eligible population</p> <p>h. Changes in level of use of SNAP benefits</p>	<p>a. Reduction in poverty in county</p> <p>b. Reduction in diabetes, heart disease, and other food related illness</p> <p>c. Improved school performance by children &lt; 10 years of age</p> <p>d. Decreased rates of childhood obesity</p>

<sup>1</sup> These outcomes would take so long to produce concrete evidence that no plans to collect this data have been made.

Attachment A.1 AHF Program Evaluation Measurement Plan

Name of measure	Outcome in Logic Model	Description of Measure	Administration details	Timing of Collection
<i>Initial Outcomes</i>				
AHF Enrollment Form records	Income of target population increased	Value of AHF incentives used	Data taken from records provided by CFM staff in accounting system	Weekly; aggregated monthly
CFM Accounting records	Changes in level of SNAP benefits used	Value of SNAP benefits redeemed at CFM	Data taken from records provided by CFM staff in accounting system from 2013 compared to 2014 totals	Weekly; aggregated monthly and annually
AHF incentives redeemed at CFM	\$ redeemed at CFM increases	Value of AHF incentives redeemed at CFM	Data taken from records provided by CFM staff in accounting system	Weekly; aggregated monthly
<i>Intermediate Outcomes</i>				
AHF Participant survey	Reduction in hunger experienced by participants	Self-rating of incidence/degree of food insecurity/hunger in family	Compiled from survey responses by interns	Annually, in Oct/Nov.
AHF enrollment form	Short term hunger alleviated	Number of enrollments from food pantry referrals	Compiled from enrollment forms	Annually, in Oct/Nov.
AHF Participant survey	Increased consumption of fruit/vegetables by participants	Responses to questions in Item 18 of survey	Compiled from survey responses; converted to aggregate index	Annually, in Oct/Nov.
AHF Participant survey	Reduced consumption of high energy foods	Responses to questions in Item 18 of survey	Compiled from survey responses; converted to aggregate index	Annually, in Oct/Nov
AHF Participant survey	Reduced stress due to food insecurity/hunger	Self-rating of stress levels experienced during past 6 months	Compiled from survey responses	Annually, in Oct/Nov
AHF enrollment forms, utilization records; independent data from Missouri Hunger Atlas	Increase in coverage for eligible population	Number of AHF participants as a proportion of total eligible population, controlled for utilization	Compiled from AHF enrollment forms, CFM accounting records, current data from MO. Hunger Atlas	Annually, in Oct/Nov.
CFM Accounting records	Increased use of SNAP benefits by eligible population	Number of SNAP recipients using CFM for purchases	Data compiled from CFM accounting records	Annually, in Oct/Nov.

AHF Participant survey	Changes in knowledge of the link between food consumption & health	Scores on Item 19 in survey	Aggregated score	Annually, in Oct/Nov.
AHF Logic Model	Formulation of efforts to reach non-participating eligible population	Changes highlighted in Logic Model	Annual review of AHF evaluation by SF&C and partners	Annually, in December.

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME:**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	32,000	52.00%	undefined
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	25,000	22.90%	0.00%
D. Grants (non-governmental)	1,500	2,000	3,000	2.75%	50.00%
E. Fund Raising & Other Direct Support	4,750	24,500	10,000	9.16%	-59.18%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>6,250</b>	<b>26,500</b>	<b>70,000</b>	<b>0.641260535</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	39,160	35.87%	undefined
B. Boone County - Other	0	0	0	0.00%	0.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	5,000	5,000	0	0.00%	-100.00%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
<b>TOTAL GOVT CONTRACTS/SUPPORT (sub-totals)</b>	<b>5,000</b>	<b>5,000</b>	<b>39,160</b>	<b>\$0</b>	
3. Program Service Fees				0.00%	undefined
4. Investment Income (realized & unrealized)				0.00%	undefined
5. Other Revenue Items				0.00%	undefined
<b>TOTAL AGENCY REVENUE</b>	<b>\$11,250</b>	<b>\$31,500</b>	<b>\$109,160</b>		<b>246.54%</b>

<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services	\$ 15,000.00	\$ 27,000.00	\$ 66,500.00	62.64%	146.30%
Expenses for Management and General	\$ 3,149.00	\$ 3,300.00	\$ 24,660.00	23.23%	647.27%
Expenses for Fundraising	0	0	\$ 15,000.00	14.13%	undefined
<b>TOTAL AGENCY EXPENSES</b>	<b>\$ 18,149.00</b>	<b>\$ 30,300.00</b>	<b>\$ 106,160.00</b>	<b>100.00%</b>	<b>250.36%</b>
% of Management and Fundraising Expenses	17.35%	10.89%	14.13%		undefined

<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Net Assets, End of Year	\$76,717	\$ 77,106.00	\$77,188	0.61%

<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Cash, End of Year	\$ 5,212.00	\$ 1,200.00	\$ 3,000.00	150.00%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	32,000	38.95%	undefined
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	1,500	2,000	3,000	3.65%	50.00%
E. Fund Raising & Other Direct Support	3,750	20,500	8,000	9.74%	-60.98%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	39,160	47.66%	undefined
B. Boone County - Other	0	0	0	0.00%	0.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	0	5,000	0	0.00%	0.00%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	0			0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$5,250</b>	<b>\$27,500</b>	<b>\$82,160</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	0	0	12,700	17.31%	undefined
2. Non-Personnel	18,149	30,300	60,660	82.69%	100.20%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$18,149</b>	<b>\$30,300</b>	<b>\$73,360</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 800/2080= .35 FTE)</i>	0	0	0.35

## BCCSB/AHF Budget Narrative: Calendar year = 2015

This narrative accompanies the proposal submitted by Sustainable Farms & Communities, Inc. in support of the Access to Healthy Food program as part of the funding request from the Boone County Children's Services Board. The narrative explains how the amounts included in the budget for the current and proposal years were derived.

A copy of the Form 990E that SF&C submits annually is available upon request.

SF&C does not produce an independent audit as our total annual revenues have not exceeded \$50,000 since 2009 when the organization was in the midst of a capital campaign.

SF&C is prepared to increase its current liability insurance to meet the requirements of this program (and this cost is included in this proposal).

### REVENUE

#### 1. Direct Support

A. Heart of Missouri United Way—SF&C has submitted a proposal to HMUW for the 2015 calendar year in the Safety Net category for funding amounting to \$32,000 to cover AHF participant benefits (only). This proposal assumes continuation of current operational plans. SF&C was not a certified HMUW agency in 2014 so did not qualify for funding.

B. Non-governmental grants—SF&C seeks grants from various local and extra-local sources such as the Boone Electrical Cooperative Community Trust and others. In 2014 SF&C has received \$2,000 with anticipated increases amounting to \$3,000 for 2015.

C. Fundraising & Other Direct Support—SF&C conducts various events throughout the year to raise funds and solicits community support which is estimated to amount to \$20,500 in 2014 and \$8,000 in 2015. The reduction is due to a shift in volunteer efforts to the capital campaign now being planned.

#### 2. Government Contracts/support

A. Boone County-Social Service Funding—SF&C is applying for \$39,160 in support for 2015. No funds were received for 2014. This request is composed of direct service provision and (partial) costs of operation, including liability insurance increases amounting to \$1,160.

B. State Grants—for the past three years SF&C has received \$5,000 annually from the MO. Dept. of Agriculture for support of the AHF program. This support will not be available in 2015.

No other revenue sources in support of AHF program efforts are estimated at this time.

### EXPENSES

1. Personnel—In order to fulfill the requirements of this proposal and effectively recruit minority participants as explained in the proposal, SF&C proposed to hire a program staff person on a part time basis to work on this aspect of the program. This cost is estimated at \$10,000 annually for 15-20 hours/week for 50 weeks. SF&C will pay 7% of salary for SSA benefits. Additionally, SF&C will compensate the lead intern from the MU School of Public Health in the amount of \$2,000 to attract the best possible candidate. (In prior years, the interns have not been compensated and SF&C will need to transfer additional responsibilities to the lead intern in order to conduct its capital campaign in 2015-16.)

2. Non-Personnel—this category is composed of direct services provided and operational expenses.

a. Direct service provision—200 participating families @ \$280 annual benefit used (on average)

b. Operational expenses—to include participant recruitment materials, other printed materials for communication about AHF program, insurance, accountant fees, etc. amounting to an estimated \$4,660 for 2015. This amount represents an increase of \$1,360 over 2014 due to increased insurance and printing costs.

NOTE: This budget includes a contingency amount of \$8,800 (revenue minus program expense) as it the expenses are based on continuing the recent rate of expansion of participant families. Should the minority recruitment be successful to any reasonable degree, all or part of these funds will be required to meet the increased demand.

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

*none*

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Printed Name - Agency Executive Director/President/CEO Date

*none*

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Signature - Agency Executive Director/President/CEO Date

*Kenneth E. Pigg*

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Printed Name - Agency Board Chair Date

*Kenneth E. Pigg*

---

Signature - Agency Board Chair Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

**Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

**(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)**

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Kenneth Pigg Chair, Board of Directors, SF+C  
Name and Title of Authorized Representative

Kenneth Pigg 7-9-2014  
Signature Date



**THE E-VERIFY  
MEMORANDUM OF UNDERSTANDING  
FOR EMPLOYERS**

**ARTICLE I  
PURPOSE AND AUTHORITY**

The parties to this agreement are the Department of Homeland Security (DHS) and the Sustainable Farms & Communities, Inc. (Employer). The purpose of this agreement is to set forth terms and conditions which the Employer will follow while participating in E-Verify.

E-Verify is a program that electronically confirms an employee's eligibility to work in the United States after completion of Form I-9, Employment Eligibility Verification (Form I-9). This Memorandum of Understanding (MOU) explains certain features of the E-Verify program and describes specific responsibilities of the Employer, the Social Security Administration (SSA), and DHS.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note). The Federal Acquisition Regulation (FAR) Subpart 22.18, "Employment Eligibility Verification" and Executive Order 12989, as amended, provide authority for Federal contractors and subcontractors (Federal contractor) to use E-Verify to verify the employment eligibility of certain employees working on Federal contracts.

**ARTICLE II  
RESPONSIBILITIES**

**A. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the following notices supplied by DHS in a prominent place that is clearly visible to prospective employees and all employees who are to be verified through the system:
  - a. Notice of E-Verify Participation
  - b. Notice of Right to Work
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted about E-Verify. The Employer also agrees to keep such information current by providing updated information to SSA and DHS whenever the representatives' contact information changes.
3. The Employer agrees to grant E-Verify access only to current employees who need E-Verify access. Employers must promptly terminate an employee's E-Verify access if the employer is separated from the company or no longer needs access to E-Verify.

Company ID Number: 796721

4. The Employer agrees to become familiar with and comply with the most recent version of the E-Verify User Manual.
  5. The Employer agrees that any Employer Representative who will create E-Verify cases will complete the E-Verify Tutorial before that individual creates any cases.
    - a. The Employer agrees that all Employer representatives will take the refresher tutorials when prompted by E-Verify in order to continue using E-Verify. Failure to complete a refresher tutorial will prevent the Employer Representative from continued use of E-Verify.
  6. The Employer agrees to comply with current Form I-9 procedures, with two exceptions:
    - a. If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2(b)(1)(B)) can be presented during the Form I-9 process to establish identity.) If an employee objects to the photo requirement for religious reasons, the Employer should contact E-Verify at 888-464-4218.
    - b. If an employee presents a DHS Form I-551 (Permanent Resident Card), Form I-766 (Employment Authorization Document), or U.S. Passport or Passport Card to complete Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The Employer will use the photocopy to verify the photo and to assist DHS with its review of photo mismatches that employees contest. DHS may in the future designate other documents that activate the photo screening tool.
- Note:** Subject only to the exceptions noted previously in this paragraph, employees still retain the right to present any List A, or List B and List C, document(s) to complete the Form I-9.
7. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.
  8. The Employer agrees that, although it participates in E-Verify, the Employer has a responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, including the obligation to comply with the antidiscrimination requirements of section 274B of the INA with respect to Form I-9 procedures.
    - a. The following modified requirements are the only exceptions to an Employer's obligation to not employ unauthorized workers and comply with the anti-discrimination provision of the INA: (1) List B identity documents must have photos, as described in paragraph 6 above; (2) When an Employer confirms the identity and employment eligibility of newly hired employee using E-Verify procedures, the Employer establishes a rebuttable presumption that it has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of that employee; (3) If the Employer receives a final nonconfirmation for an employee, but continues to employ that person, the Employer must notify DHS and the Employer is subject to a civil money penalty between \$550 and \$1,100 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) If the Employer continues to employ an employee after receiving a final nonconfirmation, then the Employer is subject to a rebuttable presumption that it has knowingly

employed an unauthorized alien in violation of section 274A(a)(1)(A); and (5) no E-Verify participant is civilly or criminally liable under any law for any action taken in good faith based on information provided through the E-Verify.

b. DHS reserves the right to conduct Form I-9 compliance inspections, as well as any other enforcement or compliance activity authorized by law, including site visits, to ensure proper use of E-Verify.

9. The Employer is strictly prohibited from creating an E-Verify case before the employee has been hired, meaning that a firm offer of employment was extended and accepted and Form I-9 was completed. The Employer agrees to create an E-Verify case for new employees within three Employer business days after each employee has been hired (after both Sections 1 and 2 of Form I-9 have been completed), and to complete as many steps of the E-Verify process as are necessary according to the E-Verify User Manual. If E-Verify is temporarily unavailable, the three-day time period will be extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability.

10. The Employer agrees not to use E-Verify for pre-employment screening of job applicants, in support of any unlawful employment practice, or for any other use that this MOU or the E-Verify User Manual does not authorize.

11. The Employer must use E-Verify for all new employees. The Employer will not verify selectively and will not verify employees hired before the effective date of this MOU. Employers who are Federal contractors may qualify for exceptions to this requirement as described in Article II.B of this MOU.

12. The Employer agrees to follow appropriate procedures (see Article III below) regarding tentative nonconfirmations. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending. Further, when employees contest a tentative nonconfirmation based upon a photo mismatch, the Employer must take additional steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

13. The Employer agrees not to take any adverse action against an employee based upon the employee's perceived employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1(l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification system to verify work authorization, a tentative nonconfirmation, a case in continuance (indicating the need for additional time for the government to resolve a case), or the finding of a photo mismatch, does not establish, and should not be interpreted as, evidence that the employee is not work authorized. In any of such cases, the employee must be provided a full and fair opportunity to contest the finding, and if he or she does so, the employee may not be terminated or suffer any adverse employment consequences based upon the employee's perceived employment eligibility status

Company ID Number: 796721

(including denying, reducing, or extending work hours, delaying or preventing training, requiring an employee to work in poorer conditions, withholding pay, refusing to assign the employee to a Federal contract or other assignment, or otherwise assuming that he or she is unauthorized to work) until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo mismatch or if a secondary verification is completed and a final nonconfirmation is issued, then the Employer can find the employee is not work authorized and terminate the employee's employment. Employers or employees with questions about a final nonconfirmation may call E-Verify at 1-888-464-4218 (customer service) or 1-888-897-7781 (worker hotline).

14. The Employer agrees to comply with Title VII of the Civil Rights Act of 1964 and section 274B of the INA as applicable by not discriminating unlawfully against any individual in hiring, firing, employment eligibility verification, or recruitment or referral practices because of his or her national origin or citizenship status, or by committing discriminatory documentary practices. The Employer understands that such illegal practices can include selective verification or use of E-Verify except as provided in part D below, or discharging or refusing to hire employees because they appear or sound "foreign" or have received tentative nonconfirmations. The Employer further understands that any violation of the immigration-related unfair employment practices provisions in section 274B of the INA could subject the Employer to civil penalties, back pay awards, and other sanctions, and violations of Title VII could subject the Employer to back pay awards, compensatory and punitive damages. Violations of either section 274B of the INA or Title VII may also lead to the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-8155 or 1-800-237-2515 (TDD).

15. The Employer agrees that it will use the information it receives from E-Verify only to confirm the employment eligibility of employees as authorized by this MOU. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords), to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU, except for such dissemination as may be authorized in advance by SSA or DHS for legitimate purposes.

16. The Employer agrees to notify DHS immediately in the event of a breach of personal information. Breaches are defined as loss of control or unauthorized access to E-Verify personal data. All suspected or confirmed breaches should be reported by calling 1-888-464-4218 or via email at [E-Verify@dhs.gov](mailto:E-Verify@dhs.gov). Please use "Privacy Incident – Password" in the subject line of your email when sending a breach report to E-Verify.

17. The Employer acknowledges that the information it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a(i)(1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)). Any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

18. The Employer agrees to cooperate with DHS and SSA in their compliance monitoring and evaluation of E-Verify, which includes permitting DHS, SSA, their contractors and other agents, upon

Company ID Number: 796721

reasonable notice, to review Forms I-9 and other employment records and to interview it and its employees regarding the Employer's use of E-Verify, and to respond in a prompt and accurate manner to DHS requests for information relating to their participation in E-Verify.

19. The Employer shall not make any false or unauthorized claims or references about its participation in E-Verify on its website, in advertising materials, or other media. The Employer shall not describe its services as federally-approved, federally-certified, or federally-recognized, or use language with a similar intent on its website or other materials provided to the public. Entering into this MOU does not mean that E-Verify endorses or authorizes your E-Verify services and any claim to that effect is false.

20. The Employer shall not state in its website or other public documents that any language used therein has been provided or approved by DHS, USCIS or the Verification Division, without first obtaining the prior written consent of DHS.

21. The Employer agrees that E-Verify trademarks and logos may be used only under license by DHS/USCIS (see [M-795 \(Web\)](#)) and, other than pursuant to the specific terms of such license, may not be used in any manner that might imply that the Employer's services, products, websites, or publications are sponsored by, endorsed by, licensed by, or affiliated with DHS, USCIS, or E-Verify.

22. The Employer understands that if it uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and termination of its participation in E-Verify according to this MOU.

## **B. RESPONSIBILITIES OF FEDERAL CONTRACTORS**

1. If the Employer is a Federal contractor with the FAR E-Verify clause subject to the employment verification terms in Subpart 22.18 of the FAR, it will become familiar with and comply with the most current version of the E-Verify User Manual for Federal Contractors as well as the E-Verify Supplemental Guide for Federal Contractors.

2. In addition to the responsibilities of every employer outlined in this MOU, the Employer understands that if it is a Federal contractor subject to the employment verification terms in Subpart 22.18 of the FAR it must verify the employment eligibility of any "employee assigned to the contract" (as defined in FAR 22.1801). Once an employee has been verified through E-Verify by the Employer, the Employer may not create a second case for the employee through E-Verify.

a. An Employer that is not enrolled in E-Verify as a Federal contractor at the time of a contract award must enroll as a Federal contractor in the E-Verify program within 30 calendar days of contract award and, within 90 days of enrollment, begin to verify employment eligibility of new hires using E-Verify. The Employer must verify those employees who are working in the United States, whether or not they are assigned to the contract. Once the Employer begins verifying new hires, such verification of new hires must be initiated within three business days after the hire date. Once enrolled in E-Verify as a Federal contractor, the Employer must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

Company ID Number:

b. Employers enrolled in E-Verify as a Federal contractor for 90 days or more at the time of a contract award must use E-Verify to begin verification of employment eligibility for new hires of the Employer who are working in the United States, whether or not assigned to the contract, within three business days after the date of hire. If the Employer is enrolled in E-Verify as a Federal contractor for 90 calendar days or less at the time of contract award, the Employer must, within 90 days of enrollment, begin to use E-Verify to initiate verification of new hires of the contractor who are working in the United States, whether or not assigned to the contract. Such verification of new hires must be initiated within three business days after the date of hire. An Employer enrolled as a Federal contractor in E-Verify must begin verification of each employee assigned to the contract within 90 calendar days after date of contract award or within 30 days after assignment to the contract, whichever is later.

c. Federal contractors that are institutions of higher education (as defined at 20 U.S.C. 1001(a)), state or local governments, governments of Federally recognized Indian tribes, or sureties performing under a takeover agreement entered into with a Federal agency under a performance bond may choose to only verify new and existing employees assigned to the Federal contract. Such Federal contractors may, however, elect to verify all new hires, and/or all existing employees hired after November 6, 1986. Employers in this category must begin verification of employees assigned to the contract within 90 calendar days after the date of enrollment or within 30 days of an employee's assignment to the contract, whichever date is later.

d. Upon enrollment, Employers who are Federal contractors may elect to verify employment eligibility of all existing employees working in the United States who were hired after November 6, 1986, instead of verifying only those employees assigned to a covered Federal contract. After enrollment, Employers must elect to verify existing staff following DHS procedures and begin E-Verify verification of all existing employees within 180 days after the election.

e. The Employer may use a previously completed Form I-9 as the basis for creating an E-Verify case for an employee assigned to a contract as long as:

- i. That Form I-9 is complete (including the SSN) and complies with Article II.A.6,
- ii. The employee's work authorization has not expired, and
- iii. The Employer has reviewed the Form I-9 information either in person or in communications with the employee to ensure that the employee's Section 1, Form I-9 attestation has not changed (including, but not limited to, a lawful permanent resident alien having become a naturalized U.S. citizen).

f. The Employer shall complete a new Form I-9 consistent with Article II.A.6 or update the previous Form I-9 to provide the necessary information if:

- i. The Employer cannot determine that Form I-9 complies with Article II.A.6,
- ii. The employee's basis for work authorization as attested in Section 1 has expired or changed, or
- iii. The Form I-9 contains no SSN or is otherwise incomplete.

Note: If Section 1 of Form I-9 is otherwise valid and up-to-date and the form otherwise complies with

Company ID Number:

Article II.C.5, but reflects documentation (such as a U.S. passport or Form I-551) that expired after completing Form I-9, the Employer shall not require the production of additional documentation, or use the photo screening tool described in Article II.A.5, subject to any additional or superseding instructions that may be provided on this subject in the E-Verify User Manual.

g. The Employer agrees not to require a second verification using E-Verify of any assigned employee who has previously been verified as a newly hired employee under this MOU or to authorize verification of any existing employee by any Employer that is not a Federal contractor based on this Article.

3. The Employer understands that if it is a Federal contractor, its compliance with this MOU is a performance requirement under the terms of the Federal contract or subcontract, and the Employer consents to the release of information relating to compliance with its verification responsibilities under this MOU to contracting officers or other officials authorized to review the Employer's compliance with Federal contracting requirements.

## **C. RESPONSIBILITIES OF SSA**

1. SSA agrees to allow DHS to compare data provided by the Employer against SSA's database. SSA sends DHS confirmation that the data sent either matches or does not match the information in SSA's database.

2. SSA agrees to safeguard the information the Employer provides through E-Verify procedures. SSA also agrees to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security numbers or responsible for evaluation of E-Verify or such other persons or entities who may be authorized by SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).

3. SSA agrees to provide case results from its database within three Federal Government work days of the initial inquiry. E-Verify provides the information to the Employer.

4. SSA agrees to update SSA records as necessary if the employee who contests the SSA tentative nonconfirmation visits an SSA field office and provides the required evidence. If the employee visits an SSA field office within the eight Federal Government work days from the date of referral to SSA, SSA agrees to update SSA records, if appropriate, within the eight-day period unless SSA determines that more than eight days may be necessary. In such cases, SSA will provide additional instructions to the employee. If the employee does not visit SSA in the time allowed, E-Verify may provide a final nonconfirmation to the employer.

Note: If an Employer experiences technical problems, or has a policy question, the employer should contact E-Verify at 1-888-464-4218.

## **D. RESPONSIBILITIES OF DHS**

1. DHS agrees to provide the Employer with selected data from DHS databases to enable the Employer to conduct, to the extent authorized by this MOU:

a. Automated verification checks on alien employees by electronic means, and

Company ID Number:

- b. Photo verification checks (when available) on employees.
2. DHS agrees to assist the Employer with operational problems associated with the Employer's participation in E-Verify. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer with access to E-Verify training materials as well as an E-Verify User Manual that contain instructions on E-Verify policies, procedures, and requirements for both SSA and DHS, including restrictions on the use of E-Verify.
4. DHS agrees to train Employers on all important changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify User Manual. Even without changes to E-Verify, DHS reserves the right to require employers to take mandatory refresher tutorials.
5. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in E-Verify. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, U.S. Department of Justice.
6. DHS agrees to issue each of the Employer's E-Verify users a unique user identification number and password that permits them to log in to E-Verify.
7. DHS agrees to safeguard the information the Employer provides, and to limit access to such information to individuals responsible for the verification process, for evaluation of E-Verify, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security numbers and employment eligibility, to enforce the INA and Federal criminal laws, and to administer Federal contracting requirements.
8. DHS agrees to provide a means of automated verification that provides (in conjunction with SSA verification procedures) confirmation or tentative nonconfirmation of employees' employment eligibility within three Federal Government work days of the initial inquiry.
9. DHS agrees to provide a means of secondary verification (including updating DHS records) for employees who contest DHS tentative nonconfirmations and photo mismatch tentative nonconfirmations. This provides final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

## ARTICLE III

### REFERRAL OF INDIVIDUALS TO SSA AND DHS

#### A. REFERRAL TO SSA

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the notice as directed by E-Verify. The Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify

Company ID Number:

case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer agrees to provide written referral instructions to employees and instruct affected employees to bring the English copy of the letter to the SSA. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.

2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. After a tentative nonconfirmation, the Employer will refer employees to SSA field offices only as directed by E-Verify. The Employer must record the case verification number, review the employee information submitted to E-Verify to identify any errors, and find out whether the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security number, or any other corrected employee information that SSA requests, to SSA for verification again if this review indicates a need to do so.
4. The Employer will instruct the employee to visit an SSA office within eight Federal Government work days. SSA will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.
5. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.
6. The Employer agrees not to ask the employee to obtain a printout from the Social Security Administration number database (the Numident) or other written verification of the SSN from the SSA.

## **B. REFERRAL TO DHS**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must promptly notify employees in private of the finding and provide them with the notice and letter containing information specific to the employee's E-Verify case. The Employer also agrees to provide both the English and the translated notice and letter for employees with limited English proficiency to employees. The Employer must allow employees to contest the finding, and not take adverse action against employees if they choose to contest the finding, while their case is still pending.
2. The Employer agrees to obtain the employee's response about whether he or she will contest the tentative nonconfirmation as soon as possible after the Employer receives the tentative nonconfirmation. Only the employee may determine whether he or she will contest the tentative nonconfirmation.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation.
4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will instruct the

Company ID Number:

employee to contact DHS through its toll-free hotline (as found on the referral letter) within eight Federal Government work days.

5. If the Employer finds a photo mismatch, the Employer must provide the photo mismatch tentative nonconfirmation notice and follow the instructions outlined in paragraph 1 of this section for tentative nonconfirmations, generally.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo mismatch, the Employer will send a copy of the employee's Form I-551, Form I-766, U.S. Passport, or passport card to DHS for review by:

- a. Scanning and uploading the document, or
- b. Sending a photocopy of the document by express mail (furnished and paid for by the employer).

7. The Employer understands that if it cannot determine whether there is a photo match/mismatch, the Employer must forward the employee's documentation to DHS as described in the preceding paragraph. The Employer agrees to resolve the case as specified by the DHS representative who will determine the photo match or mismatch.

8. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

9. While waiting for case results, the Employer agrees to check the E-Verify system regularly for case updates.

## **ARTICLE IV SERVICE PROVISIONS**

### **A. NO SERVICE FEES**

1. SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access E-Verify, an Employer will need a personal computer with Internet access.

## **ARTICLE V MODIFICATION AND TERMINATION**

### **A. MODIFICATION**

1. This MOU is effective upon the signature of all parties and shall continue in effect for as long as the SSA and DHS operates the E-Verify program unless modified in writing by the mutual consent of all parties.

2. Any and all E-Verify system enhancements by DHS or SSA, including but not limited to E-Verify checking against additional data sources and instituting new verification policies or procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes.

Company ID Number:

## **B. TERMINATION**

1. The Employer may terminate this MOU and its participation in E-Verify at any time upon 30 days prior written notice to the other parties.
2. Notwithstanding Article V, part A of this MOU, DHS may terminate this MOU, and thereby the Employer's participation in E-Verify, with or without notice at any time if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established E-Verify procedures and/or legal requirements. The Employer understands that if it is a Federal contractor, termination of this MOU by any party for any reason may negatively affect the performance of its contractual responsibilities. Similarly, the Employer understands that if it is in a state where E-Verify is mandatory, termination of this by any party MOU may negatively affect the Employer's business.
3. An Employer that is a Federal contractor may terminate this MOU when the Federal contract that requires its participation in E-Verify is terminated or completed. In such cases, the Federal contractor must provide written notice to DHS. If an Employer that is a Federal contractor fails to provide such notice, then that Employer will remain an E-Verify participant, will remain bound by the terms of this MOU that apply to non-Federal contractor participants, and will be required to use the E-Verify procedures to verify the employment eligibility of all newly hired employees.
4. The Employer agrees that E-Verify is not liable for any losses, financial or otherwise, if the Employer is terminated from E-Verify.

## **ARTICLE VI PARTIES**

- A. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as necessary. By separate agreement with DHS, SSA has agreed to perform its responsibilities as described in this MOU.
- B. Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.
- C. The Employer may not assign, directly or indirectly, whether by operation of law, change of control or merger, all or any part of its rights or obligations under this MOU without the prior written consent of DHS, which consent shall not be unreasonably withheld or delayed. Any attempt to sublicense, assign, or transfer any of the rights, duties, or obligations herein is void.
- D. Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.
- E. The Employer understands that its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to,

Company ID Number:

Congressional oversight, E-Verify publicity and media inquiries, determinations of compliance with Federal contractual requirements, and responses to inquiries under the Freedom of Information Act (FOIA).

F. The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively. The Employer understands that any inaccurate statement, representation, data or other information provided to DHS may subject the Employer, its subcontractors, its employees, or its representatives to: (1) prosecution for false statements pursuant to 18 U.S.C. 1001 and/or; (2) immediate termination of its MOU and/or; (3) possible debarment or suspension.

G. The foregoing constitutes the full agreement on this subject between DHS and the Employer.

**To be accepted as an E-Verify participant, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify at 1-888-464-4218.**

ATTACHMENT G  
Collaborative Agreements



CITY OF COLUMBIA/BOONE COUNTY, MISSOURI



DEPARTMENT OF PUBLIC HEALTH AND HUMAN SERVICES  
DIVISION OF ADMINISTRATION

June 24, 2014

Dear Ken:

Columbia/Boone County Public Health and Human Services have been collaborating with Sustainable Farms and Communities for over three years on the Access to Healthy Foods (AHF) program. We inform WIC families about the AHF program during our Nutrition Education classes that families have to attend every six months.

We are supportive of the program because we know many of our families are at risk of not having enough food to eat, especially healthy food, and that at least 1/3 of our WIC children are overweight or at risk of being overweight. Fifty-six percent of our WIC women start their pregnancy overweight and getting fresh, affordable fruits and vegetables is crucial. We understand that you are applying for the Boone County Children's Services funding. If you are awarded the funding we will continue to promote the AHF program in our Nutrition Education classes and have AHF brochures available in the classroom for our WIC families.

Sincerely,

Stephanie Browning  
Director

**UNIVERSITY OF MISSOURI  
MU SINCLAIR SCHOOL OF NURSING  
PRACTICUM AGREEMENT**

**THIS AGREEMENT** entered into and approved May 5, 2014 between **THE CURATORS OF THE UNIVERSITY OF MISSOURI**, a public corporation of the State of Missouri, contracting on behalf of the University of Missouri Sinclair School of Nursing and **Sustainable Farms & Communities, Inc.** hereinafter referred to as "The Agency."

WITNESSETH

**WHEREAS**, University and The Agency are desirous of establishing an educational experience for the benefit of MU Nursing students as well as the benefit of The Agency;

**NOW THEREFORE**, in consideration of the above premise, the parties do hereby agree as follows:

1. Beginning on the 12<sup>th</sup> day of May, 2014 and continuing through the 31<sup>st</sup> day of July, 2014, Matthew Lamkey, hereinafter referred to as "Student," shall participate in an educational experience to be conducted at The Agency's facilities.

2. Both parties will mutually agree on the educational objectives of the educational experience. In determining objectives, appropriate consideration will be given to University's policies, procedures, regulations, and accreditation criteria (voluntary and regulatory) and the nursing standards, policies, procedures and regulations of the The Agency.

3. The student, while at The Agency, is covered for professional liability under the University of Missouri Medical, Professional, and Patient General Liability Plan as set forth in Section 490.020 of the Collected Rules and Regulations of the University of Missouri. A copy of the plan will be provided upon request.

4. If The Agency deems a student's performance to be unsatisfactory and detrimental to its responsibilities, it may temporarily suspend the student from utilizing The Agency for educational experience by notice to the student and University faculty.

5. The Agency shall maintain overall administrative and professional supervision of students and faculty of University insofar as their presence affects the operation of The Agency.



000261-MSNR-1400

SUSTAINABLE FARMS & COMMUNITIES, INC.

NURSING CLIN EXP

6. University will not discriminate against any student in its assignments to this program because of race, color, religion, sex, national origin, handicap, or status as a veteran. The Agency will not discriminate against any student because of race, color, religion, sex, national origin, handicap, or status as a veteran.

7. It is understood that assigned students are not employees of the University or The Agency and therefore, are not covered by Social Security, Employment Compensation, or Worker's Compensation.

8. This agreement shall be deemed to have been entered into under the laws of the State of Missouri and the rights and obligations of the parties hereunder shall be governed and determined according to the laws of said state.

**IN WITNESS WHEREOF**, the parties hereto have caused this instrument to be duly executed by their properly authorized representative.

**Sustainable Farms & Communities, Inc.**  
The Agency

By:   
Signature

Name: Kenneth Pigg  
please print

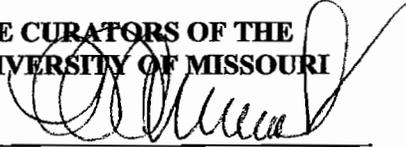
Title: Chairperson

Date: May 7, 2014

Address: P.O. Box 1092

Columbia MO 65205  
City State Zip

**THE CURATORS OF THE  
UNIVERSITY OF MISSOURI**

By:   
Lisa Wimmenauer

Title: Associate Director of Business Services

Date: 5/15/14

AP  
5/13/14

**Information Signature:**



Roxanne McDaniel, PhD, RN  
Associate Dean  
MU Sinclair School of Nursing

Date: May 5, 2014



Master of Public Health Program

Graduate School

*University of Missouri*

802 Lewis Hall

Columbia, MO 65211

PHONE (573) 884-6844

FAX (573) 884-4132

<http://publichealth.missouri.edu>

March 21, 2014

Dr. Kenneth Pigg

SF&C

PO Box 1092

Columbia, MO 65205

Dear Dr. Pigg,

On behalf of the Master of Public Health Program (MPH), I am writing to express my support for the Access to Healthy Food United Way Proposal. Food insecurity is an increasingly central focus of public health professionals and a critical topic for both our Veterinary and Health Promotion and Prevention emphasis areas. Our MPH students often seek out internship opportunities that involve improving food insecurity and addressing hunger. The Access to Healthy Food and MPH program have enjoyed a 4-year partnership where several MPH interns have learned first-hand the challenges and rewards of helping high risk populations access healthy food. MPH students have also lead efforts to annually evaluate the program outcomes. Their efforts have been instrumental in demonstrating success and areas of improvement, and have been showcased at the Missouri State Public Health Association conference for the past several years.

We enthusiastically support the Access to Healthy Food program as a means to not only provide healthy affordable food to high-risk families, but to help our MPH students gain competency in implementing and evaluating a model public health program that addresses food insecurity, one of the most critical public health issues of our day.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Lise Saffran'.

Lise Saffran, MFA, MPH

Interim Director

## **BY-LAWS**

of

Sustainable Farms & Communities, Inc

A Missouri Not for Profit Corporation

(originally adopted on October 25, 2000)

(amended April 2002, April 2009, June 2009)

### **ARTICLE I – Name, purposes and Status**

Section 1. **Name.** The name of this organization is Sustainable Farms & Communities, Inc. (hereinafter SFCI or Corporation).

Section 2. **Purposes.** SFCI is organized exclusively for education, charitable, and scientific purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code of 1986 (as amended), for the promotion of the common good and general welfare of the residents of central Missouri and, in particular, to provide financial and administrative support for the feasibility, design, contractual, organizational, and fundraising work necessary to enable the construction and sustained effective operation of a farmers' market community center, and to do any and all things which may be necessary or proper in connection with these purposes. In furtherance of its permitted purposes, the Corporation may exercise any, all, and every power that a corporation organized under the General Not-For-Profit Corporation Law of Missouri may exercise.

Section 3. **Status.** SFCI was incorporated on September 26, 2000 under Chapter 355 RSMo, The General Not-For-Profit Corporation Law of Missouri. Its Corporate Charter Number is N00065009. Its Federal Tax Identification Number is 43-1903002.

### **ARTICLE II – Membership**

Section 1. SFCI is not a membership organization. All individuals serving on SFCI board are hereinafter Directors.

### **ARTICLE III – (Reserved)**

## AHF: Is stress a factor?

### Your Consent

This study explores the factors that influence peoples' participation in farmer's markets. The purpose of this study is to determine the individual and community effects that have occurred as result of your participation and how these may be linked. This project involves gathering data through the completion of an online or in-person survey. If you agree to participate, you will be directed to the internet location of the survey form for completion. The data will be collected for analysis and results may be published.

Based on referrals from local program organizers, we would like to formally invite you to participate in this study. We believe that your input will contribute to the enhancement of farmer's markets in Columbia and across the state through sharing of knowledge. Participation will include responding to survey questions about the nature and scope of your participation, motives for participation, the impact your participation has had on buying and consuming healthy foods. The survey should not take more than 20 minutes to complete.

This project has the approval of the Institutional Review Board of the University of Missouri-Columbia (573-882-9585) based on the following ethical practices:

- **Voluntary:** This survey is entirely voluntary. You can skip questions if you want or you can choose not to take the survey at any time without any penalty or loss of benefits to which you are otherwise entitled.
- **Confidentiality:** We will not use your name. We will provide an assigned code to your response to permit researchers to distinguish one respondent from another. We will analyze and compile the data for community or collective effects around which to organize the writing.

If you understand these conditions and are willing to participate in the project, please go to the next page.

If you have any questions about this study, please do not hesitate to contact any of the following:

Wilson Majee, Ph.D, MPH, University of Missouri: [majeew@missouri.edu](mailto:majeew@missouri.edu), 573 882 8820

Eileen Bjornstrom, Ph.D, University of Missouri: [bjornstrome@missouri.edu](mailto:bjornstrome@missouri.edu), 573 882 6341

Lynelle Phillips, MPH, RN, University of Missouri: [phillipslm@health.missouri.edu](mailto:phillipslm@health.missouri.edu), 573 884 8976

# AHF: Is stress a factor?

## About Yourself

The purpose of the questions in this section is for us to gain a better understanding of who you are, where you live, how long you have lived there, and so on. This information is important in understanding some of the factors that influence your shopping at Columbia Farmer's Market. Please select only one answer to a question.

### 1. What is your Access to Healthy Foods (purple card) number?

### 2. What is your age?

- 18-24 years
- 25-29 years
- 30-34 years
- 35-39 years
- 40-44 years
- 45 years or older

### 3. What is your gender?

- Female
- Male

### 4. What is your current marital status?

- Currently married
- Not married but living with a partner
- Separated
- Divorced
- Widowed
- Never married

### 5. Which race-ethnicity do you identify with?

- American Indian
- Asian
- Black or African American
- Hispanic or Latino/a
- Other
- White

## AHF: Is stress a factor?

### 6. Are you a U.S citizen?

No

Yes

### 7. What is your home area zip code?

### 8. How many children do you have?

None

One

Two

Three

Four

Five or more

### 9. What is the highest level of education you have completed?

Did not complete high school

High school graduate or GED

Vocational or technical school graduate

Some college

College degree

Some graduate school

Graduate or professional degree

### 10. How far is it from your home to Columbia Farmer's Market?

Less than 1 mile

Between 1 and 3 miles

Between 4 and 5 miles

Between 6-10 miles

More than 10 miles

# AHF: Is stress a factor?

## Your shopping experience at Columbia Farmer's Market

The information we seek in this section is about your participation in the Access to Healthy Foods program and your shopping experience at Columbia Farmer's Market. This information will help us improve the Access to Healthy Foods program and your shopping experience at the farmer's market.

### 11. How do you usually transport yourself to Columbia Farmer's Market?

- Walk
- Bike
- Drive yourself
- Public transportation
- Get a ride from a friend or family member

Other (please specify)

### 12. About how often do you shop at Columbia Farmer's Market?

- Less than once per month
- Once per month
- Twice per month
- Three times per month
- Four times per month
- More than four times per month

### 13. Do you shop at other farmer's markets other than Columbia Farmer's Market?

- No
- Yes

### 14. About how often do you shop at other farmer's markets other than Columbia Farmer's Market?

- Less than once per month
- Once per month
- Twice per month
- Three times per month
- Four times per month
- More than four times per month

## AHF: Is stress a factor?

### 15. Do you or your children receive benefits from Women, Infants and Children (WIC)?

No

Yes

### 16. How helpful are the funds (purple card) you receive through Access to Healthy Foods program? (select all that apply)

	Strongly Disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I buy a greater variety of fruits and vegetables than I would otherwise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat a greater variety of fruits and vegetables than I would otherwise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I buy a greater variety of meats than I would otherwise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I eat a greater variety of meats than I would otherwise	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 17. How often do you purchase each of the following types of items at Columbia Farmer's Market?

	Never	Occasionally	About half the times I go	Almost everytime I go
Vegetables	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fruits	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breads	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Herbs and spices	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Meat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Flowers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Baked goods (pies etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Jams	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eggs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dairy products (cheese, milk etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify item and frequency of purchase)

# AHF: Is stress a factor?

## 18. Which of the following categories best describes your understanding, shopping, and consumption of healthy foods before and after your participation in Columbia Farmer's Market?

	None	A little	A lot	A great deal
Before I participated in Columbia Farmer's Market, my understanding of nutrition was,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After I participated in Columbia Farmer's Market, my understanding of nutrition is,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I participated in Columbia Farmer's Market, I bought organic foods,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After I participated in Columbia Farmer's Market, I now buy organic foods,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I participated in Columbia Farmer's Market, my level of eating fruits and vegetables was,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After I participated in Columbia Farmer's Market, my level of eating fruits and vegetables is,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I participated in Columbia Farmer's Market, I used to shop for food at a convenience store (Break Time, Walgreens, Stop-n-Go, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After I participated in Columbia Farmer's Market, I shop for food at a convenience store (Break Time, Walgreens, Stop-n-Go, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I participated in Columbia Farmer's Market, I used to shop for food at a supermarket (Wal-Mart, Gerbes, HyVee etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
After I participated in Columbia Farmer's Market, I shop for food at a supermarket (Wal-Mart, Gerbes, HyVee etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Before I participated in Columbia Farmer's Market, my family prepared food from fresh/raw ingredients	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## AHF: Is stress a factor?

After I participated in  
Columbia Farmer's Market,  
my family prepares food  
from fresh/raw ingredients

### 19. How important are the following characteristics of food in your shopping decision-making process:

	Not important	Somewhat important	Important	Very Important
Freshness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cost/Price	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nutritional content/quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family food preference	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Variety of products	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shelf-life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ease of preparation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify other characteristics and their level of importance)

### 20. Which of the categories best describes you, and your shopping experience:

	Strongly disagree	Disagree	Neither disagree or agree	Agree	Strongly Agree
I am comfortable shopping at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable interacting with vendors at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable interacting with other shoppers at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am comfortable with my child/children participating in 4H activities at Columbia Farmer's Market while I shop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust other shoppers at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I trust the vendors at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# AHF: Is stress a factor?

## 21. How likely are you to see the following individuals when you shop at Columbia Farmer's Market?

	Never	Occasionally	About half the times I go	Almost every time I go
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Neighbors,	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Acquaintances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 22. How many new friends or acquaintances have you made at Columbia Farmer's Market?

- None
- One
- Two
- Three
- More than three

## 23. In your opinion, how important is Columbia Farmer's Market to ....

	Not important	Somewhat important	Important	Very important
You	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your family	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your community	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# AHF: Is stress a factor?

## 24. Do any of the following factors influence your decision to shop at Columbia Farmer's Market?

	Not an obstacle	Minor obstacle	Major obstacle
Hours are not convenient	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Not enough money	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Lack of cooking ability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inadequate transportation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
No companion	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not like the food that is available at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My family does not like the food that is available at Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I do not like to take my children to Columbia Farmer's Market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Difficult to manage my children while shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is too crowded	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am concerned about being a victim of crime	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking space availability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Parking space security	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Distance from home or work to the market	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Weather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## 25. In the past month, have you felt,

	Not at all	A little	Unsure	Somewhat	A lot
calm?	<input type="radio"/>				
strained?	<input type="radio"/>				
inadequate?	<input type="radio"/>				
overcommitted?	<input type="radio"/>				
powerless?	<input type="radio"/>				
like you were rushed?	<input type="radio"/>				
like you had to make quick decisions?	<input type="radio"/>				
like you couldn't focus on the important things?	<input type="radio"/>				
like things kept piling up?	<input type="radio"/>				
like you had a lot on your mind?	<input type="radio"/>				

## AHF: Is stress a factor?

**26. What new foods have you tried since you started shopping at Columbia farmer's Market?**

**27. What new favorite recipes have you used since you started shopping at Columbia Farmer's Market?**

**28. Is there anything else you would want to say about Columbia Farmer's Market? If yes, please state in the space provided below.**

**THANK YOU VERY MUCH FOR YOUR SUPPORT!**



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. ~~If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbohbitt@boonecountymmo.org](mailto:mbohbitt@boonecountymmo.org).~~
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: ~~Organizations may apply for both the pilot program and purchase of services contracts.~~**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is ~~no funding cap established at this time for either the pilot program or purchase of services contracts.~~**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive -- is that okay?

**Response: There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

**Response: Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

**Response: Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

**Response: As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

**Response: Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

**Response: The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

**Response: The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

**Response: All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

**Response: Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

**Response: Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

**Response: Yes.**

32. **Attachment B Agency Financial Information:** MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

**Response: For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

**Response: Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

**Response: Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

**Response: Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: See above.

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application receipt of which is hereby acknowledged:

Company Name:

Sustainable Farms & Communities (SF&C)

Address:

P.O. Box 1092, Columbia, MO 65205

Phone Number:

573/289-0913

Fax Number:

E-mail:

KKENT80@HOTMAIL.COM

Authorized Representative Signature:



Date:

7-8-14

Authorized Representative Printed Name:

Kenneth E. Pigg



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. ~~Change Bid Due Date and Opening Date to the following:~~

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: ~~The RFP states additional indirect costs will not be allowed.~~ As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

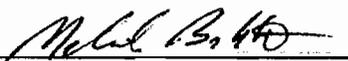
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

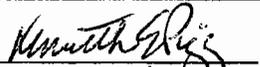
OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: SEFC

Address: P.O. Box 1092, Columbia, MO 65205

Phone Number: 573/269-0913 Fax Number: \_\_\_\_\_

E-mail: WKENTH80@HOTMAIL.COM

Authorized Representative Signature:  Date: 7-8-14

Authorized Representative Printed Name: Kenneth E. Pigg



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #3 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Under Section II Funding Goals, would you please define match funding opportunities?

**Response: Information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

2. Is an annual independent audit necessary for our small agency? We have received state grants for our afterschool program for nine years and have never been required to do this because our level of funding has never exceeded \$100,000.

**Response: If the agency is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative.**

3. We currently have no paid employees under our organization. We are all volunteers. In the past, we have only had five part-time employees. Under our proposal we would request employment for 3 to 5 employees. Would we still be required to carry Worker's Comp. Insurance?

**Response: It would be acceptable to provide evidence of monopolistic state coverage and the County would provide a form for you to complete at time of contract execution.**

4. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

5. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

6. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal **28-24JUN14 - Pilot Programs that Provide Innovative Service - Boone County Community Children's Services** receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1002, Como, MO 65205

Phone Number: 573/289-0913 Fax Number: \_\_\_\_\_

E-mail: KKENTH80@HOTMAIL.COM

Authorized Representative Signature: Kenneth E. Pigg Date: 7-9-14

Authorized Representative Printed Name: Kenneth E. Pigg

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County, nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain

a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services**

**ADDENDUM #4 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Where it references "require annual background checks, including child abuse and neglect screenings on all employees and volunteers", we wondered if that pertained to all employees of our organization (Central Missouri Community Action) or only to those who work directly with children and families. Some of our staff, including those from our finance/IT departments, who don't interact directly with our clientele, are at this time not required to undergo annual child abuse/background screenings. In order to be eligible for funding associated with this RFP, are we required to conduct those screens on non-project related employees and volunteers?

**Response: Any position funded by the Children's Services Fund in whole or in part, must complete an annual background check. Any volunteers associated with any programs funded by the Children's Services Fund must also complete an annual background check.**

2. The question is in regards to measurement in both RFP's. "Include copies of any evaluation tools you will be using". Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please provide a description of the evaluation tool and why it will be utilized.**

3. Regarding the Financial Information Attachment sheets. If our agency runs only one program, wouldn't the information be exactly the same for both sheets? If so, do we fill them both out?

**Response: If the agency and program budget are the same, please fill out only one worksheet and provide detailed information in the Budget Narrative.**

4. When looking at the timeline of implementation, what is the approximate date for funding? If we are looking to implement our pilot project in a school year, I am not sure if we should say our implementation would begin this fall (2014 - 15 school year) or the next school year?

**Response: The timeline will be determined during contract negotiations. For prudent planning, agencies could plan on the next school year (2015-2016) but there may be an opportunity to receive funding prior to the next school year.**

5. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund may not be expended . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

6. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: For the Pilot Programs for Innovative Services RFP, the 15% of salary expenses is referring strictly to indirect expenses. Salary expenses include wages, payroll taxes, unemployment, and worker's comp. Indirect expenses include general organizational expenses such as executive management time, finance, human resources or other support services effort, liability insurance, facility rent/lease, postage, telephone, utilities, etc.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

**Response: The 15% administrative percentage or indirect expenses are based on the salary expenses (salary expenses does not include benefits) only.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training. Please provide a detailed explanation in the Budget Narrative.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 28-24JUN14 – Pilot Programs that Provide Innovative Service - Boone County Community Children's Services receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1092, Como 65205

Phone Number: 573/289-0913 Fax Number: \_\_\_\_\_

E-mail: 1KENYA80@HOTMAIL.COM

Authorized Representative Signature: Kenneth E. Pigg Date: 7-9-14

Authorized Representative Printed Name: Kenneth E. Pigg



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund may not be expended . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1092, Como 65005

Phone Number: 573/289-0413 Fax Number: \_\_\_\_\_

E-mail: LKENTH@COHOTMAIL.COM

Authorized Representative Signature: Kenneth E. Pigg Date: 7-9-14

Authorized Representative Printed Name: Kenneth E. Pigg



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1042, Como 65205

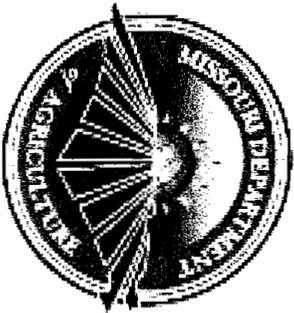
Phone Number: 573/284-0113 Fax Number: \_\_\_\_\_

E-mail: KKENT@90@HOTMAIL.COM

Authorized Representative Signature: Kenneth E. Pigg Date: 7-9-14

Authorized Representative Printed Name: Kenneth E. Pigg

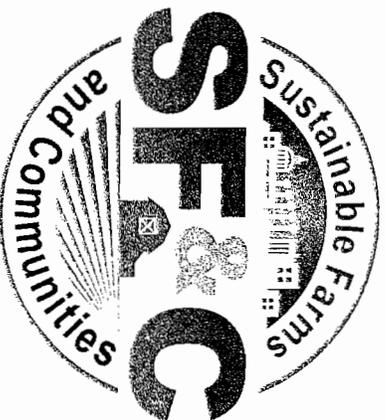
Partners



**Public Health**  
Prevent. Promote. Protect.  
Columbia/Boone County Department of  
Public Health and Human Services



Organizer



Sustainable Farms & Communities is organizing this program. We are a local, all volunteer, 501 (c)(3) non-profit group, and all donations are tax-deductible.

Questions?  
Contact (573) 340-5249 or by E-mail at [accessstohealthyfood@gmail.com](mailto:accessstohealthyfood@gmail.com)

**Access to Healthy**

**Food Program**



**Relieving Hunger  
Promoting Health**

**Double your SNAP  
benefits when you  
shop at the  
Columbia  
Farmers Market!**

**Shop with your EBT  
card and receive an  
additional \$25 in free  
vouchers each week.**

# Access to Healthy Food

## Benefits

Use your SNAP dollars at the Columbia Farmers Market.

SNAP benefits get doubled! Buy \$50 of food for only \$25 EBT.

## Who can sign up?

WIC-eligible pregnant women and families with children age 10 and under who use SNAP qualify.

## How to sign up

Visit the Access to Healthy Food booth at the Columbia Farmers Market on a Saturday.

Check the Columbia Transit schedule for route and service time information.

[www.gocolumbianno.com/PublicWorks/Transportation/](http://www.gocolumbianno.com/PublicWorks/Transportation/)  
Tel: (573)874-7282



## Columbia Farmers Market Schedule & Locations

Summer Saturday Market:

Behind the ARC at 1701 W. Ash Street

Saturdays, 8am-Noon

March 22nd-October 25th

Summer Weekday Markets:

Behind the ARC at 1701 W. Ash Street

Mondays & Wednesdays, 4pm-6pm

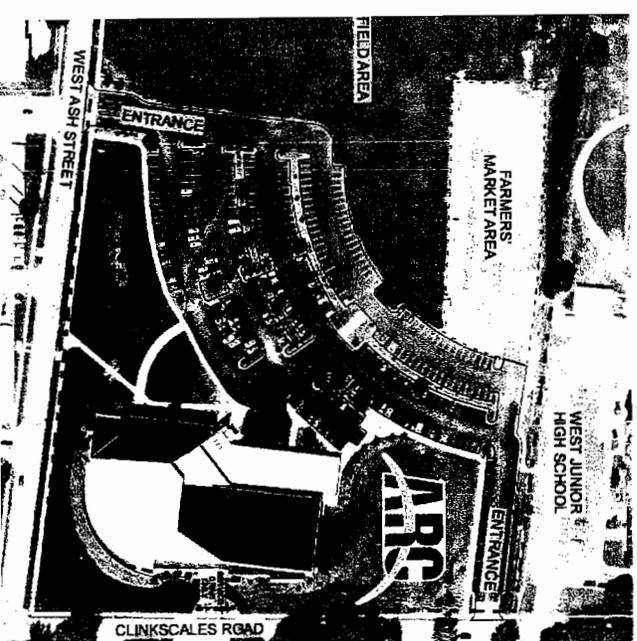
April-October

South Market at Forum Christian Church

3900 Forum Blvd, just north of Nifong

Thursdays 3-6pm

April-October



## Here's what AHF participants say:

*"Thanks! You've blessed my family. Not only did we get more organic, nutritious food, but we got to enjoy the delightful atmosphere and friendly people at the market, and do it together as a family, and chose a healthier lifestyle!"*

*"I just want to say 'Thank you so much.' This program really improved our diet and life this summer/fall. It felt so good to support local farmers and I know we ate more vegetables and fruit than before."*

*"Love the doubling of benefits. It makes a huge difference."*

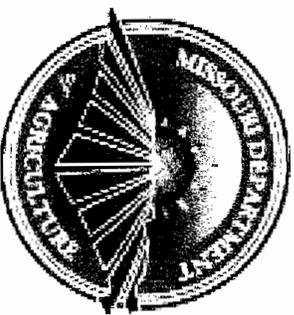
Partners



Heart of Missouri United Way

CERTIFIED AGENCY

Meets Non-Profit Standards of Excellence  
in Finance & Governance

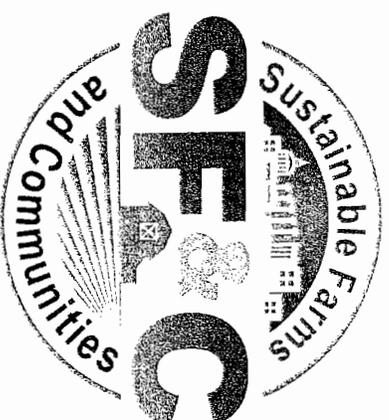


Public Health

Prevent. Promote. Protect.  
Columbia/Boone County Department of  
Public Health and Human Services



Organizer



Sustainable Farms & Communities  
is organizing this program. We are  
a local, all volunteer, 501(c)(3)  
non-profit group, and all donations  
are tax-deductible.

Questions?

Contact (573) 340-5249 or by E-mail  
at [accesstohealthyfood@gmail.com](mailto:accesstohealthyfood@gmail.com)

Find us at the Sustainable Farms &  
Communities website:

[www.farmersmarketpavilion.org](http://www.farmersmarketpavilion.org)  
or in person at the Columbia  
Farmers Market Access to Healthy  
Food booth.

We invite you to  
become a partner  
with...



Access to  
Healthy Food  
Relieving Hunger  
Promoting Health

# Access to Healthy Food

## Program Mission

The Access to Healthy Food Program creates the opportunity for economically disadvantaged individuals and families to access fresh, local, safe and healthy foods from the Columbia Farmers Market vendors at a significantly reduced cost through a system based on responsibility and progressive self-sufficiency.

The Access to Healthy Foods Program seeks to increase the number of Mid-Missourians who have access to affordable, fresh, local, safe and healthy foods. AHF is offered through a partnership by Sustainable Farms & Communities, Inc., Missouri Department of Agriculture, Heart of Missouri United Way, Columbia/Boone County Dept. of Public Health & Human Services, and the Columbia Farmers Market.



## How The Program Works

AHF allows WIC-eligible pregnant women and families with children age 10 and under who receive SNAP benefits to double the value of up to \$25 of SNAP benefits per week at the Columbia Farmers Market. This means that you can get \$50 worth of food for \$25 worth of SNAP EBT. It's like buying food at half price, and the food that you get is locally grown, fresh, and of the highest quality.

A wide variety of foods can be found at the Columbia Farmers Market, including: Fresh fruits, many types of fresh vegetables, meats, baked goods, cheeses, herbs, jams, mushrooms, eggs, nuts, honey, and some prepared foods. There's something for everyone, and the local farmers and growers are happy to give you tips for food preparation at home.

### How You Can Help

By spreading the word. All we ask is that you make the AHF program's brochures available to anyone who may qualify for the benefit. Then, send them to the Access to Healthy Food booth at the Columbia Farmers Market on a Saturday to get more information and sign-up.

### Columbia Farmers Market

Summer Saturday Market:

Behind the ARC at 1701 W. Ash Street

Saturday's, 8am-Noon

March 22nd-October 25th



### Here's what AHF participants say:

*"Thanks! You've blessed my family. Not only did we get more organic, nutritious food, but we got to enjoy the delightful atmosphere and friendly people at the market, and do it together as a family, and chose a healthier lifestyle!"*

*"I just want to say 'Thank you so much.' This program really improved our diet and life this summer/fall. It felt so good to support local farmers and I know we ate more vegetables and fruit than before."*

*"Love the doubling of benefits. It makes a huge difference."*



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

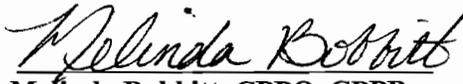
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
Director of Purchasing 

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

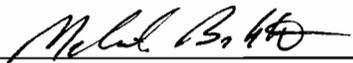
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

Response: **Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

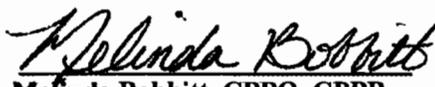
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
Director of Purchasing 

OFFEROR has examined copy of Addendum #3 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1092, Columbia, MO 65205

Phone Number: 573-289-0913 Fax Number: none

E-mail: Lkenth80@hotmail.com

Authorized Representative Signature:  Date: 10-13-14

Authorized Representative Printed Name: Kenneth E. Pigg, Chair



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1 a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

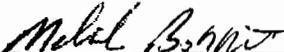
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1092, Columbia, MO 65205

Phone Number: 573-289-0913 Fax Number: none

E-mail: Lkenth80@hotmail.com

Authorized Representative Signature:  Date: 10-13-14

Authorized Representative Printed Name: Kenneth E. Pigg, Chairperson

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

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**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

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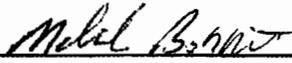
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By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Sustainable Farms & Communities, Inc.

Address: P.O. Box 1092, Columbia, MO 65205

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Authorized Representative Signature  Date: 10-13-14

Authorized Representative Printed Name: Kenneth E. Pigg, Chairperson

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Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

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**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**AGREEMENT FOR PURCHASE OF SERVICES  
Parachute Program for Boone County Youth**

---

**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of \_\_\_\_\_ the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **Pathways Community Behavioral Healthcare, Inc. dba Family Counseling Center of Missouri, Inc.**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "FCC".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the FCC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to FCC thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY FCC**

FCC is expected to the greatest extent possible to maximize funding from all other sources. FCC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. FCC shall only request reimbursement for services not reimbursable by any other source. FCC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. FCC will perform the services and carry out the activities as set forth in the Request

for Funding Proposal Application. FCC agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and FCC’s response to the County of Boone’s Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the FCC’s Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the FCC and the FCC agrees to furnish the **Parachute Program for Boone County Youth** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the FCC’s response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$205,925.00** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and **extend through December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of FCC be renewed for an **additional two (2) one-year periods**. FCC agrees and understands that the BCCSB may require supplemental information to be submitted by FCC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit costs for services are the mutually agreed upon rates as follows:

<b>Service Description</b>	<b>Unit Measurement</b>	<b>Unit Cost</b>
Individual Counseling	15 minutes	\$13.73
Group Counseling	15 minutes	\$6.18
Group Education	15 minutes	\$2.66
Community Support	15 minutes	\$24.21
Nursing Services	15 minutes	\$19.04
Family Therapy	15 minutes	\$17.77
Psychiatric Assessment	1 Assessment	\$209.87
Psychiatric Medication Follow-up	15 minutes	\$59.03

All billing shall be invoiced to BCCSB monthly by the 10<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the FCC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

### **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by FCC to monitor service delivery and program expenditures. FCC agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by FCC and, if so stipulated, are noted on this contract document. Payments may be withheld from FCC if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. FCC agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** FCC also agrees to make available to the BCCSB a copy of its annual audit within four months after the close of FCC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from FCC, if reports designated here are not made available upon request.

9. **Monitoring.** FCC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect FCC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, FCC hereby agrees that, upon notice of forty-eight (48) hours, it will

make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event FCC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from FCC must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with FCC's policies and procedures and in accordance with any local/state/federal regulations. FCC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. FCC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** FCC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** FCC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to FCC's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** FCC agrees that no member of its Board of Directors or its employees now has, or will in the future, have any conflict of interest between himself/herself and FCC, and this shall include any transaction in which FCC is a party, including the subject matter of this contract. Missouri law, as this term is used herein, shall define "Conflict of Interest".

16. **Subcontracts.** FCC may enter into subcontracts for components of the contracted service as FCC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the FCC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** FCC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. FCC shall require each subcontractor to affirmatively state in its Agreement with the FCC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri. Provider shall also require each subcontractor to provide FCC a sworn affidavit under the penalty of perjury attesting to the fact that the subcontractor's employees are lawfully present in the United States.

18. **Litigation.** FCC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against FCC or any individual acting on the FCC's behalf, including subcontractors, which seek to enjoin or prohibit FCC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If FCC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if FCC no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, FCC will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event FCC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to FCC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated by the BCCSB upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the FCC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. BCCSB may terminate this agreement at will by giving at least 30 days prior written notice to the FCC, or

e. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

22. **Indemnification.** FCC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of (AGENCY NAME), (meaning anyone, including but not limited to consultants having a contract with the FCC or subcontractor for part of the services), or anyone directly or indirectly employed by FCC, or of anyone for whose acts FCC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** FCC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. FCC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. FCC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. FCC agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and FCC. The BCCSB does not recognize any of the FCC's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or

contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** FCC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:  
Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the FCC shall be mailed or delivered to:  
Family Counseling Center of Missouri, Inc.  
Karen Cade  
117 N. Garth Avenue  
Columbia, MO 65203

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**Pathways Community Behavioral Healthcare, Inc. dba Family Counseling Center of Missouri, Inc.**

By: Karen Cade  
Signature  
By: Karen Cade/President  
Printed Name/ Title

**Boone County, Missouri**  
By: **Boone County Commission**

[Signature]  
Daniel K. Atwill, Presiding Commissioner  
By: [Signature]  
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with §RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

Jane Pitchford By 12/05/14 2161 / 71106 / \$205,925.00  
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 North Garth Avenue, Columbia, Missouri 65203

Telephone: (573) 443-2204 Fax: 573-442-1804

Federal Tax ID (or Social Security #): 43-1032835

Print Name: Mrs. Karen Cade Title: President

Signature: *Karen Cade* Date: October 10, 2014

E-mail: kcade@pbhc.org



**(Counseling and Therapy)**

- a. Please specify what types of services are included in the Group Education and Counseling section of the proposal.
- b. Please provide more specific information on the opportunity to draw down Match Funding from the Missouri Department of Mental Health for addiction services.

Request for Additional Information #1

**27-10JUN14 - Purchase of Service Contracts for Boone County Children's Services Fund**

**A. Please specify what types of services are included in the Group Education and Counseling Section of the proposal?**

Family Counseling Center of Missouri, Inc. will provide a comprehensive set of services to the target population if awarded funding from Boone County. These clinical services are provided by psychologists, counselors, licensed clinical social workers and credentialed counselor trainees. Individual therapeutic services address the symptoms associated with interpersonal and/or psychosocial problems.

It is FCC's position based on available current research that substance use disorders are multifaceted diseases that have biological, psychological and social/spiritual dimensions and require a comprehensive integrated treatment approach that brings together a variety of approaches, services and resources to meet the needs of the individual consumer. No single approach can effectively address all areas and requires a blending of evidence based modalities. FCC has effectively developed staff, services, programs and systems of care to address the needs of the individual across these dimensions.

FCC agrees with research that indicates recovery is a process that moves through stages and levels and requires a continuity of care that provides ongoing support to the consumer as he or she move through stages and level of recovery. The goals of treatment program are to:

- a. Be responsive to the unique developmental challenges of adolescence
- b. Empower our adolescent consumers to direct their own treatment progress
- c. Individualize services to address the specific needs of each adolescent
- d. Better engage adolescent consumers into the treatment process (vs. compliance or resistance)
- e. Improve retention of adolescents through full continuum of care thereby increasing probability for long term behavioral change
- f. Increase family involvement

To accomplish these objectives, Family Counseling Center of Missouri, Inc. successfully utilizes a multi-faceted treatment approach incorporating strengths from several evidence-based treatment models that are particularly effective with adolescent populations. These include Motivational Interviewing, Cognitive Behavioral Therapy, and the Biopsychosocial Progressive Symptom Model.

**Motivational Interviewing (MI)**, in particular, provides all level of staff with practical tools to effectively navigate the often emotionally dysregulated period of adolescence. All staff are trained to identify and mobilize the client's intrinsic values and goals to stimulate behavior change. To this end, therapeutic assignments, group curriculum and stages of treatment parallel the stage of change process and accurately reflect the adolescent's current motivation to change. At the same time, motivation for change is enhanced by promoting internal ambivalence while relying on the adolescent's strong need for peer validation.

**Cognitive Behavioral Therapy (CBT)** assists adolescents to help recognize, avoid, and cope. That is, *recognize* the situations in which they are most likely to use, *avoid* these situations when appropriate, and *cope* more effectively with a range of obstacles and problematic behaviors associated with addiction disorders.

Family Counseling Center of Missouri, Inc. believes that addiction is a serious problem that results from a complex interaction among physical, psychological, and social factors. An effective **bio-psychosocial relapse prevention approach** is to provide balanced treatment for adolescents that focuses upon diagnosing and treating their addiction concurrently with presenting co-occurring disorders as well as addressing the normal tasks of adolescent development needed to cope effectively in sobriety. Additionally, addressing other major life problems (family conflict, criminal thinking, trauma, basic unmet needs, etc.) and engaging and/or establishing a responsive community support system are also fundamental tasks. Key elements of our holistic relapse prevention approach include:

- Identify and reduce high risk using behaviors/situations
- Identify and reduce gaps in pro-social assets and activities
- Increase tolerance to triggers and cravings
- Increase opportunity for personal empowerment through acquired independent living skills and improved ability to make healthy decisions
- Reduce/eliminate chemical use as a result of improved functioning in other areas of their lives thus reducing the frequency of other major life problems that can jeopardize the recovery process

Chemical dependency is a family disease, and as such, incorporates family involvement into the adolescents' treatment experience via Family Therapy to address individual and sensitive family dynamics, Family Awareness Group to provide a forum for education and skill building opportunities, and Treatment Team Conferences to assist with effective discharge planning and vital communication amongst the adolescent's support group. FCC offers accessibility to family services with varied service delivery options, days and times to meet the needs of family members to the ultimate benefit of the adolescent. When family participation is not an option, the program has flexibility to meet the individual's needs.

Group education and therapy is recommended for a group of clients (in the case of our proposal, adolescents) who have similar issues and who may benefit from a peer support group experience. Most groups are operated within a specified time frame so enrolled adolescents can meet for a designated number of weeks. Major topics to be addressed include but are not limited to:

- Disease Process of Addiction
  - Integrated Treatment – Co-occurring Disorders
  - Family Awareness
  - Matrix Model
  - Enhancing Motivation
  - Identifying and managing Feelings
  - Values and Goal Setting
  - Health and Wellness
-

- HIV/AIDS Prevention
- STD's – Reducing High Risk Behaviors
- Nutrition in Recovery
- Anger Management/Conflict Resolution
- Addiction and the Adolescent Brain
- Seeking Safety – Trauma Group
- Drug Education
- Independent Living Skills
- Power of Choice
- Relapse Prevention
- Communications Skills
- Stress Management
- Bully Prevention
- Self Awareness
- Leadership Group
- Team Challenge

It is important to note that group education and counseling will be tailored to the unique needs of adolescents enrolled in programming, based on presenting issues and other information listed in each adolescent's individualized treatment plan. Family Counseling Center of Missouri, Inc. is focused on providing holistic, individualized treatment services for each adolescent that enters our system of care. Clinical staff will make appropriate changes in group education and counseling sessions to ensure each participant receives maximum benefit from participation, all leading to the achievement of program goals and outcomes identified in our proposal.

**B. Please provide more specific information on the opportunity to draw down Match Funding from the Missouri Department of Mental Health for addiction services?**

As stated within the grant narrative, our agency is unique in that we have Missouri Department of Mental Health (DMH) addictions treatment funding that can be nearly tripled with new matching dollars (through a transfer agreement with DMH), thereby nearly tripling each Medicaid dollar for treatment services. Family Counseling Center of Missouri, Inc. is proposing to serve adolescents with Medicaid as well as those who do not have Medicaid, so a portion of the new funding allocated from Boone County can be used as match. More specifically, Family Counseling Center of Missouri, Inc. will acquire an appropriation from the DMH Local Tax Match Fund that will allow for the receipt and expenditure of the Local Tax Match funds allocated from Boone County through contract number 27-10JUN14 – Purchase of Service Contracts. Once the funding is received by DMH, the Department places the allocated amount into a payer plan into CIMOR (Customer Information Management, Outcomes and Reporting) that will allow our system to bill for certain services (per the executed contract) against the Local Tax Match funds for match. If awarded funding, Family Counseling Center of Missouri, Inc. will work with the DMH in determining the appropriate and maximum amount of funding that can be utilized in this manner, all based on the needs of the target population. As the only agency in Boone County that has addictions funding that can be matched, we are confident that supporting this proposal is a wise decision to maximize the number of adolescents served through financial investment from Boone County.

## **Melinda Bobbitt - Clarification for Boone County Children's Services**

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**From:** Melinda Bobbitt  
**To:** kcade@pbhc.org  
**Subject:** Clarification for Boone County Children's Services

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Dear Mrs. Cade:

I left you a voice message a little while ago that I never received your response to our clarification questions that was due back this morning. I thought perhaps you did not receive our request. I've attached it. Please respond as quickly as possible to these questions.

Thanks,  
Melinda

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 7, 2014

Mrs. Karen Cade, President  
Family Counseling Center of Missouri, Inc.  
E-mail: [kcade@pbhc.org](mailto:kcade@pbhc.org)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Mrs. Cade:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_



**(Counseling and Therapy)**

- a. Please specify what types of services are included in the Group Education and Counseling section of the proposal.
  
- b. Please provide more specific information on the opportunity to draw down Match Funding from the Missouri Department of Mental Health for addiction services.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:** Family Counseling Center of Missouri, Inc.

**Agency Address:** 117 N. Garth Ave., Columbia, MO 65203

**Agency Phone Number:** 573-443-2204

**Primary Agency Contact (include title):** Mrs. Karen Cade, President

**Email Address:** kcade@pbhc.org

**Contact Phone Number:** 573-443-2204

**Amount Requested:** \$205,925.00

**Federal Tax ID (or Social Security #):** 43-1032835

**Signature:**  **Date:** July 9, 2014

**SECTION ONE - AGENCY AND SERVICE INFORMATION**

**Background Information:**

**Attach a copy of your agency's Mission Statement.**

Family Counseling Center, hereafter FCC, has included a copy of the agency's Mission Statement as Attachment G.

**Attach a list of your agency's Board of Directors.**

FCC has included a copy of the Board of Director's roster in Attachment H. FCC meets quarterly with a local Board of Associates who provides feedback on community needs so that we may identify and meet gaps in social services relative to addictions/mental health treatment.

**Provide a summary of your agency's services within Boone County.**

FCC provides services to four distinct service populations in four separate locations (in addition to school settings). Services provided are related to mental health and/or addictions treatment.

Service Location	Services Provided
<b>McCambridge Women's and Children's Center</b> (201 North Garth, Columbia, MO)	Residential Treatment (16 beds) and outpatient services for adult women with addiction disorders and their children ages newborn to 13.
<b>Navig8 Adolescent Residential Treatment Center</b> (403 Dysart, Columbia, MO)	Residential Treatment (13 beds) and outpatient services for adolescents ages 12-17 with addiction disorders.
<b>Compass Health</b> (1000 West Nifong, Bldg. 6, Columbia, MO)	<i>Psychiatry and Nursing</i> for children and adults for evaluation and assessment as well as medication management. <i>Psychologist</i> for children and adults for testing services as well as individual and family therapy. <i>Licensed Clinical Social Worker</i> who provides therapy for both children and adults as well as family therapy.
<b>Family Counseling Center</b> (117 North Garth, Columbia, MO)	Outpatient treatment services for adult addiction disorders including counseling, groups, and community support services; Outpatient mental health therapy for individuals and families of all ages; MEND (Men Exploring Nonviolent Directions - Batterer's Intervention); SATOP (Substance Abuse Traffic Offender's Program); School-based therapy services in several Columbia schools including: ACE, Alpha Hart, Derby Ridge, West Boulevard Elementary Schools, Douglas High School and Centralia schools.

**Provide agency and program brochures related to these services, if available.**

FCC has included a copy of agency/program brochures with this application in Attachment I.

**Target Population:**

**Describe your agency's target population(s).**

For this purpose of this proposal, the target population are Boone County adolescents ages 12-16 who are involved with the Juvenile Justice system both at the Robert L. Perry Juvenile Justice Center (45 beds) and those juveniles referred by parents and those with status offenses (1,835 referrals in 2013) involved with the Boone County Juvenile Office. Our agency is unique in that we have Dept. of Mental Health (DMH) addictions treatment funding that could be nearly **tripled with new matching dollars** (through a transfer agreement with DMH) thereby nearly **tripling each Medicaid dollar**. We propose to serve adolescents who have Medicaid as well as those who do not so a portion of the new funding could be used as match.

**State the statutorily eligible service area(s) (see page 2) your target population falls within.**

Our target population for programming falls within the following category of need appropriate for funding: 1) Individual, group, or family professional counseling and therapy services.

**Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.**

FCC serves a diverse mix of community members, many of which meet the criteria of our contract/funding with the Missouri Department of Mental Health, HealthNet, United Way and City of Columbia funding. We do find two barriers to treatment that render us helpless to serve those in need: 1) Families with insurance often have large deductibles, so assistance for families is often neglected until the need becomes so significant that it can't be managed in any other way, and 2) Juveniles who reside at the Detention Center are not eligible for the funding available from contracts we hold with the Department of Mental Health, yet these adolescents have a great need for local mental health and addictions assessment/treatment.

**Describe any impediments your agency has in serving your target population.**

No challenge or impediment exists once the solution for payment for services is remedied.

**Service Need:**

**Provide a detailed description of the unmet need in Boone County for your agency's services.**

Specific to this request are services for two distinct juvenile populations. One population includes those juveniles detained (for 2 weeks to 10 months) at Robert L. Perry Juvenile Justice Center (44 beds) and the other population includes those adolescents with referred by parents or those with "status offenses" involved with the Boone County Juvenile Office. For those juveniles with status offenses (1,835 referrals in 2013), these are often a first time offense and can include truancy, runaway, curfew violations, injurious behavior to self or others, and

behavior beyond a parent's control. These offenses provide the opportunity for early intervention with juveniles and their families. For those families with resources, arrangements for assessment and treatment can be made. The funds requested are for those families who would otherwise not be able to access services. These services include assessment/evaluation and follow up treatment through the assistance of psychiatry and nursing, licensed clinicians, certified addiction staff and community support staff.

**Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).**

*Over a 5 year period, Boone County referrals on minors for juvenile status offenses were 26 to 37 per 1,000 higher than the State of Missouri average. Not only does Boone County have a higher referral rate than the State of Missouri, but juvenile arrests make up a larger percentage (20%) of all arrests in Boone County when compared to the State. Boone County consistently runs from 20-22% and Missouri averages 12-13% juvenile arrest rate compared to total arrests. Children's Mental Health Services Assessment—"Putting Kids First in Boone County" August 2011.*

*Research shows that half of all lifetime cases of mental illness begin by age 14.*

Kessler RC, Chiu WT, Demler O, Merikangas KR, Walters EE. Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Arch Gen Psychiatry*. 2005 Jun;62(6):617-27.

*Between 60-70% of children in juvenile justice systems have a psychiatric disorder. The cost of incarceration for one year is upwards of \$35,000. Children with Mental Health Disorders:*

Making Sense of Their Needs and the Systems that Help Them. National Health Policy Forum, issue Brief No. 799, June, 2004

It's clear that we must intervene earlier with the identification of mental health and/or addiction treatment among juvenile populations.

**State the purpose of your proposed service.**

FCC's purpose is to identify early on the mental health and addictions treatment needs of youth so they can benefit from treatment earlier in their lives thereby avoiding future legal involvement by incorporating healthier life choices.

**State the goals of your proposed service.**

1. Increase the mental health functioning of adolescents in detention as well as those with status offenses as measured by the DLA-20 and PHQ-9.
2. Decrease youth recidivism in the Boone County juvenile justice system by tracking those juveniles who re-offend post their first status offense.

**Describe the anticipated outcomes of your proposed service.**

(1) Increase the identification of adolescent mental health and/or substance use/abuse treatment needs; (2) Increase to 65% from 55% the number of juveniles who do not reoffend post their first status offense; (3) Improve academic scores for 70% of the participants as measured by school report of grades; (4) Improve scores in mental health functioning (in 20 domains) as measured upon admission and discharge by the DLA-20 and PHQ-9.

**Identify other providers of this proposed service in Boone County.**

FCC is the only organization that has addictions funding that can be matched (by a transfer agreement with the Dept. of Mental Health) thereby nearly **tripling the total funds** available to Medicaid youth for an intensive outpatient program that responds to the needs of those juveniles

referred by parents or those with status offenses. In regard to those in detention, no other provider has funding to address the needs of those Boone County juveniles held in detention.

**What agencies do you receive referrals from and to what agencies do you make referrals?**

FCC has been delivering treatment services in Boone County for more than forty years. We partner with several agencies within the region to ensure holistic, client-centered care.

FCC Partner Agencies	University Hospitals and Clinics
Boone Hospital	Family Services Division
Missouri Probation and Parole	University of Missouri Psychiatric Center
Burrell Behavioral Health	New Horizons
True North (Domestic Violence)	Salvation Army
Columbia Housing Authority	RAIN
Services for Independent Living	Great Circle
Reality House	Family Health Center
Boone County Health Department	Columbia Public Schools
Court Services	Local Physicians
Boone County Juvenile Office	Robert L. Perry Juvenile Justice Center

**Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.**

A Memorandum of Understanding with the Boone County Juvenile Office and a letter of support from the Robert L. Perry Juvenile Justice Center are included in Attachment J.

**SECTION TWO: EVALUATION**

**Performance Information:**

**Attach a Program Performance Measures Worksheet (see Attachment A).**

FCC has included a finalized copy of the Program Performance Measures Worksheet.

**Outcomes:**

**Describe your service outcomes (outcomes need to be measurable and time specific).**

Service Outcome 1: Improvement in the identification of mental health and/or substance use issues of adolescents under the supervision of the Boone County Juvenile Office through

improved access to mental healthcare programming. Within 30 days of award notice, FCC will begin enrolling eligible adolescents into programming for assessment and treatment services.

Service Outcome 2: Adolescents will reduce and/or eliminate their interaction with the Boone County Juvenile Justice system. Interactions will be defined as school or parental referrals for truancy, being arrested for lack of adherence to the law or failure to complete court ordered treatment programs. We estimate that 65% of participants post discharge from programming will not have any further interaction with Boone County Juvenile Office.

Service Outcome 3: Adolescents will demonstrate improved academic performance and school attendance. Improvement is expected to occur during the 2014-2015 school year for 70% of participants as measured by Boone County school statistics.

Service Outcome 4: Adolescents will demonstrate improved mental health functioning, interpersonal skills, including improved relationship skills with family, peers and school staff. As measured by the DLA-20, we expect that 70% of program participants will maintain or improve their functioning in twenty different domains, measured at admission and discharge.

**Indicators:**

**Identify and describe the indicators which will measure your service outcomes.**

<b>Program Indicators</b>	<b>Indicator Description</b>	<b>Performance Targets</b>
Number of referrals to program for mental health/substance use intervention.	Compare number of referrals to FCC in 2013 to numbers in 2014-2015 program year from Boone County Juvenile Office/Detention Center.	Anticipate at least 260 referrals to program.
Number of adolescents identified with a mental health and/or substance use disorder	The number of adolescents who have been referred and identified to be suffering from untreated mental health and/or substance use disorders, as identified by the assessment/evaluation.	90% of adolescents with identified mental health and/or substance use disorders will be offered programming. FCC clinical staff will triage need to ensure the highest need adolescents receive treatment first.
Number of adolescents who actively engage in programming.	This is a comparison of the number of referrals with the number of adolescents who choose treatment programming.	75% of referred adolescents with an identified mental health and/or substance use disorder will choose treatment.
Number of adolescents who end involvement with Boone County Juvenile Office post treatment.	This is a comparison of the number of adolescents who actively engage in programming and the number who end up repeating offenses that require further involvement with justice system.	65% of adolescents that follow through with programming will not have any further interaction with Boone County Juvenile Office.

Number of adolescents/students with improved academic performance following program completion.	This is a comparison of grades from first semester of the 2014-2015 school year with final semester. Will require parental consent and coordination with school district adolescent is actively enrolled in.	70% of adolescents will improve grades from beginning to end of school year.
Number of adolescents/students with improved attendance rates following program completion.	This is a comparison of attendance from the first semester of the 2014-2015 school year with the final semester. Will require parental consent and coordination with school district adolescent is actively enrolled in.	70% of adolescents will improve attendance from beginning to end of school year.
Number of adolescents exhibiting improved effectiveness in dealing with daily activities, as demonstrated by either maintaining or increasing their DLA-20 scores.	This is a comparison of the adolescents initial DLA-20 score at the admission of programming with their mid-term and final scores at time of program discharge.	70% of adolescents will either maintain or improve their DLA-20 scores, indicating an improvement in mental health and overall functioning.

**Identify your agency's performance target of these indicators:**

In addition to the indicators and performance targets (of listed indicators) outlined in the chart above, the following provides a further summary of the services to be provided to accomplish all program activities: (1) 5 individual counseling sessions (per adolescent) for 260 adolescents referred by the Robert L. Perry Juvenile Justice Center and the Boone County Juvenile Office; (2) 144 psychiatric assessments, 336 nursing services and 192 medication management services will be available to those adolescents who require such services; (3) 2,200 hours of community support services will be available to the referred adolescents, provided by 2.0 FTE community support specialists; (4) 288 hours of group education and counseling will be offered to adolescents requiring such services, as outlined in their individualized treatment plan.

**Measurement:**

**Discuss who will be responsible for the accomplishment of each of the outcomes:**

All identified programming will be under the direct supervision of Elisabeth Brockman-Knight, MA, LPC, Senior Addiction Recovery and Prevention Director. Identified FCC clinical staff will work with staff at both the Robert L. Perry Juvenile Justice Center and Boone County Juvenile Office for the coordination of all program services. FCC will also work with

parents/legal guardians of adolescents of programming and will coordinate appropriate data collection with participating school districts. FCC has a team of staff members devoted to data collection and CQI activities, and will assign this group with the task to collect and tabulate all data to highlight program success, providing reports at all mandatory dates of the Boone County commission as well as all collaborative partners.

**Discuss how the data will be collected.**

Data will be collected in a face-to-face interview at baseline (i.e., the adolescent's entry into programming) and at program discharge (and end of school year for school-related performance indicators). Information will be collected through our electronic data system, Anasazi, which is used to support the documentation of need, monitoring of clinical care/individualized treatment plans outcome measurement (e.g. clinical, functional, satisfaction and cost outcomes). FCC will also utilize parental/guardian satisfaction surveys, school attendance and student grades to monitor success of each student in the school setting and surveys to monitor program effectiveness and satisfaction with primary program collaborative partners.

**Identify your agency's timeline for each outcome.**

The timeline for all indicators will occur within the twelve month project period. Within this timeframe, specific for those indicators related to an adolescent's performance in the school setting, those indicators will be based on a period within the 2014-2015 school year. For clinical outcomes, timelines for each adolescent's completion of clinical goals will be based on the acuity of presenting mental health and/or substance use disorders. Clinical effectiveness will be measured with the DLA-20 and PHQ-9, which is administered at admission and discharge.

**Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.**

FCC will utilize the following measurement tools to determine clinical effectiveness and child/adolescent functioning for all program participants. These tools have been chosen due to their high level of effectiveness, current use within our system of care, and their recommendation by the National Council for Behavioral Healthcare. Outcome measurement tools including the DLA-20 and PHQ-9 allow behavioral healthcare providers to access data to examine progress, or lack of progress, in patients and further allow our clinical staff to partner with patients toward recovery. This process and these tools provide an evidenced-based approach that will measure the program participant's success. Copies of these assessment tools are attached to this application in Attachment K.

***The Daily Living Activities -20 Youth (DLA-20 Youth):*** The DLA-20 Youth is an outcome measurement tool which provides a GAF (Global Assessment of Functioning) for youth. The DLA-20 Youth measures the impairment in functioning across various activities specific to an adolescent population. Functioning is assessed on a 7 point scale across 20 different activities such as managing time, health practices, problem solving, coping skills, and other activities.

***The Patient Health Questionnaire (PHQ-9):*** The PHQ-9 is a multipurpose instrument that clinicians use for screening, diagnosing and measuring depression. This tool is instrumental in establishing a baseline for depression and recovery and allows clinicians to gauge clinical effectiveness.

### **Input**

**Clinical Expertise: Discuss the capacity of your agency to deliver the proposed service.**

FCC is a community based organization with a history that spans over 40 years. FCC's clinical programs are designed to meet the individual needs of each person and their family and focuses on the strengths of each person to facilitate achievement of goals. FCC specializes in the areas

of co-occurring mental health and addictions treatment, and utilizes evidence-based practices to provide quality care to clients with qualified and experienced clinical staff and offers an integrated and highly individualized approach to treatment that value partnerships with family members and community agencies. FCC services include individual, family and group counseling services, case management and community support, as well as psychiatric care and medication management services. FCC embraces the philosophy of Trauma Informed Care, which is defined as, “A strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment” (Hopper et al., 2010, pg. 82). Finally, as a veteran provider of services within Boone County, FCC has worked with multiple community agencies in the delivery of high quality healthcare services, including partnerships with local juvenile justice offices, the local health department, and the United Way and their partnering agencies. As highlighted in this application, FCC will work closely with both the Robert L. Perry Juvenile Justice Center and the Boone County Juvenile Office to provide all highlighted interventions outlined in this proposal. FCC worked closely with both collaborative partners in the design of programming, and will work closely on the implementation and delivery of services if awarded funding from Boone County. FCC is licensed through the Missouri Department of Mental Health and accredited by the Commission of Accreditation of Rehabilitation Facilities, an independent accreditor of health and human services.

**Service Activity: Describe the interventions and/or activities that will be used to address the unmet need in Boone County.**

FCC will provide mental health, substance use disorder treatment and community-support services to youth who have been identified and referred by both the Robert L. Perry Juvenile

Justice Center and Boone County Juvenile Office. FCC will provide targeted interventions and services to the identified youth which include the following:

1. Individual and group counseling
2. Psychiatric assessment/evaluation and medication management (if medically appropriate)
3. Group Education and counseling
4. Community Support Services

**Service Activity: Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.**

FCC utilizes a multi-faceted treatment approach incorporating strengths from several evidence-based treatment models that are particularly effective with adolescent populations. These include Motivational Interviewing, Cognitive Behavioral Therapy and Bio-psychosocial Progressive Symptom Model. **Motivational Interviewing**, in particular, provides all level of staff with practical tools to effectively navigate the often emotionally dysregulated period of adolescence. Staff are trained to identify and mobilize the adolescent's intrinsic goals to stimulate behavioral change. Motivation for change is enhanced by promoting internal ambivalence while relying on the adolescent's strong need for peer validation. **Cognitive Behavioral Therapy** assists adolescents to help recognize, avoid and cope. That is, *recognize* the situations in which they are most likely to use, *avoid* these situations when appropriate, and *cope* more effectively with a range of obstacles and problematic behaviors associated with addiction disorders. Finally an effective **Bio-psychosocial Progressive Symptom Model** approach is to provide balanced treatment for adolescents that focuses upon diagnosing and treating their addiction concurrently with presenting co-occurring disorders as well as addressing the normal tasks of adolescent development needed to cope effectively in sobriety.

**Service Activity:** If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

All of FCC’s proposed interventions are evidenced-based and fully supported by the Substance Abuse and Mental Health Services Administration (SAMHSA).

**Output:**

**Service to be provided**

1. Individual and group counseling.
2. Psychiatric assessment/evaluation, nursing services and medication management, if appropriate.
3. Group Education and counseling.
4. Community Support Services (outreach to school personnel, housing, vocational, and other required community resources/agencies).

**Unit Measurement**

1. Number of individual and group counseling services provided to each adolescent.
2. Number of psychiatric evaluations provided / number of medication management services provided to those adolescents requiring such services.
3. Number of group education and counseling services provided.
4. Number of community support services provided to each adolescent requiring such services.

**Unit cost**

The rates below are a few of the more commonly rates established by DMH. Below are examples. It is our preference to utilize the DMH rates that match the service delivered by the correctly credentialed staff.

Service Description (unit length)	Price of Service
Individual Counseling (15 minutes)	\$13.73
Group Counseling (15 minutes)	\$6.18

Group Education (15 minutes)	\$2.66
Community Support (15 minutes)	\$24.21
Nursing Services (15 minutes)	\$19.04
Family Therapy (15 minutes)	\$17.77
Psychiatric Assessment	\$209.87
Psychiatric Medication Follow-Up (15 minutes)	\$59.03
<b>*Missouri Department of Mental Health, CSTAR Rates, effective 7-1-14 / Full Listing as Attachment L</b>	

**Amount requested**

\$205,925.00

**Number of individuals to be served**

One-hundred and thirty 260 adolescents will receive treatment through referral from identified partners. Depending on acuity of presenting/referred adolescents, this number may fluctuate.

**Average units of services per individual**

This number is hard to calculate as each adolescent will have a unique individualized treatment plan created, in coordination with the family, during the admission process. At this time needs of the adolescent will be determined and the type of service(s) required to assist the adolescent in achieving their goals will be determined with a qualified, licensed counselor. Frequency of prescribed services will depend on acuity and the adolescent's response to interventions (as evidenced by changes in DLA-20 and PHQ-9). At a minimum, FCC will provide two (2) counseling sessions a month to adolescents housed within the Robert I. Perry Juvenile Justice Center and an individualized treatment plan will be established for those referred and assessed appropriate by the Boone County Juvenile Office. Furthermore, FCC will provide an average of twenty-four (10) hours of group education and counseling each month of programming.

**SECTION THREE: BUDGET**

**Budget Worksheets to be Attached:**

**Agency Financial Worksheet (Attachment B) / Program Budget Worksheet (Attachment C)**

FCC has included completed copies of both financial spreadsheets with this application package.

## Budget Narrative

Budget Line Item	Budget Line Item Description
<b>ATTACHMENT B: AGENCY FINANCIAL INFORMATION</b>	
<b>AGENCY REVENUE</b>	
<b>1. DIRECT SUPPORT</b>	
Heart of Missouri United Way	Revenue awarded from this United Way agency.
Other United Ways	Revenue awarded from various United Way agencies.
Grants (Non-Governmental)	All other miscellaneous grant revenue.
Fund-Raising and Other Direct Support	Fund-raising revenue & miscellaneous direct support.
<b>TOTAL DIRECT SUPPORT</b>	Sub-total of direct support expenses listed in budget section.
<b>2. GOVERNMENT CONTRACTS/SUPPORT</b>	
City of Columbia – Social Service Funding	Revenue awarded from City of Columbia.
Federal (Medicaid, title III, etc.)	Program revenue funded by federal Medicaid.
State (Purchase of Services, Grants, etc.)	Program revenue funded by state Medicaid.
Other (Schools, Courts, etc.)	Revenue from school programs & drug court programs.
<b>TOTAL GOV'T CONTRACTS/SUPPORT</b>	Sub-total of government contracts & support line items.
3. Program Service Fees	Fees generated from Program operations.
4. Investment Income (Realized and Unrealized)	Earnings from diversified investments.
5. Other Revenue Items	Miscellaneous items not identified elsewhere.
<b>TOTAL AGENCY REVENUE</b>	Total of all revenue for the agency, not exclusive of revenue specifically for Boone County operations.
<b>AGENCY EXPENSES</b>	
Expenses for Program Services	Direct expenses to accomplish program objectives.
Expenses for Management and General	Expenses to manage & support overall operations.
Expenses for Fundraising	Expenses to generate fundraising revenue.
<b>TOTAL AGENCY EXPENSES</b>	Total expenses for the agency, not exclusive of expenses specifically for Boone County operations.
Percentage of Management and Fundraising Expenses	Percentage of management and fundraising expenses divided by total agency expenses.
<b>NET ASSETS</b>	
Net Assets, End of Year	This is the financial figure for our entire system of care assets, not exclusive to Boone County operations.
<b>CASH FLOWS</b>	
Cash, End of Year	This is the amount of cash, and/or cash equivalents our organization has on hand, system-wide.
<b>ATTACHMENT C: PROGRAM BUDGET WORKSHEET</b>	
<b>PROGRAM REVENUE</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT</b>	
Boone County – Social Service Funding	Amount of funding requested from FCC to fully support programming highlighted in application.
<b>TOTAL PROGRAM REVENUE</b>	Total of all program revenue associated with proposed programming.
<b>PROGRAM EXPENSES</b>	
1. Personnel	Salaries & fringe benefits for program personnel.
2. Non-Personnel	Direct & indirect program expenses.
<b>TOTAL PROGRAM EXPENSES</b>	Total of all program expenses associated with proposed programming.
<b>NUMBER OF DIRECT PROGRAM STAFF (FTE)</b>	Requested funding from Boone County will be used to support 3.5 FTE staff members who will be responsible for implementing and providing all services outlined in this application.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mibobbitt@boonecountymo.org](mailto:mibobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

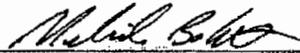
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:



Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - *Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 N. Garth Ave., Columbia, MO 65203

Phone Number: 573-443-2204 Fax Number: 573-634-2516

E-mail: kcade@fccmo.org

Authorized Representative Signature: Karen Cade Date: 6/25/14

Authorized Representative Printed Name: Karen Cade, President



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.

III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

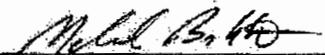
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 N. Garth Ave., Columbia, MO 65203

Phone Number: 573-443-2204 Fax Number: 573-634-2516

E-mail: kcade@fccmo.org

Authorized Representative Signature: Karen Cade Date: 6/25/14

Authorized Representative Printed Name: Karen Cade, President

PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbitt	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Erika Waller	MU Psychological Services Clinic	882-2686	882-7583
5.	J. Arment	BBH	777-8317	
6.	Frances Jones	BBH	777 8330	777 8300
7.	Julia Adair	GC	843-8331	-
8.	Carole Schatz	MUPC	424-2287	
9.	Cynthia Jabe	MU		
10.	Vicki Darratt	T		
11.	Janet Rife	Project LAUNCH		
12.	Jessica Wilbey	I		
13.	Jack Jensen	First Chance for Children		
14.	Therese Eskels	Great Circle		
15.	Paulee Browne	Pre-Perseid Family Healthcare		
16.	Wes Toome	"		
17.	Sara Murch	"		
	Kelly Tretter	"		

18.	Jan Stock	Rainbow House	474-6000	474-5992
19.	Philip Petrus	Cradle to Career	882-8274	
20.	Ryan Worley	Toth Community Coalition	449-1993	268-0548
21.	Mark Knott House	Russell	777-8336	
22.	Craig Valone	" "	777-8451	
23.	Brian Martin	Putnam Community Health	317-9100	
24.	Holly Stacy	SSM Health Care	314-979-8462	314-402-5935
25.	Bryan White	Central Mo Community Action	443-8706	
26.	Ric Douber	Seed	356-6397	
27.	Anna Drake	Dept of Missouri GREAT	(573)443-4670	NA
28.	Marissa Farnber	Assessment + Consultation Clinic	573-884-3101	573-884-3377
29.	Steve Hollis	City/County HHS	874-7727	
30.	Christy Mattingly	All Parenthood	573-268-2746	
31.	Heather Smith	Big Box Books	573-874-3677 x.201	
32.	GRANT BRACKEN	UPSTANDER INITIATIVE	573-999-9166	
33.	BONDI WOOD	THE THOMPSON CENTER FOR AUTISM	573-489-7312	
34.	Chuck Baldwin	U. Missouri	573-882-4578	
35.	William Alford	CME-CAH	573-353-0524	
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FAX

			PH	FAX
41.	Grandy Talana	CMCA	443-8706	
42.	Pamela Bepp	CMCA	443-8706	
43.	Randy Hill	Lora INC	256-7662 ext 29	256-7665
44.	Leo Ann Lauer-Joe	CPS	214 3467	214-3402
45.	Megan Carney	MU ACC	573-824-1085	573-824-3399
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PRE-PROPOSAL CONFERENCE SIGN IN SHEET

27-10JUN14 – Service Contracts for Boone County Children’s Services  
 May 23, 2014, 10:00 a.m. central time

28-24JUN14 – Pilot Programs that Provide Innovative Service Friday  
 May 23, 2014, 11:00 a.m. central time

	Representative Name	Business Name	Telephone Number	Fax Number
1.	Melinda Bobbit	Boone County Purchasing	886-4391	886-4390
2.	Kelly Wallis	Children's Services Board	886-7218	
3.	Joanne Nelson	Children's Services Board	886-4298	
4.	Paulette Foerster	Lutheran Family and children's services	815-9955	449-4640
5.	Charlene P... ..	"	"	"
6.	Paula Fleming	Great Circle	356-0022	442-8330
7.	Peppy Howard Wilkes	Great Circle	314-623-6589	314-968-8308
8.	H... .. Zolota	Great Circle	314-626-6242	
9.	Misty O'Keefe	Child Care Aware Missouri	314-952-9716	314-754-0330
10.	Shelly Lock	Child Care Aware of MO	573-353-1930	314-754-0330
11.	W... .. Jones	Youth Empowerment Zone	(713) 607-215	
12.	Chrissy Mayer	DCCFA / Tallgrass Family Services	(785) 841-4138 cmayer@dccfa.org	785 841-5777
13.	Anita Kesting-Cove	PCHAS	573-249-7590	
14.	Becky Martz	CHA Low Income Services	573-943-2556	
15.	Andrea Toprai	" HCV	" 621-1400	
16.				
17.				



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

**Response: Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

**Response: The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

**Response: Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

**Response: A cover letter may be attached and will count toward the page limit.**

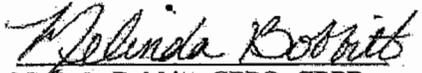
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

**Response: The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

**Response: A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB** *AR*  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application receipt of which is hereby acknowledged:

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 N. Garth Ave., Columbia, MO 65203

Phone Number: 573-443-2204 Fax Number: 573-634-2516

E-mail: kcade@fccmo.org

Authorized Representative Signature: Karen Cade Date: 6/25/14

Authorized Representative Printed Name: Karen Cade, President



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

- 1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

- 2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- 3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

with a full financial statement audit which is a minimum eligibility requirement to receive funding.

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

Response: **No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i)
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

Response: **These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

Response: **There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

Response: **Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application receipt of which is hereby acknowledged:

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 N. Garth Ave., Columbia, MO 65203

Phone Number: 574-443-2204 Fax Number: 573-634-2516

E-mail: kcade@fccmo.org

Authorized Representative Signature: Karen Cade Date: 6/25/14

Authorized Representative Printed Name: Karen Cade, President

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children's Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror's Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. The County has received the following questions and is providing a response:
  1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP's. "Include copies of any evaluation tools you will be using". Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and "cheaper" because you don't have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement "Revenues collected and deposited in the children's services fund **may not be expended** . . . or, for transportation services".

While we do not intend to propose a transportation service per se in serving youth in the County's bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children's Services Fund.**

7. Will the 15% administration percentage be based on the "Personnel Costs" line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker's comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the "service to be delivered" need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 N. Garth Ave., Columbia, MO 65203

Phone Number: 573-443-2204 Fax Number: 573-634-2516

E-mail: kcade@fccmo.org

Authorized Representative Signature: Karen Cade Date: 6/25/14

Authorized Representative Printed Name: Karen Cade, President



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: Family Counseling Center of Missouri, Inc.

Address: 117 N. Garth Ave., Columbia, MO 65203

Phone Number: 573-443-2204 Fax Number: 573-634-2516

E-mail: kcade@fccmo.org

Authorized Representative Signature: Karen Cade Date: 7/8/14

Authorized Representative Printed Name: Karen Cade, President



**Attachment I: Agency and Program Brochures**



Healthier Lives Together

## Who are we?

Family Counseling Center's community-based programs have been serving individuals and families throughout mid-Missouri since 1972. As a not-for-profit mental health services organization, FCC offers residential treatment, outpatient services and community prevention programs with some funding and certifications from The Missouri Department of Mental Health and Missouri Division of Aging.

## Our Mission . . .

Family Counseling Center of Missouri, Inc. enhances well-being in the lives of individuals and communities by instilling hope through building partnerships and supporting recovery.

### Outpatient Clinics:

Columbia	573.449.2581	117 N. Garth Ave
Jefferson City	573.634.4591	204 Metro Drive, Suite B
Boonville	660.882.2400	319 Main Street
Fayette	660.248.3313	600 W. Morrison, Suite 16
California	573.634.4591	California Public Library
Fulton	573.642.3239	2625 Fairway Drive, Suite E

### Residential & Outpatient Centers:

Navig8 - Adolescent Treatment Program	573.449.4770
403 Dysart, Columbia, MO 65201	
McCambridge Center	573.449.3953
201 N. Garth Avenue, Columbia, MO 65203	
Columbia CO-OP	573.449.2581
117 N. Garth Ave., Columbia, MO 65201	

### Compass Health Prevention:

Division of Alcohol and Drug Abuse Funded	
Regional Support Center	573.442.2591
117 N. Garth Avenue, Columbia, MO 65203	



FCC's funding sources include: State of Missouri Department of Mental Health, Division of Family Services, Department of Health and Senior Services, Missouri Court Services, United Way, Insurance Payments, Donations, City of Columbia, Federal Probation and Parole, Missouri Foundation for Health and client fees.



573.443.2204

info@fccmo.org

fccmo.org

*Like us on Facebook!*  
*Friends of Family Counseling*  
*Center of Missouri, Inc.*

a Compass Health organization



fccmo.org

# NAVIG8

*Adolescent Treatment Program*

NAVIG8 provides treatment serves ages 12-17 and their families whose lives have been impacted by the use of alcohol and/or other substances. The residential and outpatient program provides:

- Comprehensive Assessment
- Individual Counseling
- Family Counseling/Family Groups
- Case Management
- Trauma Counseling
- Co-Occurring Counseling
- Psychiatry



"I began therapy in Sept 2009. I had a past that had been quite frankly dangerous. I was at times suicidal and fought depression and anxiety daily. It not only threatened my job but my family and my life. I struggled for years.

Today thanks to the Family Counseling Center, the aide of a tremendous counselor and wonderful group/team leaders, my life has changed. I look forward to life I have grown both personally and professionally. Thankful!"

# Mental Health Services

FCC's comprehensive mental health services range from brief individual, group or family counseling to manage issues such as depression and anxiety to long-term recovery support for adults with serious mental illness and children with serious emotional disturbances.



# MEND - Men Exploring Non abusive Directions

Healthy, non-violent relationships should be based on equality where both members have an equal say. Violent/abusive behavior is about power and control.



We use the Duluth Curriculum, which is a nationally recognized treatment for domestic violence to help men who have been physically, sexually and/or emotionally abusive towards women in relationships. Our goal is to stop violence in relationships. **Discussion topics include: nonviolent/nonthreatening behavior, respect, trust & support, honesty & accountability, shared responsibility, financial partnership, responsible parenting, sexual respect, negotiation & fairness.**

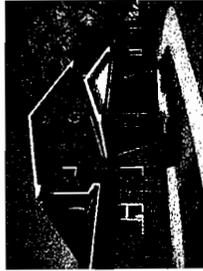


Family Counseling Center of Missouri, Inc. is an equal opportunity employer. We accept clients without regard to race, creed, color sexual orientation, national origin, age, gender, handicap, veteran status or financial resources.



# McCambridge Center

McCambridge Center is located in Columbia, Missouri. The Center helps women with chemical dependencies face their disease and develop a healthy approach to life. McCambridge Center offers women and their children individual, family and group counseling through residential and outpatient programs. Services also include:



- Psychiatry
- Community Support
- Nursing
- Education
- Transportation



Our prevention Resource Center serves as a Missouri Division of Alcohol and Drug Abuse Regional Support Center in a 20-county area in mid-Missouri. Services are provided for grassroots teams and coalitions working to prevent substance abuse in local communities. Training and technical assistance are provided to empower communities to accurately assess their prevention needs, develop goals, and implement effective action plans. In addition, tobacco retailer education activities help limit the sales of tobacco products to underage youths.

Services are provided for grassroots teams and coalitions working to prevent substance abuse in local communities. Training and technical assistance are provided to empower communities to accurately assess their prevention needs, develop goals, and implement effective action plans. In addition, tobacco retailer education activities help limit the sales of tobacco products to underage youths.

# Healthier

# Lives

# Together



**PROGRAM ATTACHMENTS**  
**RFP Number: 27-10JUN14**  
**Purchase of Service Contracts**  
**Boone County Children's Services Fund**

**Attachment A – Program Performance Measures Information Worksheet**

**Attachment B – Agency Financial Information**

**Attachment C – Program Budget Worksheet**

**Attachment D – 2014 Agency Assurance Sheet**

**Attachment E – Certification Regarding Debarment**

**Attachment F – Work Authorization Certification**

**Attachment G – Mission Statement**

**Attachment H – Agency Board of Directors**

**Attachment I – Agency and Program Brochures**

**Attachment J – Signed Memorandums of Understanding**

**Attachment K – Program Evaluation Tools**

**Attachment L – Missouri Department of Mental Health Service Pricing Sheet**

**ATTACHMENT A**

**Program Performance Measures Information Worksheet**

<b>Activity</b>	<b>Output(s)</b>	<b>Outcome(s)</b>	<b>Indicator(s)</b>	<b>Method of Measurement</b>
<b>Mental Health and Substance Use Treatment Services</b> -Assessment and diagnosis -Co-occurring trauma counseling -Group Education Services (Anger Management, Job Readiness, etc.) -Group Counseling Services	At least 260 adolescents will be referred and screened for programming. 1,248 hours of counseling sessions will be provided/offered to all program participants. 288 hours of group education services will be provided/offered to all program participants.	Improvement in the identification of mental health and/or substance use disorders. Adolescents will reduce and/or eliminate interaction with Boone County Juvenile Justice system.	At least 260 adolescents will be referred to program for mental health/substance use intervention. 90% of referred adolescents will have an identified mental health and/or substance use disorder. 75% of referred students will engage in programming.	Individualized Treatment Record located in FCC Electronic Health Record, DLA-20 and PHQ-9 administration of assessments at admission and discharge of programming, Client/Parent/Partner satisfaction surveys at beginning and end of programming.
<b>Psychiatry and Medication Monitoring Services</b> -Assessment and diagnosis -Education	144 Psychiatric Assessments/Evaluations will be conducted for program participants. 336 Nursing Services provided to enrolled program participants.	Adolescents will demonstrate improved academic performance. Adolescents will demonstrate improved mental health functioning.	65% of adolescents will end involvement with Boone County Juvenile Office post treatment. 70% of adolescents will improve academic performance both	Individualized Treatment Record located in FCC Electronic Health Record, DLA-20 and PHQ-9 administration of assessments at admission and discharge of programming, Client/Parent/Partner satisfaction surveys at

<p>-Medication Follow-Up</p>	<p>192 psychiatric medication follow-up.</p>		<p>during and post program completion. 70% of adolescents will realize improved mental health functioning, interpersonal skills and attitudes.</p>	<p>beginning and end of programming.</p>
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<p><b>Community Support Services</b> -Scheduling and referring for additional community services and resources -Providing experiential training in life skills -Assisting in the management and compliance of adolescent's treatment plan</p>	<p>2,200 Community Support Specialist hours for 260 adolescents provided by 2.0 FTE community support specialists</p>	<p>Adolescents will reduce and/or eliminate interaction with Boone County Juvenile Justice system. Adolescents will demonstrate improved academic performance. Adolescents will demonstrate improved mental</p>	<p>75% of referred students will engage in programming. 65% of adolescents will end involvement with Boone County Juvenile Office post treatment. 70% of adolescents will improve academic performance both during and post program completion.</p>	<p>Individualized Treatment Record located in FCC Electronic Health Record, DLA-20 and PHQ-9 administration of assessments at admission and discharge of programming, Client/Parent/School satisfaction surveys at beginning and end of programming, utilize school report card grades pre-treatment and at the time of discharge, utilize</p>
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<p>-Collaboration with parents and program staff</p> <p>-Communication with school administration and teachers on behalf of adolescent</p>	<p>health functioning.</p>	<p>70% of adolescents will realize improved mental health functioning, interpersonal skills and attitudes.</p>	<p>reports from school administration and teachers.</p>
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**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: Family Counseling Center of Missouri, Inc.

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	220,753	198,678	220,753	0.28%	11.11%
B. Other United Ways	193,560	277,516	385,247	0.49%	38.82%
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)	30,916	37,491	42,000	0.05%	12.03%
E. Fund Raising & Other Direct Support	617,634	622,134	648,000	0.83%	4.16%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>1,062,863</b>	<b>1,135,819</b>	<b>1,296,000</b>	<b>1.66%</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding	77,000	87,000	78,000	0.10%	-10.34%
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)	3,958,555	3,973,216	5,561,843	7.10%	39.98%
H. State (Purchase of Services, Grants, etc.)	38,155,694	39,472,188	50,682,519	64.73%	28.40%
I. Other (Schools, Courts, etc.)	472,810	480,753	594,159	0.76%	23.59%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>42,664,059</b>	<b>44,013,157</b>	<b>56,916,521</b>	<b>72.70%</b>	
3. Program Service Fees	18,449,449	18,054,021	19,358,119	24.73%	7.22%
4. Investment Income (realized & unrealized)	154,653	432,117	416,000	0.53%	-3.73%
5. Other Revenue Items	270,759	292,482	307,000	0.39%	4.96%
<b>TOTAL AGENCY REVENUE</b>	<b>\$62,601,783</b>	<b>\$63,927,596</b>	<b>\$78,293,640</b>		<b>22.47%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	50,986,592	54,559,626	68,129,876	87.70%	24.87%
Expenses for Management and General	7,538,398	7,981,482	9,517,000	12.25%	19.24%
Expenses for Fundraising	27,055	28,106	36,000	0.05%	28.09%
<b>TOTAL AGENCY EXPENSES</b>	<b>58,552,045</b>	<b>62,569,214</b>	<b>77,682,876</b>		<b>24.16%</b>
% of Management and Fundraising Expenses	12.92%	12.80%	12.30%		

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$31,519,689	\$32,878,071	\$33,488,835	1.86%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$1,176,100	\$1,211,427	\$1,228,316	1.39%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: Parachute Program for Boone County Youth**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support				0.00%	#DIV/0!
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding			205,925	100.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees				0.00%	#DIV/0!
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$205,925</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel			185,176	89.92%	#DIV/0!
2. Non-Personnel			20,749	10.08%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$205,925</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			3.5

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Mrs. Karen Cade, President, Family Counseling Center of Missouri  
Printed Name - Agency Executive Director/President/CEO

*Karen Cade*

6/17/14

Signature - Agency Executive Director/President/CEO

Date

Mr. Tim Larimore  
Printed Name - Agency Board Chair

*Tim A. Larimore*

6/17/14

Signature - Agency Board Chair

Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Mrs. Karen Cade, President, Family Counseling Center

\_\_\_\_\_  
Name and Title of Authorized Representative

Karen Cade  
Signature

6/25/14  
Date



Company ID Number: 168713

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.

**Employer Pathways Community Behavioral Healthcare Inc.**

**Diane Howard**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

*12/04/2008*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

*12/04/2008*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



Company ID Number: 168713

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

ARTICLE I

PURPOSE AND AUTHORITY

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and Pathways Community Behavioral Healthcare Inc. (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

ARTICLE II

FUNCTIONS TO BE PERFORMED

A. RESPONSIBILITIES OF THE SSA

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.
5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment

Company ID Number: 168713

eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

**B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:
  - Automated verification checks on newly hired alien employees by electronic means, and
  - Photo verification checks (when available) on newly hired alien employees.
2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.
3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify. DHS agrees to provide training materials on E-Verify.
4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.
5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.
6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.
7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.
8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

Company ID Number: 168713

**C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
  - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any

Company ID Number: 168713

action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of

Company ID Number: 168713

employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

### ARTICLE III

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The

Company ID Number: 168713

Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation.

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

#### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

Company ID Number: 168713

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### ARTICLE IV

##### SERVICE PROVISIONS

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### ARTICLE V

##### PARTIES

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).



**Attachment G: Mission Statement**

Family Counseling Center's mission is to enhance wellness in the lives of individuals and communities by instilling hope, building partnerships and supporting recovery.



**Attachment H: Family Counseling Center Board of Directors**

**Organizational Board Members  
FY 2015 Board of Directors**

**Pat Cleveland** (Female)  
*Retired School Administrator*  
Ethnicity: Caucasian  
Term Expires: June 2016

**Rebecca Culler** (Female)  
*Chief Juvenile Officer*  
*Henry County Courthouse*  
Ethnicity: Caucasian  
Term Expires: June 2017

**Howard Cupp** (Male)  
*Retired Minister*  
Ethnicity: Caucasian  
Term Expires: June 2015

**Dennis J. Daugherty** (Male)  
*Bank President*  
*Community Bank of El Dorado Springs*  
Ethnicity: Caucasian  
Term Expires: June 2015

**Catherine D. Johnson** (Female)  
*Retired State Government Employee*  
Ethnicity: Caucasian  
Term Expires: June 2016

**Tim Larimore** (Male)  
*Attorney-At-Law, Higginsville, MO*  
Ethnicity: Caucasian  
Term Expires: June 2017

**Mitchell Mills** (Male)  
*Owner, Mills and Sons Insurance*  
Ethnicity: Caucasian  
Term Expires: June 2015

**Gary Moor** (Male)  
*Retired Human Resources Director*  
Ethnicity: Caucasian  
Term Expires: June 2015

**J.C. Smith** (Male)  
*Retired Comptroller*  
Ethnicity: Caucasian  
Term Expires: June 2015

**Vacancy Board Position**

**Organizational Board Members  
FY 2015 Board of Directors Positions**

**FAMILY COUNSELING CENTER**

Tim Larimore - *Chairman*  
J.C. Smith - *Vice Chairman*  
Howard Cupp - *2<sup>nd</sup> Vice Chairman*  
Rebecca Culler - *Secretary/Treasurer*  
Mitchell Mills - *At Large Member*

**Additional Board Committees:**

**Compensation Committee:**

Tim Larimore  
Rebecca Culler  
J.C. Smith

**Audit Committee:**

J.C. Smith  
Dennis Daugherty

McCambridge Center is a women and children's treatment provider operating since 1978. The center is named after Academy Award winning actress Mercedes McCambridge who was a recovering alcoholic and spokeswoman supportive of alcohol and drug abuse treatment. **We specialize in treating pregnant women and women with children living with addictive disorders**

Our nurses, therapists, and community support specialists will assist pregnant clients in accessing quality prenatal obstetrical care and will help prepare them for the upcoming birth of their child through connection with community resources and supports.

While in treatment, they will learn to manage their addiction and how to best care for their health and the health of their unborn child through nutrition, parenting classes and education regarding prenatal care.



# McCambridge Center



*We help pregnant women and women with children living with addictive disorders develop a healthy approach to life.*

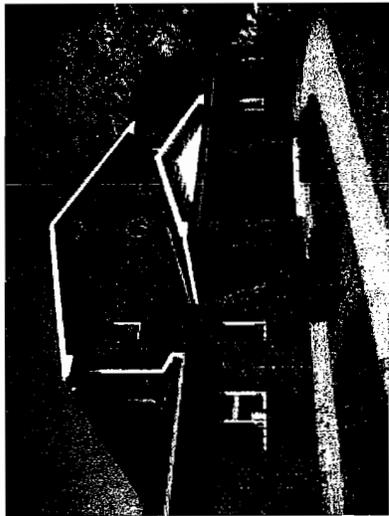
**FC**  
**FAMILY  
 COUNSELING  
 CENTER**  
 OF MISSOURI, INC.

201 N. Garth  
 Columbia, MO 65203  
 573.449.3953.

**FC**  
**FAMILY  
 COUNSELING  
 CENTER**  
 OF MISSOURI, INC.  
**fccmo.org**

a member of the  
**COMPASS HEALTH**  
*guiding solutions*  
**network**

Call 573.449.3953 for admission information.



**We provide individualized, caring treatment for pregnant women and women with children.**

Addiction is a disease that impacts everyone in the family. McCambridge Center provides services for women dealing with addiction, as well as their children. We teach children ways to cope with the disease of addiction and to learn healthy ways to express their feelings and to cope with emotions. We assist mothers and their children to learn new ways to communicate with each other through family therapy.

## CHILDCARE

McCambridge Center allows women to bring their children (under the age of 12) to stay with them while in treatment. We assist clients with arrangements for school and daycare. Daycare is provided on site for residential and outpatient children.

## HEALTHCARE

McCambridge Center has a full time nurse to assist clients with medical needs. We also focus on mental health issues by offering educational classes, therapy and time with a psychiatrist. Medication Assisted Treatment is also available.

## THERAPY/TREATMENT

Our clients are on a specific time-sensitive schedule consisting of educational classes, group therapy, individual therapy, case management, family therapy and recovery meetings. We focus on all aspects of clients' life and encourage participation in the family program and family therapy.



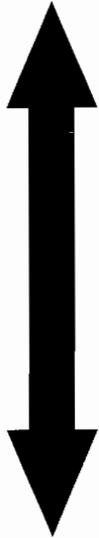
- We have a RN on staff to assist with women and pregnancy.
- We offer parenting classes.
- We have a family/child therapist on staff to specifically work with children whose mother is in treatment and our family programming.

**Coming soon!** We are in the process of setting up a **transitional living program** for pregnant women and women with children. We will furnish the apartment for clients as they continue in our program for up to one year.

**McCambridge Center** welcomes women ages 18 and older who are living with addictions and/or abuse issues as both outpatient and residential clients.

*"McCambridge taught me how to structure my life and to create efficient routines instead of the chaos in which I lived. I would not have come so far and transformed into the woman I am today without McCambridge. Counselors taught me to be open about my feelings and how important it is to communicate honestly. The classes taught me that just for today, I don't have to use, no matter what I am feeling and going through. Life is good, I have been set free. You can experience freedom too."*

*-Diane L., 2011*



## FULL CONTINUUM OF CARE

We provide comprehensive services for adolescents ranging from **outpatient, early intervention and in-home services to residential addiction recovery treatment.** We have numerous locations across the state of Missouri. Please call or visit our website to learn about services in your area: [pathwaysonline.org](http://pathwaysonline.org)

## 24/7 ADMISSIONS

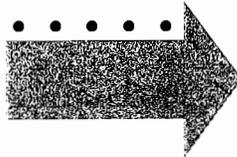
Need help on a Friday night or a Sunday morning? We are available with our 24 hour/7 day a week admission process.



## KEY RESOURCES

What works best for one adolescent may be different for another. We offer key resources and tools to ensure successful treatment for everyone:

- Psychiatry and nursing
- Medical care
- Dental care
- Recreational activities
- Academic education



## PAYMENT

We accept Medicaid, most major medical insurance and self-pay clients. Some financial assistance may also be available.

If you have any questions about our programs or to schedule your comprehensive assessment, please call

1-888-403-1071  
[pathwaysonline.org](http://pathwaysonline.org)



network of care



# NANING 8

Adolescent Treatment Program

Utilizing degreed and licensed professionals in a treatment team approach, we incorporate all invested community members in each adolescent's treatment journey.

- Strong emphasis on family involvement
- Nonjudgmental approach focused on individualized strengths
- Focus on treating individuals not diagnosis
- Full continuum of care from residential to outpatient services
- Evidence-based practice
- Empowering individuals to direct their own treatment
- Connection to community resources
- Emphasis on overall wellness of each individual and family
- Community-based approach that involves the family

1-888-403-1071

Comprehensive curriculum includes:

- Social Media Safety
- Employment preparation
- Independent living skills
- Healthy relationships
- Emotional health
- Character building
- Anti-bullying
- Problem solving

## Dear Parent,

Your child possesses unique characteristics and struggles with particular issues that should be explored and examined by only the most caring and knowledgeable treatment practitioners. Our experienced professionals offer individualized care focused on physical health, emotional health, social health, family health, spiritual health and educational needs.

**W**e serve adolescents (ages 12 through 17) and families whose lives have been impacted by the use of alcohol and/or other substances. Our superior treatment program:

- Utilizes the **8 Dimensions of Wellness**
- Recognizes each adolescent's needs
- Engages the family
- Challenges the youth to achieve success in family relationships, academic performance, decision making, communication, and recovery maintenance.



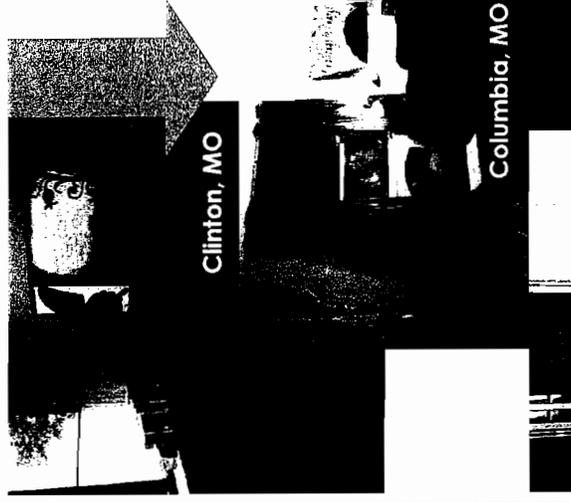
## OUR SERVICES

- Comprehensive assessment
- Individualized Wellness Plan
- Individual counseling
- Family counseling/family groups
- Group education/group counseling
- Community support/Case management
- Trauma counseling
- Co-occurring counseling

## Dear Teen,

We are here to help you achieve your goals and overcome the difficulties many teenagers face today. We will support you and your family throughout the treatment process and give you the skills and tools you need for a successful recovery and a hopeful future.

## RESIDENTIAL LOCATIONS



Outpatient and other services available across Missouri. Check us out online to find a service or a location near you! [pathwaysonline.org](http://pathwaysonline.org)



**Attachment J: Memorandums of Understanding**

**MEMORANDUM OF UNDERSTANDING**

**Family Counseling Center of Missouri (FCC)**  
("hereinafter referred to as Applicant Organization")

And

**Boone County Juvenile Office**  
("hereinafter referred to as Collaborative Partner")

**Applicant Organization agrees to:**

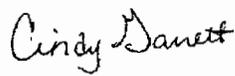
- A. Provide on-site clinical assessment, referrals and follow-ups to adolescents and their families.
- B. Offer on-site individual, group therapy, and group counseling to adolescents at JJC.
- C. Consult with and assist center staff in identifying behavioral interventions to be used with adolescents as needed.
- D. Provide education to both parents and staff regarding behavioral health issues as well as evidenced based practices.

**Collaborative Partner agrees to:**

- A. Work cooperatively with FCC staff to identify adolescents in need of clinical assessment and additional behavioral health services.
- B. Provide group space private space for FCC staff to meet with adolescents and families as needed.
- C. Obtain parental permission to refer children for services as needed.

  
Karen Cade, President

Family Counseling Center of Missouri

  
Cindy Gaines, Chief Juvenile Officer

Boone County Juvenile Office

THIRTEENTH JUDICIAL CIRCUIT COURT  
ROBERT L. PERRY  
JUVENILE JUSTICE CENTER

5665 N. Roger I. Wilson Drive  
Columbia MO 65202-9099



Telephone 573-886-4450  
Fax 573-886-4461

July 10, 2014

Karen Cade  
President, Family Counseling Center

Dear Karen,

Please accept this letter as our support of the Family Counseling Center's application to the Boone County Children's Services Board to receive a Boone County Services Fund grant. The Robert L. Perry Juvenile Justice Center has been a long-time partner of Family Counseling Center in many initiatives through the years. The Family Counseling Center has offered counseling services to juveniles and their families to acquire the necessary aptitudes for life skills and gainful insight into problematic behaviors which has impacted their success in the community.

Family Counseling Center has provided substance abuse assessments and treatment for residents at the Robert L. Perry Juvenile Justice Center. As residents transition back to the community, Family Counseling Center continue to follow these youth in order to help the juveniles achieve success.

I am more than willing to provide this letter of support on behalf of the Juvenile Division of the Thirteenth Judicial Circuit Court in support of the Family Counseling Center to receive funding through the Boone County Children's Services Board.

Sincerely,

A handwritten signature in black ink, appearing to read 'Rick Gaines', with a stylized flourish at the end.

Rick Gaines  
Superintendent



**Attachment K: Program Measurement/Evaluation Tools**

Consumer Name:

Consumer ID:

**Daily Living Activities (DLA-20©): Youth Mental Health**

© W.S. Presmanes, M.A., M.Ed., and R.L. Scott, PhD.

**Instructions:** Using the scale below, rate how often or how well the youth independently, as age-appropriate, performed each of the 20 Activities of Daily Living (ADLs) during the last 30 days. If the youth's level of functioning varied,

rate the lowest possible score. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations (e.g., "no appropriate school or no jobs available"). A score of 5 to 7 indicates functioning "within normal limits" (WNL) for that activity. Enter N/A if the activity was not assessed. Do not rate more than 5 items N/A. Columns allow for 5 re-assessments.

	1 None of the time; Pervasive, continuous intervention required- Dysfunctional, <u>Disabling</u> <u>impairment</u>	2 Almost never; Not functional; Dependent; <u>Severe</u> <u>Impairments</u>	3 Occasionally; Functioning depends on continuous support; <u>Substantial</u> <u>Impairment</u>	4 Some of the time; marginal independence Low level of continuous support; <u>Serious Impairment</u>	5 (WNL) A good bit of time; Independent with moderate, routine support; Moderate problems; social, job.	6 (WNL) Most of the time; Independent with intermittent support or follow-up; <u>Intermittent</u> <u>problem</u>	7 (WNL) All of the time; Optimal & independent asset; <u>no</u> <u>problem</u>			
<b>ACTIVITIES</b>	<b>Examples of age-appropriate strengths in WNL behaviors (Scores 5-7)</b>					Initial	Date2	Date3	Date4	Date5
1. Health Practices	Assist or manage adequate weight, moods, outdoor exercise, aches and pains; take medications or over the counter drugs only with adult supervision.									
2. Housing Stability & Maintenance	Housing is stable and youth contributes to stability in the home (age-appropriate): respect others & property, share in chores, involve caretakers in school-related projects, grades									
3. Communication	Greets adults; listens, expresses feelings, anger, opinions effectively									
4. Safety	Play it safe? Avoid guns, knives, matches, dangerous people or places where there is a likely trouble or abuse potential; if driving, has safe record									
5. Managing Time	Assist or manage time for promptly, regularly attending school & work (age appropriate); routinely completes tasks, sleep and wakeup and mealtime on regular basis?									
6. Managing Money	Reliably handles or manage monetary allowance: abstains from overspending personal limits, betting, stealing and borrowing?									
7. Nutrition	Eat at least 2 basically nutritious meals with caretakers; eat healthy snacks that reasonably limit sugar and caffeine?									
8. Problem Solving	Understand presenting problems, reasons for seeking services; focus on possible solutions for age-appropriate time periods; assist or manage difficult situations?									
9. Family Relationships	Feel close to at least one other person at home; get along with family or caretakers, feel loved?									
10. Alcohol/ Drug Use	Abstain from smoking cigarettes, drinking alcohol, doing drugs or inhalants or any kind; avoid high risk drinking situations & people who do drugs?									
11. Leisure	Enjoy 2 or more fun & relaxing activities: musical instruments, music, watching or playing sports, reading, computer or board games, cards, artistic hobbies, movies, TV?									
12. Community Resources	Use community activities, resources such as after-school sponsored tutoring, clubs, sports, scouts, YM/YWCA, library, church, dances?									
13. Social Network	Make, keep same-age friends; avoid bullying, gangs, cults, antisocial groups?									
14. Sexuality	Reports sexually responsible behaviors with girls, boys (and age-appropriate)? Educated and avoids sexual activities, infections, pregnancy?									
15. Productivity	Feel good about performance at school, consider grades to be good, complete school projects without undue difficulty. Have vocational goals?									
16. Coping Skills	Accept adult correction without undue arguing, temper outburst; tolerate frustration.									
17. Behavior Norms	Control threatening or physical expression of anger, violent behavior, either to self or others, to property. Law abiding, responsible with school, community rules, driving car.									
18. Personal Care, Hygiene	Help or manage general cleanliness: daily bath, shower, brush teeth									
19. Grooming	Assist or manage general appearance: hair, shave, comply with school rule									
20. Dress	Assist or responsibly care for clean clothes, comply with school dress code									

**Scoring Instructions:** If all 20 DLAs are rated, sum column and take 1/2 for estimated CGAS or

Step 1. Add scores from applicable column.

Step 2. Divide sum by number of activities actually rated. This is the average DLA score.

Step 3. To estimate CGAS, multiply the average DLA score by 10. Compare to Axis V and Lower GAF if consumer is symptomatic.

Step 4. +/- Change Score: subtract initial average DLA score (R1) from most recent rating (R2-R5).

Sum 1-20	0	0	0	0	0
Average DLA					
DLA=Est. CGAS					
Change Score					

Consumer Name:
Consumer ID:

**Children's Global Assessment Scale  
(Axis 5, DSMIV-TR) CGAS**

**DLA (est. CGAS+3 pts) correlates with CGAS. Rate the lowest possible score!** Code global functioning from superior (99) to grossly impaired (1) as described below. Consider impairments in functioning due to physical limitations as well as those due to mental impairments. Do not consider environmental limitations such as "no appropriate school," "no job," "no wheelchair," etc.

**1 – 10 Needs constant supervision (24 hr care) to prevent hurting self or others:**

Severely aggressive or self-destructive behavior, or gross impairment in reality.

**11 – 20 Some danger - Needs considerable supervision:**

Frequently violent, repeated suicide attempts, or failure to maintain personal hygiene as age appropriate, or gross impairment in all forms of communication.

**21 – 30 Inability to function in almost all areas:**

Multiple, debilitating symptoms; serious impairment in communication (sometimes incoherent or inappropriate).

**31 – 40 Major impairment in several functional areas (2+):**

Disturbed at home, school, with peers or in society at large – persistent aggression, markedly withdrawn and isolated behavior due to mood, thought disturbance, suicide attempts with clear lethal intent; often requires special schooling/hospitalization.

**41 – 50 Serious symptoms/serious functional impairments:**

Symptoms/impairments interfere in most social functioning or severe impairment of functioning in one: suicidal preoccupations, ruminations, school refusal and anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor or inappropriate social skills, frequent episodes of aggressive, antisocial behavior.

**For short-term Outpatient Counseling or D/C planning, consider 51-70**

**51-60 Variable functioning with sporadic difficulties or symptoms:**

Symptoms/difficulties in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time, but not otherwise.

**61 – 70 Some difficulty in single areas but otherwise functioning optimally:**

Sporadic, isolated antisocial acts, playing hooky, petty theft; consistent minor difficulties with school work; mood changes of brief duration, fears and anxieties which do not lead to gross avoidance behavior; self-doubts; has some interpersonal relationships.

**Optimal functioning – 71-90**

**71 – 80 No more than slight impairment in functioning at home, school, or with peers:**

Some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, death), but these are brief and transient.

**81 – 90 Good functioning in all areas:**

Safe and Secure in family, school and with peers; transient difficulties occasionally get out of hand (e.g., mild anxiety or occasional blowups with parents, siblings, peers).

**91 – 100 Superior functioning in all areas:**

Functioning well in home, school, community, with peers; many interests, likeable, confident in school.

Review Date 1 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 2 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 3 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 4 Rater's Signature (include credentials)	Date	Time (AM/PM)
Review Date 5 Rater's Signature (include credentials)	Date	Time (AM/PM)

**RESET**

**PRINT**

## PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING   0   +      +      +       
=Total Score:     

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all

Somewhat difficult

Very difficult

Extremely difficult



**Attachment L: Missouri Department of Mental Health, Division of Behavioral Health**

**Current CSTAR Rates Effective July 1, 2014**

**FY15 CSTAR Rate Sheet**

<b>Procedure Code</b>	<b>Description</b>	<b>Unit(s)</b>	<b>Contract Rate Effective 7/1/14</b>
12000	Supportive Housing (Transitional)	Per Month	As Pres
15010	Clinical Outreach (non-client specific)	15 Minute(s)	\$ 11.42
15010 HF	Clinical Outreach (non-client specific)	15 Minute(s)	\$ 11.42
80076	Laboratory Testing	1 Session(s)	As Pres
80101	Drug Test	One Panel	\$ 2.83
90792	Medication Services (Psychiatric Diagnostic Evaluation - Physician)	1 Unit(s)	\$ 52.47
96006	Clinical Supervision of Counselors	15 Minute(s)	\$ 23.45
99199	Medication	As Pres	As Pres
99201	Medication Services (Physician - New Patient)	1 Unit(s)	\$ 34.98
99202	Medication Services (Physician - New Patient)	1 Unit(s)	\$ 69.96
99203	Medication Services (Physician - New Patient)	1 Unit(s)	\$ 104.94
99204	Medication Services (Physician - New Patient)	1 Unit(s)	\$ 157.40
99205	Medication Services (Physician - New Patient)	1 Unit(s)	\$ 209.87
99212	Medication Services (Physician - Established Patient)	1 Unit(s)	\$ 34.98
99213	Medication Services (Physician - Established Patient)	1 Unit(s)	\$ 52.47
99214	Medication Services (Physician - Established Patient)	1 Unit(s)	\$ 87.45
99215	Medication Services (Physician - Established Patient)	1 Unit(s)	\$ 139.92
90792 52	Medication Services (Psychiatric Diagnostic Evaluation - APN)	1 Unit(s)	\$ 33.21
90792 52 TN	Medication Services (Psychiatric Diagnostic Evaluation - APN Telehealth)	1 Unit(s)	\$ 33.21
90792 AF	Medication Services (Psychiatric Diagnostic Evaluation - Psychiatrist)	1 Unit(s)	\$ 59.03
90792 AF TN	Medication Services (Psychiatric Diagnostic Evaluation - Psychiatrist Telehealth)	1 Unit(s)	\$ 59.03
90792 GC	Medication Services (Psychiatric Diagnostic Evaluation - Resident)	1 Unit(s)	\$ 35.45
90792 TN	Medication Services (Psychiatric Diagnostic Evaluation - Physician Telehealth)	1 Unit(s)	\$ 52.47
96006 TN	Clinical Supervision of Counselors - Telehealth	1 Unit(s)	\$ 23.45
99195 HG	Methadone Level	Each (1)	\$ 73.74
99199 HK	Medication (Vivitrol)	As Pres	As Pres
99199 SC	Special Service/Proc/Report	1 Session(s)	As Pres
99201 52	Medication Services (APN - New Patient)	1 Unit(s)	\$ 22.13
99201 52 TN	Medication Services (APN - New Patient Telehealth)	1 Unit(s)	\$ 22.13
99201 AF	Medication Services (Psychiatrist - New Patient)	1 Unit(s)	\$ 39.36
99201 AF TN	Medication Services (Psychiatrist - New Patient Telehealth)	1 Unit(s)	\$ 39.36
99201 GC	Medication Services (Psychiatrist - New Patient - Resident)	1 Unit(s)	\$ 23.64
99201 TN	Medication Services (Physician - New Patient Telehealth)	1 Unit(s)	\$ 34.98
99202 52	Medication Services (APN - New Patient)	1 Unit(s)	\$ 44.28
99202 52 TN	Medication Services (APN - New Patient Telehealth)	1 Unit(s)	\$ 44.28
99202 AF	Medication Services (Psychiatrist - New Patient)	1 Unit(s)	\$ 78.70
99202 AF TN	Medication Services (Psychiatrist - New Patient Telehealth)	1 Unit(s)	\$ 78.70
99202 GC	Medication Services (Psychiatrist - New Patient - Resident)	1 Unit(s)	\$ 47.27
99202 TN	Medication Services (Physician - New Patient Telehealth)	1 Unit(s)	\$ 69.96
99203 52	Medication Services (APN - New Patient)	1 Unit(s)	\$ 66.41
99203 52 TN	Medication Services (APN - New Patient Telehealth)	1 Unit(s)	\$ 66.41
99203 AF	Medication Services (Psychiatrist - New Patient)	1 Unit(s)	\$ 118.06
99203 AF TN	Medication Services (Psychiatrist - New Patient Telehealth)	1 Unit(s)	\$ 118.06
99203 GC	Medication Services (Psychiatrist - New Patient - Resident)	1 Unit(s)	\$ 70.91
99203 TN	Medication Services (Physician - New Patient Telehealth)	1 Unit(s)	\$ 104.94
99204 52	Medication Services (APN - New Patient)	1 Unit(s)	\$ 99.62
99204 52 TN	Medication Services (APN - New Patient Telehealth)	1 Unit(s)	\$ 99.62
99204 AF	Medication Services (Psychiatrist - New Patient)	1 Unit(s)	\$ 177.09
99204 AF TN	Medication Services (Psychiatrist - New Patient Telehealth)	1 Unit(s)	\$ 177.09
99204 GC	Medication Services (Psychiatrist - New Patient - Resident)	1 Unit(s)	\$ 106.37
99204 TN	Medication Services (Physician - New Patient Telehealth)	1 Unit(s)	\$ 157.40

Missouri Department of Mental Health  
Division of Behavioral Health  
Current CSTAR Rates Effective 7-1-14

Procedure Code	Description	Unit(s)	Contract Rate Effective 7/1/14
99205 52	Medication Services (APN - New Patient)	1 Unit(s)	\$ 132.83
99205 52 TN	Medication Services (APN - New Patient Telehealth)	1 Unit(s)	\$ 132.83
99205 AF	Medication Services (Psychiatrist - New Patient)	1 Unit(s)	\$ 236.12
99205 AF TN	Medication Services (Psychiatrist - New Patient Telehealth)	1 Unit(s)	\$ 236.12
99205 GC	Medication Services (Psychiatrist - New Patient - Resident)	1 Unit(s)	\$ 141.82
99205 TN	Medication Services (Physician - New Patient Telehealth)	1 Unit(s)	\$ 209.87
99212 52	Medication Services (APN -Established Patient)	1 Unit(s)	\$ 22.13
99212 52 TN	Medication Services (APN -Established Patient Telehealth)	1 Unit(s)	\$ 22.13
99212 AF	Medication Services (Psychiatrist -Established Patient)	1 Unit(s)	\$ 39.36
99212 AF TN	Medication Services (Psychiatrist -Established Patient Telehealth)	1 Unit(s)	\$ 39.36
99212 GC	Medication Services (Psychiatrist -Established Patient - Resident)	1 Unit(s)	\$ 23.64
99212 TN	Medication Services (Physician - Established Patient Telehealth)	1 Unit(s)	\$ 34.98
99213 52	Medication Services (APN -Established Patient)	1 Unit(s)	\$ 33.21
99213 52 TN	Medication Services (APN -Established Patient Telehealth)	1 Unit(s)	\$ 33.21
99213 AF	Medication Services (Psychiatrist -Established Patient)	1 Unit(s)	\$ 59.03
99213 AF TN	Medication Services (Psychiatrist -Established Patient Telehealth)	1 Unit(s)	\$ 59.03
99213 GC	Medication Services (Psychiatrist -Established Patient - Resident)	1 Unit(s)	\$ 35.45
99213 TN	Medication Services (Physician - Established Patient Telehealth)	1 Unit(s)	\$ 52.47
99214 52	Medication Services (APN -Established Patient)	1 Unit(s)	\$ 55.34
99214 52 TN	Medication Services (APN -Established Patient Telehealth)	1 Unit(s)	\$ 55.34
99214 AF	Medication Services (Psychiatrist -Established Patient)	1 Unit(s)	\$ 98.39
99214 AF TN	Medication Services (Psychiatrist -Established Patient Telehealth)	1 Unit(s)	\$ 98.39
99214 GC	Medication Services (Psychiatrist -Established Patient - Resident)	1 Unit(s)	\$ 59.10
99214 TN	Medication Services (Physician - Established Patient Telehealth)	1 Unit(s)	\$ 87.45
99215 52	Medication Services (APN -Established Patient)	1 Unit(s)	\$ 88.55
99215 52 TN	Medication Services (APN -Established Patient Telehealth)	1 Unit(s)	\$ 88.55
99215 AF	Medication Services (Psychiatrist -Established Patient)	1 Unit(s)	\$ 157.41
99215 AF TN	Medication Services (Psychiatrist -Established Patient Telehealth)	1 Unit(s)	\$ 157.41
99215 GC	Medication Services (Psychiatrist -Established Patient - Resident)	1 Unit(s)	\$ 94.55
99215 TN	Medication Services (Physician - Established Patient Telehealth)	1 Unit(s)	\$ 139.92
ADAOTPREGISTRY	Central Registry Maintenance	Per Month	\$ 51.50
H0001	Assessment	1 Session(s)	\$ 354.94
H0001 52	Assessment & Diagnostic Update	1 Session(s)	\$ 116.82
H0001 52 TG	Assessment & Diagnostic Update	1 Session(s)	\$ 140.18
H0001 52 TN	Assessment Update	1 Session(s)	\$ 116.82
H0001 AM	Physician Certification	1 Session(s)	\$ 29.21
H0001 EP	Assessment (Adolescent)	1 Session(s)	\$ 437.29
H0001 EP TN	Assessment (GAIN)	Each (1)	\$ 437.29
H0001 GQ	Assessment (CSTAR with ASI - MV)	1 Session(s)	\$ 362.13
H0001 GQ TG	Assessment (CSTAR with ASI-MV)	1 Session(s)	\$ 433.12
H0001 GQ TN	Assessment	Each (1)	\$ 362.13
H0001 TG	Assessment	1 Session(s)	\$ 425.93
H0001 TN	Assessment	1 Session(s)	\$ 354.94
H0001 TS	ALCOHOL AND/OR DRUG ASSESSMENT	1 Session(s)	\$ 13.73
H0001 TS AJ	ALCOHOL AND/OR DRUG ASSESSMENT	1 Session(s)	\$ 11.42
H0004	Individual Counseling	15 Minute(s)	\$ 13.73
H0004 HF	Individual Counseling (Motivational Interviewing)	15 Minute(s)	\$ 13.73
H0004 HF TG	Individual Counseling (Motivational Interviewing)	15 Minute(s)	\$ 21.43
H0004 HH	Individual Counseling (Co-Occurring Disorder)	15 Minute(s)	\$ 21.17
H0004 HH TG	Individual Counseling (Co-Occurring Disorder)	15 Minute(s)	\$ 33.04
H0004 HH TN	Individual Counseling (Co-Occurring Disorder)	15 Minute(s)	\$ 21.17
H0004 ST	Individual Counseling (Trauma Related)	15 Minute(s)	\$ 17.77

Missouri Department of Mental Health  
Division of Behavioral Health  
Current CSTAR Rates Effective 7-1-14

Procedure Code	Description	Unit(s)	Contract Rate Effective 7/1/14
H0004 ST TG	Individual Counseling (Trauma Related)	15 Minute(s)	\$ 27.74
H0004 ST TN	Individual Counseling (Trauma Related)	15 Minute(s)	\$ 17.77
H0004 TG	Individual Counseling	15 Minute(s)	\$ 21.43
H0004 TN	Individual Counseling	15 Minute(s)	\$ 13.73
H0004 UK	Individual Counseling (Collateral Relationship)	15 Minute(s)	\$ 16.85
H0004 UK TG	Individual Counseling (Collateral Relationship)	15 Minute(s)	\$ 26.31
H0004 UK TN	Individual Counseling (Co-Dependent)	15 Minute(s)	\$ 16.85
H0005 HM	Group Counseling (Associate SA Counselor)	15 Minute(s)	\$ 5.15
H0005 HM TG	Group Counseling (Associate SA Counselor)	15 Minute(s)	\$ 6.18
H0005 HN	Group Counseling (QSAP)	15 Minute(s)	\$ 5.92
H0005 HN TG	Group Counseling (QSAP)	15 Minute(s)	\$ 7.11
H0005 UK	Group Counseling (Collateral Relationship)	15 Minute(s)	\$ 3.10
H0005 UK TG	Group Counselign (Collateral Relationship)	15 Minute(s)	\$ 3.72
H0006	Pre-Release Coordination	15 Minute(s)	\$ 11.42
H0010	Detoxication (Social Setting)	1 Day	\$ 118.45
H0011	CSTAR Detoxification (Medically Monitored Inpatient)	1 Day	\$ 391.68
H0020	Methadone Dosing	24 Hour(s)	\$ 6.81
H0023	Clinical Outreach (client specific)	15 Minute(s)	\$ 11.42
H0023 HF	BEHAVIORAL HEALTH OUTREACH SER	15 Minute(s)	\$ 11.42
H0025 HQ	Group Education	15 Minute(s)	\$ 2.66
H0025 HQ ST	Group Education (Trauma Related)	15 Minute(s)	\$ 3.10
H0025 HQ ST TG	Group Education (Trauma Related)	15 Minute(s)	\$ 3.72
H0025 HQ TG	Group Education	15 Minute(s)	\$ 3.19
H0038	Self-Help/Peer Services	15 Minute(s)	\$ 19.85
H0044	Supportive Housing (Community Based)	Per Month	As Pres
H0047	HIV Pre-Test Counseling	15 Minute(s)	\$ 10.10
H0047 TG	HIV Pre-Test Counseling	15 Minute(s)	\$ 12.12
H0047 TS	HIV or TB Post-Test Counseling	15 Minute(s)	\$ 10.10
H0047 TS TG	HIV or TB Post-Test Counseling	15 Minute(s)	\$ 12.12
H2012	Day Treatment	1 Hour(s)	\$ 10.10
H2012 TG	Day Treatment	1 Hour(s)	\$ 12.12
H2015	Community Support	15 Minute(s)	\$ 24.21
H2015 TG	Community Support	15 Minute(s)	\$ 24.21
H2015 TN	Community Support (Telehealth)	15 Minute(s)	\$ 24.21
H2015 TS	Community Support (for Collateral Dependents)	15 Minute(s)	\$ 24.21
H2015 TS TG	Community Support (for Collateral Dependents)	15 Minute(s)	\$ 24.21
T1002	Extended Day Treatment	15 Minute(s)	\$ 19.04
T1002 TN	RN Services	15 Minute(s)	\$ 19.04
T1003	LPN/LVN SERVICES UP TO 15 MINU	15 Minute(s)	\$ 19.04
T1003 TN	LPN/LVN SERVICES UP TO 15 MINU - Telehealth	15 Minute(s)	\$ 19.04
T1006	Family Therapy	15 Minute(s)	\$ 17.77
T1006 52	Family Conference	15 Minute(s)	\$ 13.73
T1006 52 TG	Family Conference	15 Minute(s)	\$ 16.48
T1006 52 TN	ALCOHL&/SBSTNC ABS FAM/COUPLE	15 Minute(s)	\$ 13.73
T1006 TG	Family Therapy (Office)	15 Minute(s)	\$ 21.32
T1006 TN	Office Family Therapy	15 Minute(s)	\$ 17.77
T1006 U8	Family Therapy (Home)	15 Minute(s)	\$ 29.34
T1006 U8 TG	Home Family Therapy (Home)	15 Minute(s)	\$ 35.22
T1009	Day Care	15 Minute(s)	\$ 1.55
T1013	Interpreting Services (Deaf/Hard of Hearing)	1 Session(s)	As Pres
T1013 HE	Interpreting Services (Alt Language Translation)	1 Session(s)	As Pres
T1018	Adolescent Academic Education	1 Hour(s)	\$ 9.81

Missouri Department of Mental Health  
 Division of Behavioral Health  
 Current CSTAR Rates Effective 7-1-14

Procedure Code	Description	Unit(s)	Contract Rate Effective 7/1/14
T1023	Behavioral Consultation with Report	1 Session(s)	\$ 61.80
T2046	Room & Board	1 Day	\$ 20.42
T2048	Adolescent Treatment Support	24 Hour(s)	\$ 65.02
T2048 HD	Residential Support (Women & Children)	1 Day	\$ 35.10
T2048 UK	Residential Support (W & CH - for child)	1 Day	\$ 35.10



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**   
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.

III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

II. The County has received the following questions and is providing a response:

1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

Response: **Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communitvservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

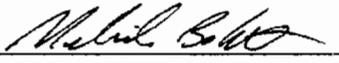
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

#### **BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### **RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

#### **CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

- c. **Service Need:**
  - i. Provide a detailed description of the unmet need in Boone County for your agency's services.
  - ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
  - iii. State the purpose of your proposed service.
  - iv. State the goals of your proposed service.
  - v. Describe the anticipated outcomes of your proposed service.
  - vi. Identify other providers of this proposed service in Boone County.
  - vii. What agencies do you receive referrals from and to what agencies do you make referrals?
  - viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

## 2. EVALUATION

- a. **Performance Information:**
  - i. Attach a Program Performance Measures Worksheet (see Attachment A).
- b. **Outcomes:**
  - i. Describe your service outcomes (outcomes need to be measurable and time specific).
- c. **Indicators:**
  - i. Identify and describe the indicators which will measure your service outcomes.
  - ii. Identify your agency's performance target of these indicators.
- d. **Measurement:**
  - i. Discuss who will be responsible for the accomplishment of each of the outcomes.
  - ii. Discuss how the data will be collected.
  - iii. Identify your agency's timeline for each outcome.
  - iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**ii. Service Activity:**

1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.

2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.

3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

**i.** Service to be provided

**ii.** Unit measurement

**iii.** Unit cost

**iv.** Amount requested

**v.** Number of individuals to be served

**vi.** Average units of services per individual

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

**i.** Agency Financial Worksheet (see Attachment B)

**ii.** Program Budget Worksheet (see Attachment C)

**b. Budget Narrative**

**i.** Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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## ATTACHMENT B

### AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

---

Name and Title of Authorized Representative

---

Signature

---

Date







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
11/17/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER . THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER (S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER .

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements(s).

PRODUCER 554 - 001 Mills & Sons Insurance - Clinton P.O. Box 505 Clinton, MO 64735	CONTACT NAME: PHONE (A/C, No, Ext): (660) 885-7576		FAX (A/C, No): (877) 398-6010
	E-MAIL ADDRESS: INSURER(S) AFFORDING COVERAGE		
INSURED Pathways Community Behavioral Healthcare, Inc 1800 Community Drive Clinton, MO 64735	INSURER A : Missouri Employers Mutual Insurance		NAIC # 10191
	INSURER B :		
	INSURER C :		
	INSURER D :		
	INSURER E :		
	INSURER F :		

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS .

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER : <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$	
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N/A	N	MEG 1021742-06 UNIT #1	2/12/2014	2/12/2015	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS OTH-ER	E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> COUNTY OF BOONE 613 E ASH ST., ROOM 110 COLUMBIA, MO 65201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 



PATHW01

OP ID: NB

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

11/17/2014

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<b>PRODUCER</b> <b>Mills &amp; Sons Insurance</b> <b>P.O. Box 505</b> <b>Clinton, MO 64735</b> <b>Mitchell C. Mills</b>	<b>CONTACT NAME:</b> <b>Mitchell C. Mills</b>	
	<b>PHONE (A/C, No, Ext):</b> <b>660-885-3368</b>	<b>FAX (A/C, No):</b> <b>877-398-6010</b>
<b>E-MAIL ADDRESS:</b>		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A : Nationwide Mutual Insurance Co</b>		<b>23787</b>
<b>INSURED</b> <b>Pathways Community Behavioral Healthcare, Inc.</b> <b>1800 Community Dr</b> <b>Clinton, MO 64735</b>	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	
	<b>INSURER F :</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$	
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			ACP7225657026	06/15/2014	06/15/2015	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION**

COUNT03

County of Boone  
 613 E Ash Street, Room 110  
 Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
 Mitchell C. Mills

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/17/2014

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<b>PRODUCER</b> 554 - 001 <b>Mills &amp; Sons Insurance - Clinton</b> P.O. Box 505 Clinton, MO 64735	<b>CONTACT NAME:</b> <b>PHONE (A/C. No. Ext):</b> (660) 885-7576 <b>FAX (A/C. No):</b> (877) 398-6010 <b>E-MAIL ADDRESS:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> <b>Pathways Community Behavioral Healthcare, Inc</b> 1800 Community Drive  Clinton, MO 64735	<b>INSURER A :</b> Missouri Employers Mutual Insurance      10191	
	<b>INSURER B :</b>	
	<b>INSURER C :</b>	
	<b>INSURER D :</b>	
	<b>INSURER E :</b>	
	<b>INSURER F :</b>	

COVERAGES:

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER : <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES(Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/OP AGG \$ \$
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A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below	N/A	N	MEG 1021742-06  UNIT #1	2/12/2014	2/12/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

COUNTY OF BOONE 613 E ASH ST., ROOM 110 COLUMBIA, MO 65201	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

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# CERTIFICATE OF LIABILITY INSURANCE

PATHW01

OP ID: NB

DATE (MM/DD/YYYY)

11/17/2014

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<b>PRODUCER</b> <b>Mills &amp; Sons Insurance</b> <b>P.O. Box 505</b> <b>Clinton, MO 64735</b> <b>Mitchell C. Mills</b>	<b>CONTACT NAME:</b> <b>Mitchell C. Mills</b>
	<b>PHONE (A/C, No, Ext):</b> <b>660-885-3368</b>
	<b>FAX (A/C, No):</b> <b>877-398-6010</b>
	<b>E-MAIL ADDRESS:</b>
	<b>INSURER(S) AFFORDING COVERAGE</b>
	<b>INSURER A : Nationwide Mutual Insurance Co</b>
	<b>NAIC #</b> <b>23787</b>
<b>INSURED</b> <b>Pathways Community Behavioral Healthcare, Inc.</b> <b>1800 Community Dr</b> <b>Clinton, MO 64735</b>	<b>INSURER B :</b>
	<b>INSURER C :</b>
	<b>INSURER D :</b>
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	<b>INSURER F :</b>

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
<b>A</b>	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			<b>ACP7225657026</b>	<b>06/15/2014</b>	<b>06/15/2015</b>	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER****CANCELLATION****COUNT03**

County of Boone  
 613 E Ash Street, Room 110  
 Columbia, MO 65201

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE  
**Mitchell C. Mills**

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<b>PRODUCER</b> NEGLEY ASSOCIATES 103 Eisenhower Parkway, Suite 101 Roseland, NJ 07068 (973) 830-8500	<b>CONTACT NAME:</b> <b>PHONE (A/C, No, Ext):</b> (    ) <b>FAX (A/C, NO):</b> (    ) <b>E-MAIL ADDRESS:</b>  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%;">INSURERS AFFORDING COVERAGE</th> <th style="width:20%;">NAIC #</th> </tr> <tr> <td>INSURER A: Scottsdale Insurance Company</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Scottsdale Insurance Company		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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**COVERAGES**

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	<input type="checkbox"/>	<input type="checkbox"/>	OPS0063252	01/06/2014	01/06/2015	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 8,000,000 PRODUCTS—COM/OP AGG \$ 8,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____	<input type="checkbox"/>	<input type="checkbox"/>				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	<input type="checkbox"/>	<input type="checkbox"/>				EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> Y/N ANY PROPRIETOR/PARTNER/EXEC <input type="checkbox"/> OFFICE MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> If yes describe under DESCRIPTION OF OPERATIONS below	N/A	<input type="checkbox"/>				<input type="checkbox"/> W/C STATU- <input type="checkbox"/> OTHER TORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EACH EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT
		<input type="checkbox"/>	<input type="checkbox"/>				\$

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The County of Boone, its directors, officers agents and employees are added as Additional Insured, but only with respects to operations of the Named Insured.

A 30 day notice of cancellation applies.

**CERTIFICATE HOLDER**

County of Boone  
 613 E. Ash St., Room 110  
 Columbia, MO 65201

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE





**AGREEMENT FOR PURCHASE OF SERVICES  
Mental Health Evaluations**

---

**THIS AGREEMENT** dated the 11<sup>th</sup> day of December, 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of The University of Missouri Assessment and Consultation Clinic)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**ACC-Evaluation**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the ACC-Evaluation has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to ACC-Evaluation thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY ACC-Evaluation**

ACC-Evaluation is expected to the greatest extent possible to maximize funding from all other sources. ACC-Evaluation shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. ACC-Evaluation shall only request reimbursement for services not reimbursable by any other source. ACC-Evaluation shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. ACC-Evaluation will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. ACC-Evaluation agrees to, and understands that

services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and ACC-Evaluation's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the ACC-Evaluation's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the ACC-Evaluation and the ACC-Evaluation agrees to furnish **Mental Health Evaluations** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the ACC-Evaluation's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$46,197.50** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of ACC-Evaluation be renewed for an **additional two (2) one-year periods**. ACC-Evaluation agrees and understands that the BCCSB may require supplemental information to be submitted by ACC-Evaluation prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **mental health evaluations** is the mutually agreed upon rate of **\$101.20/hour with a maximum reimbursement rate of \$923.95 per evaluation**. All billing shall be invoiced to BCCSB monthly by the 20<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the ACC-Evaluation, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by ACC-Evaluation to monitor service delivery and program expenditures. ACC-Evaluation agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by ACC-Evaluation and, if so stipulated, are noted on this contract document. Payments may be withheld from ACC-Evaluation if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. ACC-Evaluation agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** ACC-Evaluation also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of ACC-Evaluation's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from ACC-Evaluation, if reports designated here are not made available upon request.

9. **Monitoring.** ACC-Evaluation agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect ACC-Evaluation's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, ACC-Evaluation hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event ACC-Evaluation requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from ACC-Evaluation must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with ACC-Evaluation's policies and procedures and in accordance with any local/state/federal regulations. ACC-Evaluation agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. ACC-Evaluation must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** ACC-Evaluation will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** ACC-Evaluation agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to ACC-Evaluation's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** ACC-Evaluation agrees that any conflicts of interest between its Board of Curators and/or employees and ACC-Evaluation shall be appropriately identified and managed.

16. **Subcontracts.** ACC-Evaluation may enter into subcontracts for components of the contracted service as ACC-Evaluation deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the ACC-Evaluation shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** ACC-Evaluation agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. ACC-Evaluation shall require each subcontractor to affirmatively state in its Agreement with the ACC-Evaluation that the subcontractor shall not knowingly employ, hire for

employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** ACC-Evaluation agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against ACC-Evaluation or any individual acting on the ACC-Evaluation's behalf, including subcontractors, which seek to enjoin or prohibit ACC-Evaluation from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If ACC-Evaluation ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if ACC-Evaluation no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, ACC-Evaluation will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event ACC-Evaluation, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to ACC-Evaluation as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the ACC-Evaluation fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the ACC-Evaluation shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall

reimburse the ACC-Evaluation for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, ACC-Evaluation agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of The University of Missouri Assessment and Consultation Clinic)**, (meaning anyone, including but not limited to consultants having a contract with the ACC-Evaluation or subcontractor for part of the services), or anyone directly or indirectly employed by ACC-Evaluation, or of anyone for whose acts ACC-Evaluation may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** ACC-Evaluation shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. ACC-Evaluation will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. ACC-Evaluation will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. ACC-Evaluation agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and ACC-Evaluation. The BCCSB does not recognize any of the ACC-Evaluation's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** ACC-Evaluation shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the ACC-Evaluation shall be mailed or delivered to:

University of Missouri – Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of The University of Missouri  
Assessment and Consultation Clinic)**

By: Karen M. Geren  
Signature 12-4-2014

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title

MU Project #00047377

**Boone County, Missouri**

By: Boone County Commission

[Signature]  
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board

[Signature]  
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:

[Signature]  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

[Signature] 12/08/2014 2161/71106/\$46,197.50  
Signature Date Appropriation Account

An Affirmative Action/Equal Opportunity Employer



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

REQUEST FOR ADDITIONAL INFORMATION FORM

PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu).

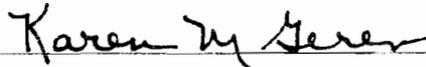
Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs Administration, 310 Jesse Hall  
Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Lead/Authorized Signer, OSPA

Signature:  Date: 10-22-2014

E-mail: grantsdc@missouri.edu

UMC – Assessment and Consultation Clinic (Mental Health Evaluations) Dr. Knoop

- a. The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publicly available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rationale is given for charging a different amount. Please provide an updated Unit price for the services.

Response: The current unit price for ACC Evaluations was reviewed at the request of the Children's Services Board. Specifically, a representative from the Missouri Department of Mental Health (DMH) provided a summary of the current reimbursement rates for services performed by the ACC proposal. The two primary CPT billing codes related to the proposed Evaluations are CPT 90791 (interview) and CPT 96101 (psychological testing). The DMH reimbursement rate for CPT 90791 is \$122.05. The DMH reimbursement rate per unit for CPT 96101 is \$84.41. For the proposed Evaluation product, a maximum of one unit of 90791 and nine and one-half units of 96101 would be billed. At the DMH reimbursement rate, the total amount reimbursed for an Evaluation would be \$923.95. The new (adjusted) Unit Cost for Evaluations includes \$88.00 per hour for services plus the 15% indirect cost of \$13.20, for new Unit Cost of \$101.20.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 20, 2014

Dr. Andrew Knoop  
University of MO Assessment & Consultation Clinic  
E-mail: [knoopa@missouri.edu](mailto:knoopa@missouri.edu)  
CC: [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu)  
Karen Geren E-mail: [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)

RE: Request for Additional Information #2 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund - **(Mental Health Evaluations) Dr.  
Knoop**

Dear Dr. Knoop:

Attached is a *Request for Additional Information #2*. Please complete the attached form,  
sign and submit with the requested information as soon as possible by email to  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail  
[Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone  
County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**UMC – Assessment and Consultation Clinic (Mental Health Evaluations) Dr. Knoop**

- a. The Children’s Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated Unit price for the services.

*Evaluators*

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs Administration, 310 Jesse Hall  
Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature: *Karen M. Geren* Date: 10-10-2014

E-mail: grantsdc@missouri.edu MU Project #: 00047392 and 00047377

~~University of Missouri Assessment and Consultation Clinic (Mental Health Screenings)~~

- ~~a. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?~~
- ~~b. How many screenings go to full evaluation?~~
- ~~c. Please provide justification for the Unit Cost.~~
- ~~d. No insurance payments are reflected in Attachment C. Please clarify.~~
- ~~e. Are there any agreements with other agencies to accept these screenings?~~
- ~~f. How do clients connect with services once the screening is completed?~~
- ~~g. How is case management handled?~~
- ~~h. How does completing a mental health screening from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?~~

- ~~f. Are providers rescreening individuals when providing follow-up treatment and services?~~
- ~~j. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?~~

**[REDACTED] (Mental Health Evaluations)**

- a. Are any of these services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. Please provide justification for the Unit Cost.
- c. No insurance payments are reflected in Attachment C. Please clarify.
- d. Are there any agreements with other agencies to accept these evaluations?
- e. How do clients connect with services once the evaluation is completed?
- f. How is case management handled?
- g. How does completing a mental health evaluation from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?
- h. Are providers reevaluating individuals when providing follow-up treatment and services?
- i. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

(Mental Health Evaluations)

**General:** How will this service facilitate how a child receives services in Boone County?

Proposed assessment services by the ACC are designed to facilitate the process of a child receiving the most appropriate mental health services. First, contract funding will allow children and their families to access services regardless of income level or insurance coverage. Families who do not have health insurance, have high insurance deductibles or are not able to pay for services out of pocket will be able to receive services without being required to make an advance deposit or postpone services until the family secures funds. Second, mental health concerns exhibited by the child are identified at the outset, so the most appropriate referral can be made to a provider with specific training to address the identified concerns. ACC assessment services are designed to highlight current, high-priority behavior or emotional concerns that would benefit from mental health services. These concerns will be summarized in a written document provided to the parent. Once a connection is made between the family and a local service provider to receive services that will address the documented concerns, the written document will serve as a summary of the child's symptoms and concerns, along with client-specific recommendations for treatment. **By conducting the assessment services first, referrals are made to the most appropriate providers, interventions are implemented quicker and services are targeted more specifically to the child's highest-priority concerns.**

- a. Are any of these services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
  - One of the primary objectives of the Assessment & Consultation Clinic (ACC) is to provide supervised clinical training via a mentorship model for graduate students. To that end, graduate students will be involved in providing services (under the close supervision of a licensed psychologist) for this proposal. The psychologist will provide consultative or observational supervision of the services delivered, review all results and report content, and sign off on all written documentation. Since graduate student will be providing at least some of the contracted services, there will be cap placed on the number of billable hours for each type of services, based on the typical amount of time it would take a psychologist to complete the service. For example, if it would typically take a licensed psychologist three hours to conduct an interview, score and interpret measures and put the results into a written report format, the ACC will cap that service at three hours maximum. A graduate student under the supervision of a licensed psychologist may take five hours to complete the same service, but the charge would only be for up to the first three hours. Due to the amount of time the licensed psychologist spends supervising and reviewing each case with the graduate clinician, services provided by graduate clinicians are billed at the same rate as if the supervising psychologist delivered the same services.
- b. Please provide justification for the Unit Cost.
  - The original Unit Cost was set at \$130.00 per hour, which was broken down to \$100.00 per hour for services delivered, which is the stated hourly rate for ACC services, and \$30.00 per hour to cover indirect costs collected by the University. The range of reimbursement rates paid to the ACC by third party payors currently range from approx. \$60/hour for Medicaid, to \$90.00/hour for MHNNet, which is the behavioral health company associated with Coventry. Clients without insurance coverage pay the stated hourly rate (\$100.00/hour) for

ACC services. During the recent interview with representatives from the Children's Services Fund, the University was willing to reduce indirect costs to 15%. As noted in the response to item c. (below), contract funds will be used when clients seeking ACC services have no health insurance, have deductible amounts that are higher than the cost of requested services, or when insurance companies deny coverage for all or part of the requested ACC services. In these cases, clients are charged for services at the standard rate of \$100.00 per hour. In order to maintain the rate of income associated with services that are uncovered by insurance, the ACC standard hourly rate of \$100.00 per hour remains the same. The new Unit Cost is reduced to \$115.00 per hour, which represents a 13% decrease from the original Unit Cost.

- c. No insurance payments are reflected in Attachment C. Please clarify.
  - Insurance coverage percentages and amounts for proposed services are highly variable, based on the type of coverage, whether the company requires pre-authorization, and whether the client has coverage with a high deductible. This level of variability makes any estimate of insurance payments speculative, at best. If clients seeking ACC services have health insurance with low or paid deductibles, and if all ACC services are determined to be covered expenses by the insurance company, the ACC will accept the insurance company payments (and copayment and coinsurance) as complete payment for services rendered. Contract funds will be used when clients seeking ACC services have no health insurance, have deductible amounts that are higher than the cost of requested services, or when insurance companies deny coverage for all or part of the requested ACC services.
- d. Are there any agreements with other agencies to accept these evaluations?
  - At this time, there are no specific arrangements with area providers to accept evaluation clients. The ACC has referral relationships with a number of local providers. ACC clinicians will identify local providers who specialize in implementing the interventions indicated by the results of the ACC services rendered.
- e. How do clients connect with services once the evaluation is completed?
  - Once ACC services have been finalized, and a short list of relevant providers have been identified, ACC clinician will make specific recommendations to client to initiate services and will facilitate sending ACC results (with a signed release of records) to a requested provider in advance of the first visit.
- f. How is case management handled?
  - Once the client has been referred to or set up with a relevant provider, case management responsibilities transfer to the relevant provider.
- g. How does completing a mental health evaluation from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?
  - ACC services will identify and prioritize mental health concerns and/or diagnoses, which will be helpful to providers in knowing which concerns, if targeted for immediate intervention, would most likely result in observable improvement in functioning.
- h. Are providers reevaluating individuals when providing follow-up treatment and services?
  - In our estimation, individuals will not need to be re-screened or re-evaluated by providers in order to implement immediate services that will be beneficial to the child.
- i. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

- The University has agreed to limit indirect expenses to 15% of total direct costs.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

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October 6, 2014

Dr. Andrew Knoop  
University of MO Assessment & Consultation Clinic  
310 Jesse Hall  
Columbia, MO 65211  
E-mail: [knoopa@missouri.edu](mailto:knoopa@missouri.edu) cc: [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Dr. Knoop:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

Your **interview** has been scheduled for:

October 6, 2014

Time: 3:00 – 4:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymmo.org](mailto:Mbobbitt@boonecountymmo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Mental Health Screenings)**

- a. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. How many screenings go to full evaluation?
- c. Please provide justification for the Unit Cost.
- d. No insurance payments are reflected in Attachment C. Please clarify.
- e. Are there any agreements with other agencies to accept these screenings?
- f. How do clients connect with services once the screening is completed?
- g. How is case management handled?
- h. How does completing a mental health screening from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?

- i. Are providers rescreening individuals when providing follow-up treatment and services?
- j. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

**[REDACTED] (Mental Health Evaluations)**

- a. Are any of these services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. Please provide justification for the Unit Cost.
- c. No insurance payments are reflected in Attachment C. Please clarify.
- d. Are there any agreements with other agencies to accept these evaluations?
- e. How do clients connect with services once the evaluation is completed?
- f. How is case management handled?
- g. How does completing a mental health evaluation from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?
- h. Are providers reevaluating individuals when providing follow-up treatment and services?
- i. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

# UNIVERSITY of MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

21-10320  
C1-102  
Missouri  
2014

July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047377

Enclosed please find the above-referenced proposal which is being submitted by The Curators of the University of Missouri on behalf of the University of Missouri Assessment & Consultation Clinic under the direction of Dr. Andrew Knoop.

*Knoop@missouri.edu*

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for*



# UNIVERSITY *of* MISSOURI

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*part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## **Attachment D—2014 Agency Assurance Sheet**

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such



# UNIVERSITY *of* MISSOURI

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SPONSORED PROGRAMS ADMINISTRATION

assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Megan White at 573-882-4223 or [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren

Authorized Signer and Pre-Award Lead

Office of Sponsored Programs Administration

University of Missouri | 310 Jesse Hall | Columbia, MO 65211

Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:** The Curators of the University of Missouri on behalf of  
The University of Missouri Assessment & Consultation Clinic

**Agency Address:** 310 Jesse Hall  
Columbia, Missouri 65211-1230

**Agency Phone Number:** (573) 882-7560

**Primary Agency Contact:** Karen M. Geren

**Email Address:** grantsdc@missouri.edu

**Contact Phone Number:** (573) 882-7560

**Amount Requested:** \$68,250.00

**Federal Tax ID (or SSN):** 43-6003859

**Signature** Karen M. Geren **Date:** 07-10-14

This proposal is valid two months beyond the 120 day minimum.

MU Project 00047377

## **1. AGENCY AND SERVICE INFORMATION**

### **a. Background Information:**

**i. Mission Statement.** Please see attached mission statement.

**ii. Board of Directors.** Please see attached listing of our board of directors.

**iii. Services within Boone County.** The MU Assessment and Consultation Clinic (ACC) provides a large number of client assessment and screening services that include Psychological and Psychoeducational Evaluations for children, adolescents and adults to determine the presence of the following mental health concerns: attachment disorders, personality disorders, attention disorders; posttraumatic stress disorders, behavioral, social and emotional disorders; cognitive disorders, learning disorders; mood and anxiety disorders and most other DSM-5 diagnoses. Additionally, ACC clinicians provide Consultation Services regarding a wide variety of children's mental health topics to a wide audience including: biological, foster, and adoptive parents; school administration and staff members in school districts; teachers within the Missouri Division of Youth Services; and vocational counselors within the Missouri Division of Vocational Rehabilitation. The ACC also provides School-based Assessment Services to identified students in area, rural school districts related to cognitive assessment; supplemental achievement testing related to special education evaluations; Functional Behavior Assessments and Behavior Intervention Plans. Most of these services are delivered to school districts that do not have full resources to provide these services with their current staff. Most services provided by the ACC are also available in Spanish in order to better serve our growing Spanish-speaking population.

**iv. Brochures.** See attached agency and program brochures.

### **b. Target Population:**

**i. Target Population.** The ACC’s target population consists of children and adults of all ages who exhibit symptoms of mental health concerns and require identification, diagnosis, or clarification of symptoms. During the most recent 12 month period, the ACC scheduled 570 psychological evaluation/screening appointments that included some type of psychological testing. Of this amount, approximately 62% of those appointments were for children between the ages of 5 and 18. Among that number, most of our child clients fall within the 7 to 14 year old age range. Our services may occur prior to, or in conjunction with, treatment by therapists, psychologists, physicians or psychiatrists. Additionally, the ACC houses a number of bilingual (Spanish) clinicians, which allows the opportunity to offer services in English and Spanish. The ACC serves as a “magnet” clinic for mid-Missouri and the surrounding area, drawing diverse clients of all ages, including those from underserved populations, families with limited resources and Spanish-speaking populations, which currently make up 2.1% of Boone County residents.

**ii. Statutorily Eligible Service Areas.** The ACC provides direct services that meet the recognized need for comprehensive mental health evaluations, as identified by the Request for Proposal.

**iii. Segment Unable to Serve.** Currently, the ACC is unable to serve low-income clients who cannot afford to pay for services, do not have Medicaid, or are underinsured.

**iv. Impediments in Serving Target Population.** Since the ACC receives third party payments from health insurance companies for services rendered to their members, the ACC cannot provide services on a sliding-scale basis for low-income individuals. This funding will allow the ACC to offer evidence-based mental health evaluation services to children and youth in Boone County who are currently falling through the cracks due to being uninsured, underinsured or low-income. According to the ACC’s client contact database, and despite the availability of a

structured payment plan for balances due, approximately 20% of potential clients who contact the ACC with the intent of scheduling evaluation services decide not to schedule services due to an inability to pay costs associated large deductible amounts within their insurance plans, or being a member of insurance plans that do not provide coverage for psychological testing. Additionally, families often cannot pay for requested psychological testing that has been denied by insurance panel reviewers.

**c. Service Need**

**i. Unmet Need in Boone County for ACC services.** Results of the Community Input Session on Clinical & Mental Health Services document provided by The Boone County Children’s Services Board outlined participant responses to the “Top Two Issues” in mental health in Boone County. Responses highlighted the need for early identification/diagnosis and intervention in children who exhibit mental health concerns that often lead to unsuccessful adulthoods. Specifically, one identified need is for early intervention/diagnosis to address co-occurring symptoms or multiple diagnoses in children and prevent future, more severe types of social-emotional-behavioral concerns. County-wide barriers to attainment of these positive outcomes included a limited number of mental health providers who work with children, a lack of awareness of available services and limited understanding in parents of how to access appropriate services. Another obstacle noted by the mental health community is the inability of families who are underinsured or uninsured to afford services that are essential to their child’s mental health and wellness, success in school, in the community and within the family. Frequently, high co-payments, co-insurance rates or deductibles prohibit families from obtaining appropriate mental health evaluations. These same concerns limit the ability of mental health providers to provide services without payment.

Among the identified gaps in county-wide mental health services, responses include (1) the inability of uninsured or underinsured families to receive services, (2) the need for available services to identify, diagnose or treat mental symptoms that are not emergency-related, such as life threatening or self-injury behaviors, and (3) parents not following through with treatment recommendations.

**ii. Statistical Data.** A secondary concern is related to delivering mental health evaluation services to Boone County's underserved Spanish-speaking population. According to Kids Count in Missouri, children with limited English proficiency in Boone County increased from 500 in 2008 to 767 in 2012. A total of 2.1% of Boone County residents speak Spanish at home. Currently, to our knowledge, there are only two known licensed psychologists in Boone County who are able to provide mental health services in Spanish. One of these providers, Dr. Carney, works at the ACC. The other psychologist is in the process of relocating to another state.

Mental health symptoms in children that lead to increased mental health impairment in adolescence and adulthood suggest that early assessment and identification of mental health concerns in children is an important tool in effective treatment of early symptoms and prevention of more significant impairment later in life (Gall et al, 2000).

**iii. Purpose.** The proposed service activity is the provision of Mental Health Evaluations for children ages 5 through 19. The purposes of each evaluation are to (1) evaluate the severity and complexity of emotional, social and behavioral concerns exhibited by the child, (2) conduct a differential diagnosis for current symptoms and identify appropriate DSM-5 mental health diagnoses indicated by the child's symptoms, (3) provide evidence-based recommendations related to medical management of symptoms, treatment goals for individual therapy, (4) outline the appropriate "next steps" for the client or caregiver to access identified, recommended

resources, and (5) provide the client or caregiver a comprehensive evaluation report that highlights the interview data, standardized testing results, diagnostic conclusions and recommendations resulting from the evaluation that can be given or sent to current and future health or mental health providers in order to receive services.

**iv. Goals.** The goals of the Comprehensive Mental Health Evaluations are to (1) collect interview and testing data that identify the presence and severity of mental health symptoms for each case, provide a differential diagnosis based on all available data, and determine the best intervention resources in treating the concerns noted, regardless of income and insurance coverage status, (2) increase client/caregiver knowledge and understanding of the presenting symptoms and mental health diagnoses, and (3) provide a clear plan for the client/caregiver to access evidence-based treatment for the diagnoses.

**v. Anticipated Outcomes.** The anticipated outcomes related to the provision of Comprehensive Mental Health Evaluations for children include (1) achieving earlier identification of childhood emotional, social and behavioral concerns, and (2) providing access to early intervention strategies designed to reduce the severity of identified symptoms, thereby (3) decreasing the likelihood that the identified symptoms will contribute to more significant impairment in adult functioning.

**vi. Other Providers.** According to the Inventory of Boone County Service Providers document provided by The Boone County Children's Services Board, other providers of mental health evaluations for children in Boone County include Burrell Behavioral Health, Family Counseling Center, and Pathways Community Health.

**vii. Referrals.** The ACC served 350 children during the most recent 12-month period. The assessment schedule at the ACC is typically completely filled six to eight weeks in advance.

Additionally, the ACC collaborates on other projects with a number of primary referral sources, including Great Circle (formerly Boys and Girls Town of Missouri), Children's Divisions from numerous Missouri counties, and Coyote Hill. Additionally, the ACC receives clients referred from a number of doctors and units on the MU Campus; School Districts, Colleges and Universities in Missouri; The Thompson Center; Physician offices; Psychiatric Clinics; Lighthouse Counseling; Missouri Alliance; Burrell Behavioral Health; Children's Foundation; Counseling Associates; Family Counseling Center; Disability Determinations; Total Family Healthcare; Lake Regional Medical Group; The Crossing Church; Children's Foundation of Mid America; Tigers on Track; Attorneys; Rainbow House; Grace Counseling; Family Facets; New Horizons; Journeys Christian Counseling; National Alliance on Mental Illness; Juvenile Justice Center; Hannibal Clinic; I-70 Medical Clinic; Fayette Medical Clinic; Ellis & Associates; Total Family Healthcare; Cooper County Rural Health; Able Center; Sandy Cook Health Plex.

A partial listing of entities that receive referrals from the ACC include the following: Counseling Associates; Family Counseling Center; MU Psychological Services Clinic; Center for Family and Individual Counseling; Mike Scott Ph.D.; Ellis and Associates; MU Speech and Hearing Clinic; Dr. Stephanie Reid-Arndt & Dr. Thomas Martin; Pathways (Jeff City, MO); Burrell Behavioral Health; Marc Maddox, Ph.D.; Marilyn Cashon, Ph.D.; Maria Gutierrez, Ph.D.(Bilingual); Dana Goodson, LPC; Christine Lawrence, Ph.D.; Toby Mills, PLCSW; Nathan Hepner, LPC; Nichole Salmons, LCSW; Morning Star Christian Counseling Center; Burrell Behavioral Health; New Horizons; McCambridge Center (Women Only); Phoenix Program; the Thompson Center.

**viii. Memorandums of Understanding. N/A**

## **2. EVALUATION**

**a. Performance Information:**

**i. Performance Measures.** See Performance Measures Worksheet (Attachment A).

**b. Outcomes:**

**i. Service Outcomes.** Results from the comprehensive mental health evaluations will improve client/caregiver understanding regarding the presence of mental health diagnoses or concerns. Additionally, client/caregivers will increase their understanding of the “next steps” required to access appropriate treatment for identified diagnoses. A complete written paper report of the comprehensive evaluation results will document the interview data, psychological test results, mental health diagnoses based on DSM-5 diagnostic criteria and recommendations and guidelines for obtaining appropriate treatment and intervention.

**c. Indicators:**

**i. Description of Indicators.** The ACC’s performance target is to demonstrate an increase in knowledge of symptom severity, diagnoses, and overall awareness of how to access recommended treatment or resources.

**ii. Performance Target.** The ACC’s performance target is 90% client/caregiver agreement for items related to the perceived helpfulness of the comprehensive evaluation report and 80% of clients/caregivers expressing intention to follow-through on treatment recommendations.

**d. Measurement:**

**i. Person Responsible.** Dr. Andy Knoop, Director of the Assessment and Consultation Clinic will be responsible for accomplishing proposed outcomes.

**ii. Data Collection.** The method of measurement for comprehensive mental health evaluations will consist of a brief, electronic Pre-Evaluation Survey and a brief, electronic Post-

Evaluation Survey completed by each client/caregiver. The surveys will measure caregiver understanding of symptom severity and mental health diagnoses, and client/ caregiver awareness of appropriate steps to seeking treatment. Client/caregiver responses on the Pre-Assessment Survey will be obtained immediately after the consent process has been completed, but prior to conducting the evaluation. Client/caregiver responses on the Post-Evaluation Survey will be obtained when the caregiver receives the evaluation results in a feedback meeting with the clinician.

The clinician assigned to each evaluation case will be responsible for collecting caregiver responses via Qualtrics Survey Software. Responses will be entered by caregivers at a private computer station located at the ACC. All data collection for project indicators will be collected prior to or as soon as possible after the completion of the service. The Qualtrics Survey Software was chosen as the preferred data collection method due to its ease of use, ability to allow confidential responses, immediate data recording and quick report generation. Additionally, the ACC has utilized Qualtrics in the past to collect customer satisfaction survey data.

**iii. Outcomes Timeline.** The time frame for competing each of these outcomes (i.e., improving caregiver understanding of concerns and knowledge of “next steps”) is estimated to be three to four weeks after the evaluation date. During post-evaluation feedback sessions between the clinician and client/caregiver, the evaluation results, including any diagnoses and recommendations, will be discussed with the client/caregiver. At the end of the feedback session, the clinician will administer the post-screening survey tool that will record caregiver responses regarding increased awareness of symptoms severity and knowledge of next steps for the child.

**iv. Evaluation Tools.** Items contained in the Pre-Evaluation and Post-Evaluation Surveys are outlined in the Appendix.

## **e. Input**

### **i. Clinical Expertise:**

1. Agency Capacity. The professional staff at the ACC includes three full-time staff members. Dr. Andy Knoop is a Licensed Psychologist and an Associate Clinical Professor at the University of Missouri in the Department of Educational, School and Counseling Psychology, within the College of Education. Dr. Knoop is a Medicaid provider and a psychological testing specialist on provider panels for most private and government-backed health insurance companies. Dr. Megan Strawsine Carney is a Licensed Psychologist and an Adjunct Instructor in the College of Education at the University of Missouri. Dr. Carney has expertise in psychological testing and counseling, is bilingual (Spanish), is a Medicaid provider, has gained provider status on selected insurance company panels, and teaches the Interdisciplinary Child and Family (ICF) Practicum course housed at the ACC. Marissa Maher is the ACC's Business Support Specialist II, with expertise in insurance billing, customer service and office management. Additionally, the ACC employs one part-time Doctoral Intern in Psychology, and provides graduate assistantship support to four advanced doctoral-level clinicians from the School Psychology and Counseling Psychology programs who provide clinical services under direct supervision. Finally, seven ICF Practicum pre-doctoral level and pre-master's level graduate students provide clinical services to assigned clients under direct supervision.

The ACC requires annual background checks, including child abuse and neglect screenings on all employees and volunteers associated with this project. Background checks are conducted by making a request for child abuse or neglect/criminal records through the Missouri State Highway Patrol and the Missouri Department of Social Services.

The ACC is affiliated with the University of Missouri and serves as a community-based mental health center and training clinic. The ACC benefits from the latest research and utilizes evidence-based practices in all service activities. As a community-based clinic, the ACC's core professional team possesses broad-based expertise backed by experience.

**ii. Service Activity:**

1. Interventions. The service activity defined in this proposal is the provision of comprehensive mental health evaluations for children ages 5 through 19. The comprehensive mental health evaluations administered by the ACC provide diagnoses for and documentation of the most severe and complex emotional, social and behavioral concerns exhibited by children. Results are based on a comprehensive, diagnostic clinical interview with clients and/or caregivers, coupled with standardized psychological testing to assess personality, behavior, mood and anxiety concerns, cognitive ability, memory functioning, attention ability, attachment and academic achievement. Additionally, the evaluation process includes clinical observations. The results of the comprehensive evaluation are intended to confirm or refute specific mental health diagnoses, and are useful in determining appropriate "next steps" in the overall medical management and mental health treatment of diagnosed concerns. The comprehensive evaluation results are categorized as medical records and are provided to the child (if aged 18 or 19) or the child's caregiver(s) in paper format, and can be released (with proper signed releases) to other professionals providing treatment. Upon completion of the comprehensive evaluation, ACC clinicians would make direct referrals (upon request) to Boone County mental health providers specializing in the medical of mental health treatment modality recommended in the evaluation report.

2. Evidence-based Practices. The evidence-based assessment instruments that are typically used in the Mental Health Evaluations (depending on the referral question) include the Wechsler Adult Intelligence Scale – Fourth Edition, Wechsler Intelligence Scale for Children – Fourth Edition, Stanford-Binet Intelligence Scales – Fifth Edition, Minnesota Multiphasic Personality Inventory – Second Edition , Minnesota Multiphasic Personality Inventory – Adolescent, Personality Assessment Inventory, Millon Clinical Multiaxial Inventory – Third Edition, Behavior Assessment System for Children – Second Edition, Gilliam Autism Rating Scale – Second Edition, Beck Youth Inventories – Second Edition, Trauma Symptoms Inventory, Trauma Symptom Checklist for Children, Trauma Symptom Checklist for Young Children, Multidimensional Anxiety Scales for Children – Second Edition, Woodcock-Johnson III Tests of Achievement, Children’s Memory Scale, Wechsler Memory Scale – Fourth Edition, Continuous Performance Test – Second Edition, Conners Adult ADHD Rating Scale, Disruptive Behavior Rating Scale, and the Adaptive Behavior Assessment System – Second Edition.

**f. Output:**

**i. Service to be provided.** The ACC will provide Comprehensive Mental Health Evaluations for 50 children aged 5 through 19. Each evaluation will be documented by a comprehensive written report.

**ii. Unit of measurement.** The unit of measure used to provide Comprehensive Mental Health Evaluations is a sixty-minute hour of direct client contact (e.g., clinical interview, psychological testing, test interpretation, report writing, and client feedback) and client support services (e.g., scheduling, insurance filing).

**iii. Unit cost.** The unit cost for each sixty-minute hour is \$130.00. However, the ACC will attempt to leverage any available mental health insurance coverage for a portion of the

overall cost of each evaluation, unless co-payments or coinsurance charges become a barrier to the client or caregiver being able to receive the evaluation service.

**iv. Amount requested.** The total amount requested for this proposal is \$68,250.00

**v. Number of individuals to be served.** The requested amount will provide mental health evaluations for 50 children, aged 5 through 19.

**vi. Average units of services per individual.** The time it takes to complete a typical comprehensive mental health evaluation will range from 6.50 to 10.50 hours, depending on the complexity and severity of presenting concerns, and the psychological tests required to answer the referral question. The average number of service units per individual served is estimated to be 9.00 hours, for clients are uninsured, underinsured or cannot afford to pay coinsurance rates or high deductibles.

### **3. BUDGET**

#### **a. Budget Worksheets**

**i. Agency.** Agency Financial Worksheet is provided as Attachment B

**ii. Program.** Program Budget Worksheet is provided as Attachment C.

#### **b. Budget Narrative**

##### **i. Line Item Descriptions**

#### **Attachment B: Agency Financial Information**

##### **Agency Revenue**

Line 1.D. Grants: This amount represents funding awarded by the MU Interdisciplinary Innovations Fund to support a research project entitled Integrating Wellness into Trauma Treatment: A Holistic Interdisciplinary Approach for Foster Children.

Line 2.G. Federal: This is the amount collected from Medicaid for the direct provision of mental health services.

Line 2.H. State: This is the amount collected from contractual agreements with state agencies for consultation and direct mental health services.

Line 2.I. Other: This is the amount collected from school districts and private entities for consultation and direct mental health services.

Line 3. Program Service Fees: This is the amount collected from clients (copayments, coinsurance and out-of-pocket costs) and private health insurance companies for direct mental health services.

Line 5: This is amount collected through designated university endowment funds and MU-related entities for direct mental health services.

### **Agency Expenses**

Expenses for Program Services: This amount represents the cost of graduate assistantship stipends paid to graduate clinicians.

Expenses for Management and General: This amount represents the cost of salaries and benefits for full-time licensed psychologists, one full-time office manager and two part-time office assistants.

### **Net Assets**

Net Assets, End of Year: This amount represents the determined value of the ACC's digital camera recording and playback system used for student supervision and training.

Attachment C: Program Budget Worksheet

### **Program Revenue**

Line 1.D. Grants: Amount requested for this proposal.

**Program Expenses:**

Line 1: Personnel: This amount represents the cost of ACC personnel involved in the overall project that includes personnel involved in conducting evaluations (750 hours), personnel involved in supervising, interpreting and reviewing evaluation results (100 hours), providing referrals to Boone County mental health providers (50 hours) and office personnel involved in client scheduling and insurance filing procedures (150 hours). The total direct program staff equivalency for the project is anticipated to be .51 FTE.

Line 2: Non-Personnel: This amount represents the University-assessed indirect costs associated with grant funding and costs of office and testing protocol and materials for the 50 comprehensive mental health evaluations.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please see Attachments A-F

## **Attachments Table of Contents**

Mission Statement

Board of Directors

Agency Brochures

Program Performance Measures

Evaluation Tools

Agency Financial Worksheet

Program Budget Worksheet

Agency Assurances

Signed Receipts of Addendums

**Mission Statement**

The mission of the MU Assessment & Consultation Clinic (ACC) is to provide high quality mental health services and student training for a diverse clientele. The ACC consists of practitioners who specialize in psychological assessment, consultation and other mental health services to identify and address a wide variety of psychological and educational concerns. The ACC is a non-profit organization that is fiscally self-sustaining; consequently, our primary focus is on delivering helpful, personal psychological services without an emphasis on maximizing profit.

### **Board of Directors**

The University of Missouri's Board of Curators include David R. Bradley (St. Joseph), Ann K. Covington (Columbia), Donald L. Cupps (Cassville), Don M. Downing (Webster Groves), Wayne Goode (St. Louis), Pamela Quigg Henrickson (Jefferson City), John R. Phillips (Kansas City), and David L. Steward (St. Louis).

### Who We Are

The MU Assessment and Consultation Clinic (ACC) consists of practitioners who specialize in psychological assessment and additionally provide therapy, consultation, and other mental health services. Collectively, the ACC has the expertise to identify and address a wide variety of psychological and educational concerns.

The ACC is a "magnet" clinic for mid-Missouri and the surrounding area, drawing diverse clients of all ages, including underserved and Spanish-speaking populations, with many different presenting concerns. Since we are affiliated with the University of Missouri and serve as a training clinic, we benefit from current research and utilize best practices in all we do. At the same time, as a community-based clinic, our core professional team possesses broad-based expertise backed by experience. The ACC is a non-profit organization that is fiscally self-sustaining; consequently, our primary focus is on delivering helpful, personal psychological services without an emphasis on maximizing profit.

### CONTACT US TODAY

#### IN PERSON:

MU Assessment & Consultation Clinic  
205 Lewis Hall  
Columbia, MO 65211  
(located on the corner of Rollins & Providence)



#### EMAIL:

[muacc@missouri.edu](mailto:muacc@missouri.edu)

#### ON THE WEB:

<http://education.missouri.edu/orgs/muacc/>

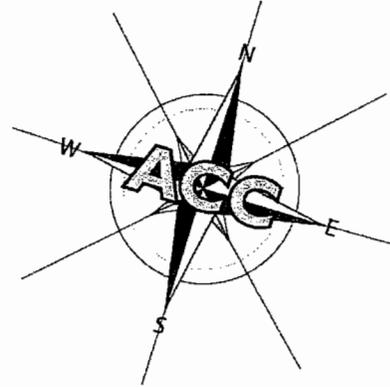
#### PHONE:

(573) 882-5092

#### FAX:

(573) 884-3399

## MU ASSESSMENT & CONSULTATION CLINIC



Find us on  
Facebook

Pointing you in  
the right direction

## Assessment and Consultation Clinic Brochure – Page 2

### Services

#### Psychological & psychoeducational evaluation

- Attention-related concerns
- Behavioral, social, emotional functioning
- Cognitive disorders
- Immigration hardship
- Learning disabilities
- And others including the majority of mental health diagnoses

#### Mental health counseling

- Individual
- Family
- Group

#### Consultation

#### Professional development workshops/presentations

#### Parenting groups

#### Other services as requested (within our expertise)



### To make a referral:



- Call our front office (573-882-5092)
- Submit the form on our website <http://education.missouri.edu/orgs/muacc/>

### We accept referrals from:

- Physicians and psychiatrists
- Schools and teachers
- Parents
- Social service agencies (Children's Division, Juvenile Office, others)
- Mental health therapists & counselors
- Attorneys
- Other service providers

We accept a number of payment types including most insurance plans as well as Medicaid (MoHealthNet)

We pride ourselves on providing high quality psychological services to families and individuals with a variety of concerns.

Some services available in Spanish (upon request)

### What is a psychological evaluation?

This is a mental health procedure which includes a clinical (diagnostic) interview(s), assessments (standardized tests, paper/pencil questionnaires, and others), and behavior observations resulting in a written report prepared for the client and other interested parties of the client's choosing. The report includes any relevant diagnoses and recommendations.

### How can a psychological evaluation be useful/helpful?

Evaluations are most useful when a referral source wants assistance in identifying a mental health or educational problem and ideas to remediate that problem. They can also be helpful as a follow-up tool (re-evaluation) to measure progress.

### Our Mission

*Our mission is to provide high-quality mental health services and student training for diverse clientele.*

### Did you know?

As many as one in four adults experience a diagnosable mental disorder in a given year, and about half of all mental disorders begin before the age of 14. - World Health Organization

## ATTACHMENT A

### Program Performance Measures Worksheet

<b>Activities</b>	<b>Output</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Methods of Measurement</b>
Comprehensive Mental Health Evaluations for children ages 5 through 19	525 hours of mental health evaluations for children (50 complete evaluations)	<p>1. At the end of the evaluation, the results of the evaluation will increase client/caregiver understanding regarding the presence of mental health diagnoses or concerns.</p> <p>2. At the end of the evaluation, the results of the evaluation will increase client/caregiver understanding of the “next steps” to access appropriate treatment for identified diagnoses or concerns.</p>	<p>1. At least 90% of client/caregivers will endorse an increase in caregiver understanding of their mental health diagnoses.</p> <p>2a. At least 90% of client/caregivers will endorse increased understanding of how to access appropriate treatment/resources.</p> <p>2b. At least 90% of client/caregivers will agree the screening results will be helpful in the future.</p> <p>2c. At least 80% of client/caregivers will express intention to follow through on treatment recommendations.</p>	Utilize results of client/caregiver responses on pre and post assessments of client/caregiver knowledge of symptom severity, mental health concerns and awareness of appropriate steps to seeking treatment.

Copy of Evaluation Tool: Mental Health Evaluations Pre-Test (Qualtrics survey)



Regarding this child's mental health concerns, I am confident I understand the severity of the reported concerns when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

I am confident I know this child's accurate mental health diagnosis.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

I have a clear plan in my mind about how to get this child appropriate help for the reported mental health concerns.

0 = I have no plan at all; 100 = I have a very specific plan

0 10 20 30 40 50 60 70 80 90 100

Have a Clear Plan



Copy of Evaluation Tool: Mental Health Evaluations Post-Test (Qualtrics survey)



Regarding this child's mental health concerns, I am confident I understand the severity of the reported concerns when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

I am confident I know this child's accurate diagnosis .

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

I have a clear plan in my mind about how to get this child appropriate help for these concerns.

0 = I have no plan at all; 100 = I have a very specific plan

0 10 20 30 40 50 60 70 80 90 100

Have a Clear Plan

The evaluation results and report will be helpful to this child in the future.

0 = Not helpful at all; 100 = Extremely helpful

0 10 20 30 40 50 60 70 80 90 100

Are results helpful?

I intend to follow through on the treatment recommendations contained in the evaluation report.

0 = No intention to follow-through; 100 = Very strong intention to follow-through

0 10 20 30 40 50 60 70 80 90 100

Follow-through?



**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: ACC Evaluations

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)		24,861	68,250	20.15%	174.53%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	0	24,861	68,250	20.15%	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	0	0.00%	0.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal	80,658	88,925	75,586	22.32%	-15.00%
H. State	8,201	5,819	4,946	1.46%	-15.00%
I. Other	29,723	21,716	18,459	5.45%	-15.00%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	118,582	116,460	98,991	\$0	
3. Program Service Fees	178,967	181,810	154,539	45.63%	-15.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	20,649	16,911	16,911	4.99%	0.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$318,198</b>	<b>\$340,042</b>	<b>\$338,691</b>		-0.40%

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	\$23,064.18	\$28,917.00	\$32,652.00	14.69%	12.92%
Expenses for Management and General	\$280,476.42	\$239,479.65	\$189,640.17	85.31%	-20.81%
Expenses for Fundraising	\$0.00	\$0.00	\$0.00	0.00%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>\$303,540.60</b>	<b>\$268,396.65</b>	<b>\$222,292.17</b>		-17.18%
% of Management and Fundraising Expenses	92.40%	89.23%	85.31%		

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$7,479	\$7,479	\$7,479	0.00%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$74,818	\$96,029	\$92,000	-4.20%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: MU Assessment & Consultation Clinic**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	0	0	68,250	100.00%	0.00%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
					0
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	0	0.00%	0.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	0	0	0	0.00%	0.00%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	0	0		0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$68,250</b>		

PROGRAM/EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	0	0	47,475	69.56%	0.00%
2. Non-Personnel	0	0	20,775	30.44%	0.00%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$68,250</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	0	0	0.51

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration

Printed Name - Agency Executive Director/President/CEO

Date



Signature - Agency Executive Director/President/CEO

07-10-14

Date

NA

Printed Name - Agency Board Chair

Date

NA

Signature - Agency Board Chair

Date

MU Project 00047377

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

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Name and Title of Authorized Representative

*Karen M. Geren*  
Signature

*07-10-14*  
Date



Company ID Number: 62231

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

#### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

#### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

**Response: For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

**Response: Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

**Response: Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

**Response: Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

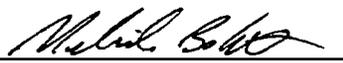
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Proposal *27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

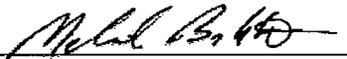
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

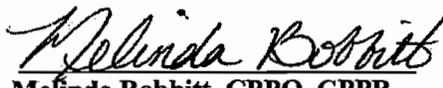
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
Melinda Bobbitt, CPPO, CPPB   
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

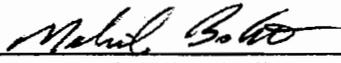
**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSP



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

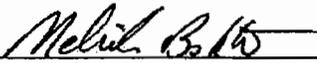
I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

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Response: **Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:

1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. Agency and Service Information, Item C. viii. States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

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Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

Response: **No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

Response: **These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

Response: **There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

Response: **Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

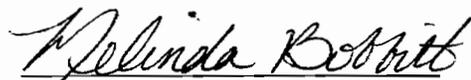
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing** 

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

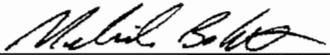
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - *Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

**REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14**

**Purchase of Service Contracts**

**Boone County Children's Services Fund**

**2014 Application**

**BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

**RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

**CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

**c. Service Need:**

- i. Provide a detailed description of the unmet need in Boone County for your agency's services.
- ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
- iii. State the purpose of your proposed service.
- iv. State the goals of your proposed service.
- v. Describe the anticipated outcomes of your proposed service.
- vi. Identify other providers of this proposed service in Boone County.
- vii. What agencies do you receive referrals from and to what agencies do you make referrals?
- viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe your service outcomes (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure your service outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcomes.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

- e. **Input**
  - i. **Clinical Expertise:**
    - 1. Discuss the capacity of your agency to deliver the proposed service.
  - ii. **Service Activity:**
    - 1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
    - 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
    - 3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.
- f. **Output:**
  - i. Service to be provided
  - ii. Unit measurement
  - iii. Unit cost
  - iv. Amount requested
  - v. Number of individuals to be served
  - vi. Average units of services per individual

**3. BUDGET**

- a. **Budget Worksheets to be Attached:**
  - i. Agency Financial Worksheet (see Attachment B)
  - ii. Program Budget Worksheet (see Attachment C)
- b. **Budget Narrative**
  - i. Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children’s Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity</i> = Service	<i>Output</i> = Product	<i>Outcome</i> = Change	<i>Indicator</i> = Measure	<i>Method of Measurement</i> = Information gathering instrument or technique
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET** **(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

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Printed Name - Agency Executive Director/President/CEO

---

Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date





## AGREEMENT FOR PURCHASE OF SERVICES Mental Health Screenings

THIS AGREEMENT dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of The University of Missouri Assessment and Consultation Clinic)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**ACC-Screening**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the ACC-Screening has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to ACC-Screening thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

### **FUNDING ALLOCATION FOR SERVICES RENDERED BY ACC-Screening**

ACC-Screening is expected to the greatest extent possible to maximize funding from all other sources. ACC-Screening shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. ACC-Screening shall only request reimbursement for services not reimbursable by any other source. ACC-Screening shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. ACC-Screening will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. ACC-Screening agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and ACC-Screening's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the ACC-Screening's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the ACC-Screening and the ACC-Screening agrees to furnish **Mental Health Screenings** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the ACC-Screening's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$29,087** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of ACC-Screening be renewed for an **additional two (2) one-year periods**. ACC-Screening agrees and understands that the BCCSB may require supplemental information to be submitted by ACC-Screening prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **mental health screenings** is the mutually agreed upon rate of **\$110.40/hour with a maximum reimbursement of \$290.87 per screening**. All billing shall be invoiced to BCCSB monthly by the 20<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the ACC-Screening, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by ACC-Screening to monitor service delivery and program expenditures. ACC-Screening agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by ACC-Screening and, if so stipulated, are noted on this contract document. Payments may be withheld from ACC-Screening if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. ACC-Screening agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** ACC-Screening also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of ACC-Screening's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from ACC-Screening, if reports designated here are not made available upon request.

9. **Monitoring.** ACC-Screening agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect ACC-Screening's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, ACC-Screening hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event ACC-Screening requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from ACC-Screening must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with ACC-Screening's policies and procedures and in accordance with any local/state/federal regulations. ACC-Screening agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. ACC-Screening must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** ACC-Screening will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** ACC-Screening agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to ACC-Screening's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** ACC-Screening agrees that any conflicts of interest between its Board of Curators and/or employees and ACC-Screening shall be appropriately identified and managed.

16. **Subcontracts.** ACC-Screening may enter into subcontracts for components of the contracted service as ACC-Screening deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the ACC-Screening shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** ACC-Screening agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. ACC-Screening shall require each subcontractor to affirmatively state in its Agreement with the ACC-Screening that the subcontractor shall not knowingly employ, hire for

employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** ACC-Screening agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against ACC-Screening or any individual acting on the ACC-Screening's behalf, including subcontractors, which seek to enjoin or prohibit ACC-Screening from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If ACC-Screening ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if ACC-Screening no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, ACC-Screening will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event ACC-Screening, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to ACC-Screening as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the ACC-Screening fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the ACC-Screening shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall

reimburse the ACC-Screening for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, ACC-Screening agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of The University of Missouri Assessment and Consultation Clinic)**, (meaning anyone, including but not limited to consultants having a contract with the ACC-Screening or subcontractor for part of the services), or anyone directly or indirectly employed by ACC-Screening, or of anyone for whose acts ACC-Screening may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** ACC-Screening shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. ACC-Screening will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. ACC-Screening will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. ACC-Screening agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and ACC-Screening. The BCCSB does not recognize any of the ACC-Screening's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** ACC-Screening shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the ACC-Screening shall be mailed or delivered to:

University of Missouri – Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of The University of Missouri  
Assessment and Consultation Clinic)**

By: Karen M. Geren  
Signature 12-4-2014

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
MV Project # 00047392

**Boone County, Missouri**

By: Boone County Commissioner  
Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

By: Boone County Children's Services Board  
Les Wagner  
Les Wagner, Board Chair

APPROVED AS TO FORM:

J. Blessen  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by ij 12/08/2014 2161/71106/\$29,087  
Signature Date Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

**REQUEST FOR ADDITIONAL INFORMATION FORM**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu).

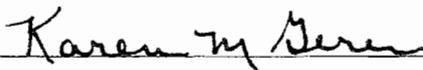
Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs Administration, 310 Jesse Hall  
Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Lead/Authorized Signer, OSPA

Signature:  Date: 10-22-2014

E-mail: grantsdc@missouri.edu

UMC – Assessment and Consultation Clinic (Mental Health Screenings) Dr. Knoop

- a. The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rationale is given for charging a different amount. Please provide an updated Unit price for the services.

Response: The current unit price for ACC Mental Health Screenings was reviewed at the request of the Children's Services Board. Specifically, a representative from the Missouri Department of Mental Health (DMH) provided a summary of the current reimbursement rates for services performed by the ACC proposal. The two primary CPT billing codes related to the proposed Mental Health Screenings are CPT 90791 (interview) and CPT 96101 (psychological testing). The DMH reimbursement rate for CPT 90791 is \$122.05. The DMH reimbursement rate per unit for CPT 96101 is \$84.41. For the proposed Mental Health Screening product, a maximum of one unit of 90791 and two units of 96101 would be billed. At the DMH reimbursement rate, the total amount reimbursed for a Mental Health Screening would be \$290.87. The new (adjusted) Unit Cost for Mental Health Screenings includes \$96.00 per hour for services plus the 15% indirect cost of \$14.40, for new Unit Cost of \$110.40.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

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October 20, 2014

Dr. Andrew Knoop  
University of MO Assessment & Consultation Clinic  
E-mail: [knoopa@missouri.edu](mailto:knoopa@missouri.edu)  
CC: [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu)  
Karen Geren E-mail: [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)

RE: Request for Additional Information #2 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund - **(Mental Health Screenings) Dr. Knoop**

Dear Dr. Knoop:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information as soon as possible by email to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymmo.org](mailto:Mbobbitt@boonecountymmo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [mboobbitt@boonecountymmo.org](mailto:mboobbitt@boonecountymmo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**UMC – Assessment and Consultation Clinic (Mental Health Screenings) Dr. Knoop**

- a. The Children’s Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated Unit price for the services.

**REQUEST FOR ADDITIONAL INFORMATION FORM**

**PROPOSAL:** 27-10JUN14 – *Purchase of Service Contracts for Children's Services Fund*

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

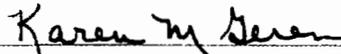
Company Name: The Curators of the University of Missouri

Address: Office of Sponsored Programs Administration, 310 Jesse Hall  
Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature:  Date: 10-10-2014

E-mail: grantsdc@missouri.edu MU Project #s: 00047392 and 00047377

**University of Missouri Assessment and Consultation Clinic (Mental Health Screenings)**

- a. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. How many screenings go to full evaluation?
- c. Please provide justification for the Unit Cost.
- d. No insurance payments are reflected in Attachment C. Please clarify.
- e. Are there any agreements with other agencies to accept these screenings?
- f. How do clients connect with services once the screening is completed?
- g. How is case management handled?
- h. How does completing a mental health screening from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?

- i. Are providers rescreening individuals when providing follow-up treatment and services?
- j. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

**[REDACTED] (Mental Health Evaluations)**

- a. Are any of these services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. Please provide justification for the Unit Cost.
- c. No insurance payments are reflected in Attachment C. Please clarify.
- d. Are there any agreements with other agencies to accept these evaluations?
- e. How do clients connect with services once the evaluation is completed?
- f. How is case management handled?
- g. How does completing a mental health evaluation from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?
- h. Are providers reevaluating individuals when providing follow-up treatment and services?
- i. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

(Mental Health Screenings)

**General:** How will this service facilitate how a child receives services in Boone County?

Proposed assessment services by the ACC are designed to facilitate the process of a child receiving the most appropriate mental health services. First, contract funding will allow children and their families to access services regardless of income level or insurance coverage. Families who do not have health insurance, have high insurance deductibles or are not able to pay for services out of pocket will be able to receive services without being required to make an advance deposit or postpone services until the family secures funds. Second, mental health concerns exhibited by the child are identified at the outset, so the most appropriate referral can be made to a provider with specific training to address the identified concerns. ACC assessment services are designed to highlight current, high-priority behavior or emotional concerns that would benefit from mental health services. These concerns will be summarized in a written document provided to the parent. Once a connection is made between the family and a local service provider to receive services that will address the documented concerns, the written document will serve as a summary of the child's symptoms and concerns, along with client-specific recommendations for treatment. **By conducting the assessment services first, referrals are made to the most appropriate providers, interventions are implemented quicker and services are targeted more specifically to the child's highest-priority concerns.**

- a. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
  - One of the primary objectives of the Assessment & Consultation Clinic (ACC) is to provide supervised clinical training via a mentorship model for graduate students. To that end, graduate students will be involved in providing services (under the close supervision of a licensed psychologist) for this proposal. The psychologist will provide consultative or observational supervision of the services delivered, review all results and report content, and sign off on all written documentation. Since graduate student will be providing at least some of the contracted services, there will be cap placed on the number of billable hours for each type of service, based on the typical amount of time it would take a psychologist to complete the service. For example, if it would typically take a licensed psychologist three hours to conduct an interview, score and interpret measures and put the results into a written report format, the ACC will cap that service at three hours maximum. A graduate student under the supervision of a licensed psychologist may take five hours to complete the same service, but the charge would only be for up to the first three hours. Due to the amount of time the licensed psychologist spends supervising and reviewing each case with the graduate clinician, services provided by graduate clinicians are billed at the same rate as if the supervising psychologist delivered the same services.
- b. How many screenings go to full evaluation?
  - The percentage of screenings that will go to full evaluation will be determined on a case-by-case basis, dependent upon the obtained results of the screening. If the screening results identify one or two clearly defined areas that indicate specific interventions, there will likely be no need to recommend a full evaluation. If the screening results identify a number of concerns that require (1) a differential diagnosis to determine appropriate treatment

planning, or (2) additional measures to make a complete diagnosis, a full evaluation may be recommended.

c. Please provide justification for the Unit Cost.

- The original Unit Cost was set at \$130.00 per hour, which was broken down to \$100.00 per hour for services delivered, which is the stated hourly rate for ACC services, and \$30.00 per hour to cover indirect costs collected by the University. The range of reimbursement rates paid to the ACC by third party payors currently range from approx. \$60/hour for Medicaid, to \$90.00/hour for MHNNet, which is the behavioral health company associated with Coventry. Clients without insurance coverage pay the stated hourly rate (\$100.00/hour) for ACC services. During the recent interview with representatives from the Children's Services Fund, the University was willing to reduce indirect costs to 15%. As noted in the response to item d. (below), contract funds will be used when clients seeking ACC services have no health insurance, have deductible amounts that are higher than the cost of requested services, or when insurance companies deny coverage for all or part of the requested ACC services. In these cases, clients are charged for services at the standard rate of \$100.00 per hour. In order to maintain the rate of income associated with services that are uncovered by insurance, the ACC standard hourly rate of \$100.00 per hour remains the same. The new Unit Cost is reduced to \$115.00 per hour, which represents a 13% decrease from the original Unit Cost.

d. No insurance payments are reflected in Attachment C. Please clarify.

- Insurance coverage percentages and amounts for proposed services are highly variable, based on the type of coverage, whether the company requires pre-authorization, and whether the client has coverage with a high deductible. This level of variability makes any estimate of insurance payments speculative, at best. If clients seeking ACC services have health insurance with low or paid deductibles, and if all ACC services are determined to be covered expenses by the insurance company, the ACC will accept the insurance company payments (and copayment and coinsurance) as complete payment for services rendered. Contract funds will be used when clients seeking ACC services have no health insurance, have deductible amounts that are higher than the cost of requested services, or when insurance companies deny coverage for all or part of the requested ACC services.

e. Are there any agreements with other agencies to accept these screenings?

- At this time, there are no specific arrangements with area providers to accept screening clients. The ACC has referral relationships with a number of local providers. ACC clinicians will identify local providers who specialize in implementing the interventions indicated by the results of the ACC services rendered.

f. How do clients connect with services once the screening is completed?

- Once ACC services have been finalized, and a short list of relevant providers have been identified, ACC clinician will make specific recommendations to client to initiate services and will facilitate sending ACC results (with a signed release of records) to a requested provider in advance of the first visit.

g. How is case management handled?

- Once the client has been referred to or set up with a relevant provider, case management responsibilities transfer to the relevant provider.

- h. How does completing a mental health screening from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?

  - ACC services will identify and prioritize mental health concerns and/or diagnoses, which will be helpful to providers in knowing which concerns, if targeted for immediate intervention, would most likely result in observable improvement in functioning.
- i. Are providers rescreening individuals when providing follow-up treatment and services?

  - In our estimation, individuals will not need to be re-screened or re-evaluated by providers in order to implement immediate services that will be beneficial to the child.
- j. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

  - The University has agreed to limit indirect expenses to 15% of total direct costs.

5-11-14

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
mbobbitt@boonecountymo.org

October 6, 2014

Dr. Andrew Knoop  
University of MO Assessment & Consultation Clinic  
310 Jesse Hall  
Columbia, MO 65211  
E-mail: [knoopa@missouri.edu](mailto:knoopa@missouri.edu) cc: [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts for Boone County Children’s Services Fund

Dear Dr. Knoop:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

Your **interview** has been scheduled for:

October 6, 2014

Time: 3:00 – 4:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Mental Health Screenings)**

- a. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. How many screenings go to full evaluation?
- c. Please provide justification for the Unit Cost.
- d. No insurance payments are reflected in Attachment C. Please clarify.
- e. Are there any agreements with other agencies to accept these screenings?
- f. How do clients connect with services once the screening is completed?
- g. How is case management handled?
- h. How does completing a mental health screening from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?

- i. Are providers rescreening individuals when providing follow-up treatment and services?
- j. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

**[REDACTED] (Mental Health Evaluations)**

- a. Are any of these services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- b. Please provide justification for the Unit Cost.
- c. No insurance payments are reflected in Attachment C. Please clarify.
- d. Are there any agreements with other agencies to accept these evaluations?
- e. How do clients connect with services once the evaluation is completed?
- f. How is case management handled?
- g. How does completing a mental health evaluation from the UMC Assessment and Consultation Clinic facilitate receiving appropriate treatment and services?
- h. Are providers reevaluating individuals when providing follow-up treatment and services?
- i. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

# UNIVERSITY of MISSOURI

OFFICE OF RESEARCH  
SPONSORED PROGRAMS ADMINISTRATION

2-7-10-10000  
Clinical  
mental health  
services

July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047392

Enclosed please find the above-referenced proposal which is being submitted by The Curators of the University of Missouri on behalf of the University of Missouri Assessment & Consultation Clinic under the direction of Dr. Andrew Knoop.  
*Knoop@missouri.edu*

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for*



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*part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## ***Attachment D—2014 Agency Assurance Sheet***

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such



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assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Megan White at 573-882-4223 or [WhiteMe@missouri.edu](mailto:WhiteMe@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren  
Authorized Signer and Pre-Award Lead  
Office of Sponsored Programs Administration  
University of Missouri | 310 Jesse Hall | Columbia, MO 65211  
Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:** The Curators of the University of Missouri on behalf of  
The University of Missouri Assessment & Consultation Clinic

**Agency Address:** 310 Jesse Hall  
Columbia, Missouri 65211-1230

**Agency Phone Number:** (573) 882-7560

**Primary Agency Contact:** Karen M. Geren

**Email Address:** [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)

**Contact Phone Number:** (573) 882-7560

**Amount Requested:** \$39,000.00

**Federal Tax ID (or SSN):** 43-6003859

**Signature** Karen M. Geren **Date:** 07-10-14

This proposal is valid two months beyond the 120 day minimum.

MU Project 00047392

## **1. AGENCY AND SERVICE INFORMATION**

### **a. Background Information:**

- i. Mission Statement.** A copy of our mission statement is attached.
- ii. Board of Directors.** A list of our board of directors is attached
- iii. Services within Boone County.** The MU Assessment and Consultation Clinic (ACC) provides a large number of client assessment and screening services that include Psychological and Psychoeducational Evaluations for children, adolescents, and adults to determine the presence of the following mental health concerns: attention disorders; behavioral, social, and emotional disorders; cognitive disorders, learning disorders; mood and anxiety disorders and most other DSM-5 diagnoses. Additionally, ACC clinicians provide Consultation Services regarding a wide variety of children's mental health topics to a wide audience including: biological, foster, and adoptive parents; school administration and staff members in school districts; teachers within the Missouri Division of Youth Services; and vocational counselors within the Missouri Division of Vocational Rehabilitation. The ACC also provides School-based Assessment Services to identified students in area, rural school districts related to cognitive assessment; supplemental achievement testing related to special education evaluations; Functional Behavior Assessments and Behavior Intervention Plans. Most of these services are delivered to school districts that do not have full resources to provide these services with their current staff. Most services provided by the ACC are also available in Spanish in order to better serve our growing Spanish-speaking population.
- iv. Agency and Program Brochures.** Agency and program brochures are attached.

### **b. Target Population:**

**i. Description of Target Population.** The ACC’s target population consists of children and adults of all ages who exhibit symptoms of mental health concerns and require identification, diagnosis, or clarification of symptoms. During the most recent 12-month period, the ACC scheduled 570 psychological evaluation/screening appointments that included some type of psychological testing. Of this amount, approximately 62% of those appointments were for children between the ages of 5 and 18. Among that number, most of our child clients fall within the 7 to 14 year old age range. Our services may occur prior to, or in conjunction with, treatment by therapists, psychologists, physicians or psychiatrists. Additionally, the ACC houses a number of bilingual (Spanish) clinicians, which allows the opportunity to offer services in English and Spanish. The ACC serves as a “magnet” clinic for mid-Missouri and the surrounding area, drawing diverse clients of all ages, including those from underserved populations, families with limited resources and Spanish-speaking populations, which currently make up 2.1% of Boone County residents.

**ii. Statutorily Eligible Service Areas.** The ACC provides direct services that meet the recognized need for mental health screenings, as identified by the Request for Proposal.

**iii. Segments ACC is Unable to Serve.** Currently, the ACC is unable to serve low-income clients who cannot afford to pay for services, do not have Medicaid, or are underinsured.

**iv. Impediments in Serving Target Population.** Since the ACC receives third party payments from health insurance companies for services rendered to their members, the ACC cannot provide services on a sliding-scale basis for low-income individuals. This funding will allow the ACC to offer evidence-based mental health screening services to children and youth in Boone County who are currently falling through the cracks due to being uninsured, underinsured, or low-income. According to the ACC’s client contact database, and despite the availability of a

structured payment plan, approximately 20% of potential clients who contact the ACC with the intent of scheduling services decide not to schedule services due to an inability to pay costs associated large deductible amounts within their insurance plans, or being a member of insurance plans that do not provide coverage for psychological testing. Additionally, families often cannot pay for requested psychological testing that has been denied by insurance panel reviewers.

**c. Service Need:**

**i. Unmet Need in Boone County for ACC services.** Results of the Community Input Session on Clinical & Mental Health Services document provided by The Boone County Children’s Services Board outlined participant responses to the “Top Two Issues” in mental health in Boone County. Responses highlighted the need for early identification and intervention in children who exhibit mental health concerns that often lead to unsuccessful adulthoods. Specifically, one identified need is for early interventions to address co-occurring symptoms or at-risk signs of mental health concerns in children and prevent future, more severe types of social-emotional-behavioral concerns. Countywide barriers to attainment of these positive outcomes included a limited number of mental health providers who work with children, a lack of awareness of available services and limited understanding in parents of how to access appropriate services. Among the identified gaps in county-wide mental health services, responses include (1) the inability of uninsured or underinsured families to receive services, (2) the need for available services to identify or treat mental symptoms that are not emergency-related, such as life threatening or self-injury behaviors, and (3) parents not following through with treatment recommendations.

**ii. Statistical Data.** A secondary concern relates to delivering mental health services to Boone County’s underserved Spanish-speaking population. According to Kids Count in

Missouri, children with limited English proficiency in Boone County increased from 500 in 2008 to 767 in 2012. A total of 2.1% of Boone County residents speak Spanish at home. Currently, to our knowledge, there are only two known licensed psychologists in Boone County who are able to provide mental health services in Spanish. One of these providers, Dr. Carney, works at the ACC. The other psychologist is in the process of relocating to another state.

Mental health symptoms in children that lead to increased mental health impairment in adolescence and adulthood suggest that early screening and identification of mental health concerns in children is an important tool in effective treatment of early symptoms and prevention of more significant impairment later in life (Gall et al, 2000).

**iii. Purpose.** The proposed service activity is the provision of Mental Health Screenings for children ages 5 through 19. The purposes of each screening are to (1) assess the severity and complexity of emotional, social and behavioral concerns exhibited by the child, (2) identify the specific services (e.g., prevention materials, further diagnostic evaluation, direct, therapeutic intervention) indicated by the child's concerns, (3) outline the appropriate "next steps" for the caregiver to access identified services, and (4) provide the caregiver a one-page summary document that highlights the standardized results of the screening that can be given or sent to current and future providers in order to better communicate and coordinate services. A sample of the screening document is included in this proposal.

**iv. Goals.** The goals of the Mental Health Screenings are to (1) obtain data from each screening case to determine the best use of intervention resources in treating the emotional, social and behavioral needs of children and families regardless of income and insurance coverage status, (2) increase caregiver knowledge and understanding of the child's symptoms,

and (3) provide a clear plan for the caregiver to access evidence-based recommendations for the identified concerns.

**v. Anticipated Outcomes.** The anticipated outcomes related to the provision of Mental Health Screenings for children include (1) achieving earlier identification of childhood emotional, social and behavioral concerns in children, and (2) providing access to early intervention strategies designed to reduce the severity of identified symptoms, thereby (3) decreasing the likelihood that the identified symptoms will contribute to more significant impairment in adult functioning.

**vi. Other Providers.** According to the Inventory of Boone County Service Providers document provided by The Boone County Children's Services Board, other providers of mental health screenings for children include Burrell Behavioral Health, Family Counseling Center, Lutheran Family and Children's Services, Pathways Community Health, Project LAUNCH and Rainbow House.

**vii. Referrals.** The ACC has secured Memoranda of Understandings for this proposal with Great Circle, Inc. and the University of Missouri's Psychological Services Clinic (see attached). The ACC served 350 children during the most recent 12-month period. The assessment schedule at the ACC is typically completely filled six to eight weeks in advance. Additionally, the ACC collaborates on other projects with a number of primary referral sources, including Great Circle (formerly Boys and Girls Town of Missouri), Children's Divisions from numerous Missouri counties, and Coyote Hill. Additionally, the ACC receives clients referred from a number of doctors and units on the MU Campus; School Districts, Colleges and Universities in Missouri; The Thompson Center; Physician offices; Psychiatric Clinics; Lighthouse Counseling; Missouri Alliance; Burrell Behavioral Health; Children's Foundation;

Counseling Associates; Family Counseling Center; Disability Determinations; Total Family Healthcare; Lake Regional Medical Group; The Crossing Church; Children's Foundation of Mid America; Tigers on Track; Attorneys; Rainbow House; Grace Counseling; Family Facets; New Horizons; Journeys Christian Counseling; National Alliance on Mental Illness; Juvenile Justice Center; Hannibal Clinic; I-70 Medical Clinic; Fayette Medical Clinic; Ellis & Associates; Total Family Healthcare; Cooper County Rural Health; Able Center; Sandy Cook Health Plex.

A partial listing of entities that receive referrals from the ACC include the following: Counseling Associates; Family Counseling Center; MU Psychological Services Clinic; Center for Family and Individual Counseling; Mike Scott Ph.D.; Ellis and Associates; MU Speech and Hearing Clinic; Dr. Stephanie Reid-Arndt & Dr. Thomas Martin; Pathways (Jeff City, MO); Burrell Behavioral Health; Marc Maddox, Ph.D.; Marilyn Cashon, Ph.D.; Maria Gutierrez, Ph.D.(Bilingual); Dana Goodson, LPC; Christine Lawrence, Ph.D.; Toby Mills, PLCSW; Nathan Hepner, LPC; Nichole Salmons, LCSW; Morning Star Christian Counseling Center; Burrell Behavioral Health; New Horizons; McCambridge Center (Women Only); Phoenix Program; the Thompson Center.

**viii. Memorandums of Understanding (MOU).** Attached are two MOUs.

## **2. EVALUATION**

### **a. Performance Information:**

**i. Performance Measures.** See Performance Measures Worksheet (Attachment A).

### **b. Outcomes:**

**i. Service Outcomes.** Results from the mental health screenings will improve caregiver understanding of the severity of their child's emotional, behavioral, and social concerns. Additionally, caregivers will receive a plan for the "next steps" in obtaining recommended

services and/or information regarding identified concerns, and will increase their understanding of how to access identified treatment and services. A paper or electronic summary report of the screening results (released to the caregiver with appropriate consent) will highlight the findings, which reports the overall severity and relative priority of each child's presenting concern as it impacts overall functioning. For more complex or severe presenting concerns, the screening report will also identify guidelines for appropriate treatment and intervention. For less severe presenting concerns, the screening report will include community-based programming or online informational resources related to the identified concerns.

**c. Indicators:**

**i. Description of Indicators.** The ACC's performance target is to demonstrate an increase in knowledge of symptom severity and overall awareness of how to access recommended treatment or resources.

**ii. Performance Target.** The ACC's performance target is 90% caregiver agreement for items related to the perceived helpfulness of the screening summary report and 80% of caregivers expressing intention to follow-through on treatment recommendations.

**d. Measurement:**

**i. Person Responsible for Outcomes.** Dr. Andy Knoop, Director of the Assessment and Consultation will be responsible for accomplishing the proposed services and outcomes.

**ii. Data Collection.** The method of measurement for mental health screenings will consist of a brief, electronic Pre-Screening Survey and a brief, electronic Post-Screening Survey completed by each caregiver. The surveys will measure caregiver knowledge of symptom severity in behavioral, emotional, and social domains, and caregiver awareness of appropriate steps to seeking treatment.

All data collection for project indicators will be collected prior to or as soon as possible after the completion of the service. The Qualtrics Survey Software was chosen as the preferred data collection method due to its ease of use, ability to allow confidential responses, immediate data recording and quick report generation. Additionally, the ACC has utilized Qualtrics in the past to collect customer satisfaction survey data. Caregiver responses on the Pre-Screening Survey will be obtained immediately after the consent process has been completed, but prior to the screening interview at the point of service. Caregiver responses on the Post-Screening Survey will be obtained when the caregiver receives the screening results.

**iii. Outcomes Timeline.** The timeframe for completing outcomes (i.e., improving caregiver understanding of concerns and knowledge of “next steps”) is estimated to be within 48 hours of the screening meeting and will be included in the written summary report for each screening. Clinicians will discuss screening results with the caregiver and will administer the post-screening survey tool that will record caregiver responses regarding increased awareness of symptoms severity and knowledge of next steps for the child.

**iv. Evaluation Tools.** Items contained in the Pre-Screening and Post-Screening Surveys are provided as attachments.

**e. Input:**

**i. Clinical Expertise.**

1. Agency Capacity. The professional staff at the ACC includes three full-time staff members. Dr. Andy Knoop is a Licensed Psychologist and an Associate Clinical Professor at the University of Missouri in the Department of Educational, School, and Counseling Psychology, within the College of Education. Dr. Knoop is a Medicaid provider and a psychological testing specialist on provider panels for most private and government-backed health insurance

companies. Dr. Megan Strawsine Carney is a Licensed Psychologist and an Adjunct Instructor in the College of Education at the University of Missouri. Dr. Carney has expertise in psychological testing and counseling, is bilingual (Spanish), is a Medicaid provider, has gained provider status on selected insurance company panels, has been trained on the administration of the M.I.N.I. Kid measure, and teaches the Interdisciplinary Child and Family (ICF) Practicum course housed at the ACC. Marissa Maher is the ACC's Business Support Specialist II, with expertise in insurance billing, customer service and office management. Additionally, the ACC employs one part-time Doctoral Intern in Psychology, and provides graduate assistantship support to four advanced doctoral-level clinicians from the School Psychology and Counseling Psychology programs who provide clinical services under direct supervision. Finally, seven ICF Practicum pre-doctoral level and pre-master's level graduate students provide clinical services to assigned clients under direct supervision.

The ACC requires annual background checks, including child abuse and neglect screenings on all employees and volunteers associated with this project. Background checks are conducted by making a request for child abuse or neglect/criminal records through the Missouri State Highway Patrol and the Missouri Department of Social Services.

The ACC is affiliated with the University of Missouri and serves as a community-based mental health center and training clinic. The ACC benefits from the latest research and utilizes evidence-based practices in all service activities. As a community-based clinic, the ACC's core professional team possesses broad-based expertise backed by experience.

**ii. Service Activity.** The service activity defined in this proposal is the provision of mental health screenings for children ages 5 through 19. An example of a typical mental health screening summary report, as administered by the ACC, is included on p. 11.

1. Proposed Interventions. The mental health screenings administered by the ACC provide an assessment of the severity and complexity of emotional, social, and behavioral concerns exhibited by children. Results are based on a structured interview, standardized behavior rating scales and clinical observations. The results of the screening are not intended to confirm or refute specific mental health diagnoses, but are useful in determining appropriate “next steps” in the overall treatment of identified concerns. The screening results can be made available to the child (if aged 18 or 19) and the child’s caregiver(s) in paper or electronic format (upon written request) in order to facilitate dissemination and communication with future mental health providers. Upon completion of the screening, ACC clinicians would make direct referrals (upon request) to Boone County mental health providers specializing in the treatment modality contained in the screening recommendations.

2. Evidence-based Practices. The evidence-based assessment instruments that will be used in the Mental Health Screenings include the M.I.N.I. Kid 6.0 and M.I.N.I. Kid 6.0 - Parent Version and the Behavior Assessment System for Children – Second Edition (BASC-2). The M.I.N.I. Kid is a short, structured diagnostic interview for children 6 through 17 years old that screen for common mental health disorders in children and adolescents. There are Parent and Child versions of the interview. The M.I.N.I. has been validated against the Structured Clinical Interview for DSM diagnoses (SCID-P). According to researchers at the National Institute of Mental Health's (NIMH) Division of Clinical and Treatment Research, the M.I.N.I. is a fully validated and time-efficient structured interview. The ACC clinician will determine the appropriate interview (the parent or child version) based on the caregiver’s knowledge of the child.

# Psych Screen

Assessment & Consultation Clinic  
205 Lewis Hall  
Columbia, Missouri 65211  
(573) 882-5092



**Patient Name:** John Doe  
**Date of Birth:** November 9, 2005  
**Caregiver(s):** Donna Green  
**Contact Info:** (123) 456-7890  
**Screening:** February 12, 2014

**Interview:** John's foster mother, Ms. Green, reported that primary concerns for John include behavior issues in school and at home related to anger outbursts that can last for hours, impulsive acts, disruption of other students and general lack of control over his emotions, which have resulted in the school contacting Ms. Green to remove John from school for three afternoons. John is reported to become physically aggressive toward peers, but not toward parents or school staff. Ms. Green reported that John often loses his temper, argues with others, defies adult requests, deliberately annoys others, blames other people for his mistakes, and can be spiteful and seek revenge on others. Additionally, Ms. Green reported that John bullies other students at school. Parent denied presence of sad mood or significant anxiety symptoms, but noted that John cries easily and often, and has feelings of hopelessness and low self-esteem. Ms. Green reported that John participated in individual therapy within the past six months, without any discernable behavioral improvement.

**Relevant Observation:** During the screening, John argued with his mother over whether he could have a snack from her purse. She refused to give him permission. John immediately began to whine and complained loudly, stating that he was really hungry and she wasn't being fair. After approximately three minutes of John complaining, Ms. Green returned her focus to the examiner. John eventually opened her purse quietly, took the snack and began to eat it without permission.

**Mood/Behavior Ratings:** Results of a screening measure completed by the child and his caregiver indicate elevations. John endorsed significant concerns for anxiety and moderate concerns for attention problems. His mother endorsed significant concerns for aggression, conduct problems, adaptability, and social skills. She also indicated moderate concern for depression, somatization and withdrawal. Both John and his mother endorsed moderate concerns for atypicality and hyperactivity.

**Conclusions:** The results of the screening indicate primary concerns in the areas of aggression and defiant behaviors, with secondary concerns in interpersonal relationships and impulsivity. John reported the presence of anxiety symptoms.

**Recommendations:** John currently exhibits a number of problematic emotional and behavioral symptoms that have occurred in multiple settings and have been resistant to individual therapy. Given the number and complexity of symptoms, with the potential for multiple causes, a comprehensive behavioral, social and emotional evaluation is recommended in order to determine relevant diagnostic conclusions and develop an appropriate plan for treatment and intervention. Specific potential diagnoses to be examined include, but are not limited to, Oppositional Defiant Disorder, Major Depressive Disorder and Adjustment Disorder.

---

Licensed Psychologist  
License No.

PsychScreen is a brief assessment of the severity and complexity of emotional and behavioral concerns exhibited by children, based on a structured interview, standardized behavior rating scales and clinical observations. The results of PsychScreen are not intended to confirm or refute specific mental health diagnoses, but are useful in determining appropriate "next steps" in the overall treatment of identified concerns.

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The BASC-2 is a comprehensive set of rating scales and forms including Parent Rating Scales (PRS) and the Self-Report of Personality that help clinicians understand the behaviors and emotions of children and adolescents through scales that measure areas important for DSM classifications. Validity and response set indexes for each BASC-2 profile help clinicians judge the quality of obtained results from completed forms.

**f. Output:**

**i. Service to be provided.** The ACC will provide standardized Mental Health Screenings for 100 children aged 5 through 19. Each screening product will consist of a one-page screening summary report that is available to the child's caregiver.

**ii. Unit of measurement.** The unit of measure used to provide Mental Health Screenings is a sixty-minute hour of direct client contact (e.g., interview, assessment administration, and feedback) and client support services (e.g., scoring, case interpretation, report writing, scheduling, insurance filing, referrals).

**iii. Unit cost.** The unit cost for each sixty-minute hour is \$130.00. However, the ACC will attempt to leverage any available mental health insurance coverage for a portion of the overall cost of each screening, unless co-payments or coinsurance charges become a barrier to the caregiver being able to receive the screening service.

**iv. Amount requested.** The total amount requested for this proposal is \$39,000.00

**v. Number of individuals to be served.** The requested amount will provide mental health screenings for 100 children, aged 5 through 19.

**vi. Average units of services per individual.** The time it takes to complete a typical mental health screening will range from 2.50 to 6.00 hours, depending on the complexity and severity of presenting concerns, and the accuracy of the caregiver's ability to report symptoms.

The average number of service units per individual served is estimated to be 3.00 hours, which also takes into account the amount of health insurance coverage that will likely be leveraged for a significant number of referred children.

### **3. BUDGET**

#### **a. Budget Worksheets:**

**i. Agency Financial Worksheet.** Please see Attachment B

**ii. Program Budget Worksheet.** Please see Attachment C

#### **b. Budget Narrative**

##### **i. Line Item Descriptions**

#### **Attachment B: Agency Financial Information**

##### **Agency Revenue**

Line 1.D. Grants: This amount represents funding awarded by the MU Interdisciplinary Innovations Fund to support a research project entitled Integrating Wellness into Trauma Treatment: A Holistic Interdisciplinary Approach for Foster Children.

Line 2.G. Federal: This is the amount collected from Medicaid for the direct provision of mental health services.

Line 2.H. State: This is the amount collected from contractual agreements with state agencies for consultation and direct mental health services.

Line 2.I. Other: This is the amount collected from school districts and private entities for consultation and direct mental health services.

Line 3. Program Service Fees: This is the amount collected from clients (copayments, coinsurance, and out-of-pocket costs) and private health insurance companies for direct mental health services.

Line 5: This is amount collected through designated university endowment funds and MU-related entities for direct mental health services.

**Agency Expenses**

Expenses for Program Services: This amount represents the cost of graduate assistantship stipends paid to graduate clinicians.

Expenses for Management and General: This amount represents the cost of salaries and benefits for three full-time licensed psychologists, one full-time office manager, and two part-time office assistants.

**Net Assets**

Net Assets, End of Year: This amount represents the determined value of the ACC's digital camera recording and playback system used for student supervision and training.

Attachment C: Program Budget Worksheet

**Program Revenue**

Line 1.D. Grants: Amount requested for this proposal.

**Program Expenses:**

Line 1: Personnel: This amount represents the cost of ACC personnel involved in the overall project that includes personnel involved in project start-up and training (50 hours), personnel involved in supervising, conducting and reviewing screening results (550 hours), providing referrals to Boone County mental health providers (50 hours) and office personnel involved in client scheduling procedures (150 hours). The total direct program staff equivalency for the project is anticipated to be .39 FTE.

Line 2: Non-Personnel: This amount represents the University-assessed indirect costs associated with grant funding and costs of interview and testing materials for the 100 mental health screenings.

## **Attachments Table of Contents**

Mission Statement

Board of Directors

Agency Brochures

Memorandums of Understanding

Program Performance Measures

Evaluation Tools

Agency Financial Worksheet

Program Budget Worksheet

Agency Assurances

Signed Receipt of Addendums

**Mission Statement**

The mission of the MU Assessment & Consultation Clinic (ACC) is to provide high quality mental health services and student training for a diverse clientele. The ACC consists of practitioners who specialize in psychological assessment, consultation and other mental health services to identify and address a wide variety of psychological and educational concerns. The ACC is a non-profit organization that is fiscally self-sustaining; consequently, our primary focus is on delivering helpful, personal psychological services without an emphasis on maximizing profit.

**Board of Directors**

The University of Missouri's Board of Curators include David R. Bradley (St. Joseph), Ann K. Covington (Columbia), Donald L. Cupps (Cassville), Don M. Downing (Webster Groves), Wayne Goode (St. Louis), Pamela Quigg Henrickson (Jefferson City), John R. Phillips (Kansas City), and David L. Steward (St. Louis).

## Assessment and Consultation Clinic Brochure – Page 1

### Who We Are

The MU Assessment and Consultation Clinic (ACC) consists of practitioners who specialize in psychological assessment and additionally provide therapy, consultation, and other mental health services. Collectively, the ACC has the expertise to identify and address a wide variety of psychological and educational concerns.

The ACC is a "magnet" clinic for mid-Missouri and the surrounding area, drawing diverse clients of all ages, including underserved and Spanish-speaking populations, with many different presenting concerns. Since we are affiliated with the University of Missouri, and serve as a training clinic, we benefit from current research and utilize best practices in all we do. At the same time, as a community-based clinic, our core professional team possesses broad-based expertise backed by experience. The ACC is a non-profit organization that is fiscally self-sustaining; consequently, our primary focus is on delivering helpful, personal psychological services without an emphasis on maximizing profit.

### CONTACT US TODAY

#### IN PERSON:

MU Assessment & Consultation Clinic  
205 Lewis Hall  
Columbia, MO 65211  
(located on the corner of Rollins & Providence)



#### EMAIL:

[muacc@missouri.edu](mailto:muacc@missouri.edu)

#### ON THE WEB:

<http://education.missouri.edu/orgs/muacc/>

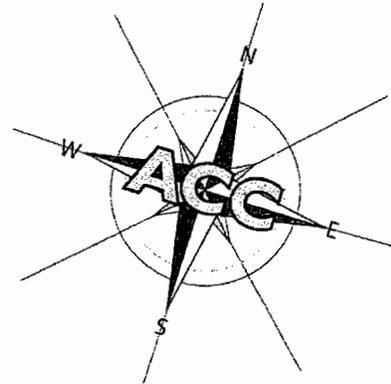
#### PHONE:

(573) 882-5092

#### FAX:

(573) 884-3399

## MU ASSESSMENT & CONSULTATION CLINIC



Find us on  
**Facebook**

Pointing you in  
the right direction

**Services**

**Psychological & psychoeducational evaluation**

- Attention-related concerns
- Behavioral, social, emotional functioning
- Cognitive disorders
- Immigration hardship
- Learning disabilities
- And others including the majority of mental health diagnoses

**Mental health counseling**

- Individual
- Family
- Group

**Consultation**

**Professional development workshops/presentations**

**Parenting groups**

**Other services as requested (within our expertise)**



**To make a referral:**



- Call our front office (573-882-5092)
- Submit the form on our website <http://education.missouri.edu/orgs/muacc/>

**We accept referrals from:**

- Physicians and psychiatrists
- Schools and teachers
- Parents
- Social service agencies (Children's Division, Juvenile Office, others)
- Mental health therapists & counselors
- Attorneys
- Other service providers

We accept a number of payment types including most insurance plans as well as Medicaid (MoHealthNet)

We pride ourselves on providing high quality psychological services to families and individuals with a variety of concerns.

Some services available in Spanish (upon request)

**What is a psychological evaluation?**

This is a mental health procedure which includes a clinical (diagnostic) interview(s), assessments (standardized tests, paper/pencil questionnaires, and others), and behavior observations resulting in a written report prepared for the client and other interested parties of the client's choosing. The report includes any relevant diagnoses and recommendations.

**How can a psychological evaluation be useful/helpful?**

Evaluations are most useful when a referral source wants assistance in identifying a mental health or educational problem and ideas to remediate that problem. They can also be helpful as a follow-up tool (re-evaluation) to measure progress.

**Our Mission**

*Our mission is to provide high-quality mental health services and student training for diverse clientele.*

**Did you know?**

As many as one in four adults experience a diagnosable mental disorder in a given year, and about half of all mental disorders begin before the age of 14. - World Health Organization

## Memoranda of Understandings

MU Assessment & Consultation Clinic  
205 Lewis Hall  
Columbia, Missouri 65211

### MEMORANDUM of UNDERSTANDING BETWEEN THE MU ASSESSMENT & CONSULTATION CLINIC (ACC) AND THE MU PSYCHOLOGICAL SERVICES CLINIC (PSC)

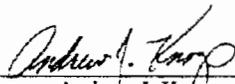
The purpose of this memorandum is to identify a mutual client referral agreement between the ACC and PSC for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for RFP 27-10JUN14.

The ACC and PSC intend to submit proposals to conduct mental health screenings that utilize similar assessment measures and techniques. In order to minimize the wait time for a client to obtain screening appointments, the ACC and PSC agree to inform potential screening clients the other clinic is also performing mental health screenings and provide the contact number. The client can contact either clinic in order to see if they can be scheduled sooner. The client may choose to schedule with either clinic.

The ACC agrees to consider the PSC a preferred client referral recipient when clinical case information indicates an ACC screening client would benefit from clinical services offered by the PSC, especially related to individual and family therapy, Cognitive Behavioral Therapy interventions, substance use disorders and client symptoms related to Obsessive-Compulsive disorder, Tourette's disorder and Tic disorders. In turn, PSC agrees to consider the ACC a preferred client referral recipient when clinical case information indicates a PSC screening client would benefit from clinical services offered by the ACC, especially related to comprehensive psychological evaluations requiring differential diagnoses, and client symptoms related to attention disorders, cognitive disorders and learning disorders.

The MOU between the ACC and PSC will remain in place for the duration of the Service Contract(s). This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities.

The agreement will become effective on the date Service Contract(s) are awarded.



---

Andrew J. Kubop, PhD  
Director  
Assessment & Consultation Clinic



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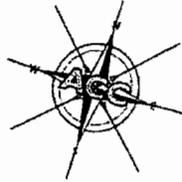
Debora Bell, PhD  
Director of Clinical Training  
Psychological Services Clinic

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May 27, 2014  
(Date)

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May 27, 2014  
(Date)



MU Assessment & Consultation Clinic  
205 Lewis Hall  
Columbia, Missouri 65211

MEMORANDUM of UNDERSTANDING  
BETWEEN THE  
MU ASSESSMENT & CONSULTATION CLINIC (ACC)  
AND  
GREAT CIRCLE

The purpose of this memorandum is to identify a mutual client referral agreement between the ACC and Great Circle for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for RFP 27-10JUN14.

The ACC agrees to consider Great Circle a preferred client referral recipient when clinical case information indicates an ACC client would benefit from clinical services offered by Great Circle. In turn, Great Circle agrees to consider the ACC a preferred client referral recipient when clinical case information indicates a Great Circle client would benefit from clinical services offered by the ACC.

The MOU between the ACC and Great Circle will remain in place for the duration of the Service Contract(s).

This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities.

The agreement will become effective on the date Service Contract(s) are awarded.

Andrew J. Knapp, PhD  
Director  
Assessment & Consultation Clinic

Paula R. Fleming, PhD  
Chief Operating Officer  
Great Circle

May 27, 2014  
(Date)

May 27, 2014  
(Date)

**ATTACHMENT A**

**Program Performance Measures Worksheet**

<b>Activities</b>	<b>Output</b>	<b>Outcomes</b>	<b>Indicators</b>	<b>Methods of Measurement</b>
Mental Health Screenings for children ages 5 through 19	300 hours of mental health screening for children (100 complete screenings)	<p>1. After the screening, caregivers will increase their level of understanding of the severity of their child's emotional, behavioral and social concerns.</p> <p>2. After the screening, caregivers will increase their understanding of how to access appropriate treatment and/or resources for identified concerns.</p>	<p>1. 90% of caregivers will endorse an increase in caregiver understanding of the child's emotional, behavioral or social concerns.</p> <p>2a. 90% of caregivers will endorse increased understanding of how to access appropriate treatment/resources.</p> <p>2b. 90% of caregivers will agree the screening results will be helpful in the future.</p> <p>2c. 80% of caregivers will express intention to follow through on treatment recommendations.</p>	Utilize results of caregiver responses on pre and post assessments of caregiver knowledge of symptom severity and awareness of appropriate steps to seeking treatment

Copy of Evaluation Tool: Mental Health Screening Caregiver Pre-Test (Qualtrics survey)



Regarding this child's BEHAVIORAL concerns, I am confident I know how severe the concerns are when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

Regarding this child's EMOTIONAL concerns, I am confident I know how severe the concerns are when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

Regarding this child's SOCIAL concerns, I am confident I know how severe the concerns are when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

I have a clear plan in my mind about how to get this child appropriate help for these concerns.

0 = I have no plan at all; 100 = I have a very specific plan

0 10 20 30 40 50 60 70 80 90 100

Have a Clear Plan



Copy of Evaluation Tool: Mental Health Screening Caregiver Post-Test (Qualtrics survey)



Regarding this child's BEHAVIORAL concerns, I am confident I know how severe the concerns are when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

Regarding this child's EMOTIONAL concerns, I am confident I know how severe the concerns are when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

Regarding this child's SOCIAL concerns, I am confident I know how severe the concerns are when compared to children of the same age.

0 = Not confident at all; 100 = Extremely confident

0 10 20 30 40 50 60 70 80 90 100

Level of Confidence

I have a clear plan in my mind about how to get this child appropriate help for these concerns.

0 = I have no plan at all; 100 = I have a very specific plan

0 10 20 30 40 50 60 70 80 90 100

Have a Clear Plan

The screening results will be helpful to this child in the future.

0 = Not helpful at all; 100 = Extremely helpful

0 10 20 30 40 50 60 70 80 90 100

Are results helpful?

I intend to follow through on the treatment recommendations contained in the screening results.

0 = No intention to follow-through; 100 = Very strong intention to follow-through

0 10 20 30 40 50 60 70 80 90 100

Follow-through?

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

**AGENCY NAME: MU Assessment & Consultation Clinic**

<b>AGENCY REVENUE</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)		24,861	39,000	12.60%	56.87%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	0	24,861	39,000	12.60%	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	0	0.00%	0.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal	80,658	88,925	75,586	24.43%	-15.00%
H. State	8,201	5,819	4,946	1.60%	-15.00%
I. Other	29,723	21,716	18,459	5.97%	-15.00%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	118,582	116,460	98,991	\$0	
3. Program Service Fees	178,967	181,810	154,539	49.94%	-15.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	20,649	16,911	16,911	5.47%	0.00%
<b>TOTAL AGENCY REVENUE</b>	<b>\$318,198</b>	<b>\$340,042</b>	<b>\$309,441</b>		<b>-9.00%</b>

<b>AGENCY EXPENSES</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% OF PROPOSED TOTAL</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Expenses for Program Services	\$23,064.18	\$28,917.00	\$32,652.00	14.69%	12.92%
Expenses for Management and General	\$280,476.42	\$239,479.65	\$189,640.17	85.31%	-20.81%
Expenses for Fundraising	\$0.00	\$0.00	\$0.00	0.00%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>\$303,540.60</b>	<b>\$268,396.65</b>	<b>\$222,292.17</b>		<b>-17.18%</b>
% of Management and Fundraising Expenses	92.40%	89.23%	85.31%		

<b>NET ASSETS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Net Assets, End of Year	\$7,479	\$7,479	\$7,479	0.00%

<b>CASH FLOWS</b>	<b>PRIOR YEAR ACTUAL</b>	<b>CURRENT YEAR</b>	<b>PROPOSED YEAR</b>	<b>% CHANGE CURRENT TO PROPOSED</b>
Cash, End of Year	\$74,818	\$96,029	\$92,000	-4.20%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: ACC Screening Services**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	0	0	39,000	100.00%	0.00%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>			0		
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	0	0.00%	0.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	0	0	0	0.00%	0.00%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	0	0		0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$39,000</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	0	0	29,620	75.95%	0.00%
2. Non-Personnel	0	0	9,380	24.05%	0.00%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$39,000</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)	0	0	0.39

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration

Printed Name - Agency Executive Director/President/CEO

Date



Signature - Agency Executive Director/President/CEO

07-16-14

Date

NA

Printed Name - Agency Board Chair

Date

NA

Signature - Agency Board Chair

Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

\_\_\_\_\_  
Name and Title of Authorized Representative

*Karen M. Geren*

\_\_\_\_\_  
Signature

*07-10-14*

\_\_\_\_\_  
Date

MU Project 00047392



Company ID Number: 62231

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.
2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.
3. The Employer agrees to become familiar with and comply with the E-Verify Manual.
4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.
  - A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.
  - B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.
5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:
  - If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
  - If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.
6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (I)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

##### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

##### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

Name (Please type or print) \_\_\_\_\_

Title \_\_\_\_\_

*Electronically Signed* \_\_\_\_\_

**10/17/2007** \_\_\_\_\_

Signature

Date





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

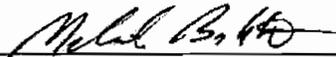
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
Melinda Bobbitt, CPPO, CPPB   
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 02-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

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**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

Response: **The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

Response: **Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

Response: **In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

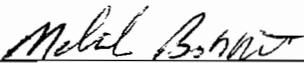
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:   
Melinda Bobbitt, CPPO, CPPB   
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.

III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

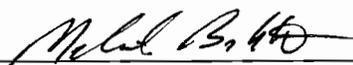
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mboobbitt@boonecountymo.org](mailto:mboobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

Response: **Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

Response: **Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

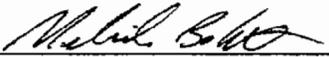
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts Boone County Children's Services Fund 2014 Application

#### **BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### **RFP TIMELINE:**

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

#### **CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

- c. Service Need:**
  - i. Provide a detailed description of the unmet need in Boone County for your agency's services.
  - ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
  - iii. State the purpose of your proposed service.
  - iv. State the goals of your proposed service.
  - v. Describe the anticipated outcomes of your proposed service.
  - vi. Identify other providers of this proposed service in Boone County.
  - vii. What agencies do you receive referrals from and to what agencies do you make referrals?
  - viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

## 2. EVALUATION

- a. Performance Information:**
  - i. Attach a Program Performance Measures Worksheet (see Attachment A).
- b. Outcomes:**
  - i. Describe your service outcomes (outcomes need to be measurable and time specific).
- c. Indicators:**
  - i. Identify and describe the indicators which will measure your service outcomes.
  - ii. Identify your agency's performance target of these indicators.
- d. Measurement:**
  - i. Discuss who will be responsible for the accomplishment of each of the outcomes.
  - ii. Discuss how the data will be collected.
  - iii. Identify your agency's timeline for each outcome.
  - iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**ii. Service Activity:**

1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided
- ii. Unit measurement
- iii. Unit cost
- iv. Amount requested
- v. Number of individuals to be served
- vi. Average units of services per individual

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B)
- ii. Program Budget Worksheet (see Attachment C)

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair

\_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

---

Date





**AGREEMENT FOR PURCHASE OF SERVICES  
Evidence Based Treatment Services**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "**PSC**".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the PSC has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to PSC thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY PSC**

PSC is expected to the greatest extent possible to maximize funding from all other sources. PSC shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. PSC shall only request reimbursement for services not reimbursable by any other source. PSC shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. PSC will perform the services and carry out the activities as set forth in the Request

for Funding Proposal Application. PSC agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and PSC's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the PSC's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the PSC and the PSC agrees to furnish **Evidence Based Treatment Services** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the PSC's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$254,136** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of PSC be renewed for an **additional two (2) one-year periods**. PSC agrees and understands that the BCCSB may require supplemental information to be submitted by PSC prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **Clinic-based Evidence-based therapy (EBT) and Multisystemic Therapy (MST)** is the mutually agreed upon rate of **\$89/hour for Clinic-based EBT and \$119/hour for MST**. All billing shall be invoiced to BCCSB monthly by the 20<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the PSC, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated

if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## **REPORTING, MONITORING, AND MODIFICATION**

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by PSC to monitor service delivery and program expenditures. PSC agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by PSC and, if so stipulated, are noted on this contract document. Payments may be withheld from PSC if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. PSC agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** PSC also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of PSC's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from PSC, if reports designated here are not made available upon request.

9. **Monitoring.** PSC agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect PSC's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, PSC hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event PSC requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for

approval. A board resolution from PSC must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

#### **OTHER TERMS OF THIS CONTRACT**

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with PSC's policies and procedures and in accordance with any local/state/federal regulations. PSC agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. PSC must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** PSC will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** PSC agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to PSC's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** PSC agrees that any conflicts of interest between its Board of Curators and/or employees and PSC shall be appropriately identified and managed.

16. **Subcontracts.** PSC may enter into subcontracts for components of the contracted service as PSC deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the PSC shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** PSC agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. PSC shall require each subcontractor to affirmatively state in its Agreement with the

PSC that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** PSC agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against PSC or any individual acting on the PSC's behalf, including subcontractors, which seek to enjoin or prohibit PSC from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If PSC ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if PSC no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, PSC will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event PSC, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to PSC as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the PSC fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the PSC shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the PSC for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, PSC agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic)**, (meaning anyone, including but not limited to consultants having a contract with the PSC or subcontractor for part of the services), or anyone directly or indirectly employed by PSC, or of anyone for whose acts PSC may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** PSC shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. PSC will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. PSC will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. PSC agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and PSC. The BCCSB does not recognize any of the PSC's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** PSC shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the PSC shall be mailed or delivered to:

University of Missouri – Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of Debora Bell, Ph.D. and the  
Psychological Services Clinic)**

**Boone County, Missouri**

By: Karen M. Geren  
Signature 12-4-2014

By: Boone County Commission  
[Signature]  
Daniel K. Atwill, Presiding Commissioner

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
MU Project # 00047427

By: Boone County Children's Services Board  
[Signature]  
Les Wagner, Board Chair

APPROVED AS TO FORM:  
[Signature]  
County Counselor

ATTEST:  
Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford 12/08/2014 2161/71106/\$254,136  
Signature Date Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**  
**PROPOSAL: 27-10JUN14-Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to mbobbitt@boonecountymmo.org.

Company Name: The Curators of the University of Missouri on behalf of Debora Bell, Ph.D.  
and the Psychological Services Clinic

Address: Office of Sponsored Programs, 310 Jesse Hall, Columbia, MO 65211

Telephone: 573-882-7560

Federal Tax ID (or Social Security#): 43-6003859

Print Name: Karen M. Geren, Authorized Signer, Grants and Contracts

Signature: Karen M. Geren Date: 10-22-2014  
E-mail: gerenkd@missouri.edu

**(Mental and Behavioral Healthcare) (Dr. Bell)**

- a. The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated Unit price for the services.

Thank you for the opportunity to discuss reimbursement rates for the Mental and Behavioral Healthcare services proposed by the MU Psychological Services Clinic. Our response below includes the following: (a) an analysis of publically available established rates for services comparable to the ones we propose; (b) updated unit pricing for our proposed services, including separate unit costs for different proposed services, and (c) justification/explanation for unit costs. We believe this provides a sound data-based justification for our requested unit pricing. However, we are committed to supporting BCCS's responsible use of tax dollars and are happy to provide further information or engage in additional discussion about unit pricing.

**Unit Cost Comparisons – analysis of publically available rate information on comparable services:**

**Definitions:**

- **Comparable Services - EBT:** The services proposed by the MU PSC are all evidence-based treatments (EBTs) that have the strongest scientific support and are most likely to be effective for youth. The treatments we offer, including what we refer to as clinic-based EBT and MST (multisystemic therapy), are publically listed as evidence-based treatments (e.g., see the American Psychological Association’s Society for Clinical Child and Adolescent Psychology’s site on effective youth treatments: [www.effectivechildtherapy.com](http://www.effectivechildtherapy.com); Blueprints for Healthy Youth Development site: [www.blueprintsprograms.com](http://www.blueprintsprograms.com)). As discussed further below, these services typically involve specific training as well as ongoing supervision/consultation, and fidelity and outcomes monitoring.
- **Usual Services:** Usual services are those typically available in the community, and against which EBTs are compared in effectiveness trials. These services typically include a range of treatment approaches (some of which may be evidence-based), but frequently do not include ongoing supervision/consultation or fidelity and outcomes monitoring.

**Comparable Service Costs:**

- Cost data for many EBTs are publically available from Blueprints for Healthy Youth Development, a registry of evidence-based youth mental health treatments. Additional cost data on implementation of MST in St. Louis was available from Dopp et al. (Dopp, Borduin, Wagner, & Sawyer, 2014).
  - o For comparable clinic-based EBTs we used: Functional Family Therapy, Parent Management Training (Oregon Model), Parent-Child Interaction Therapy
  - o For comparable MST services we used: MST (Blueprints and St. Louis data), MST for Sexual Problem Behavior
- Cost data for MU PSC and comparable services are summarized below; details are presented in Appendix A.

**Unit Cost Comparisons – MU PSC and Published Service Costs**

	Clinic-based EBT	MST	Proposed # sessions/yr	Total projected cost (year 1)
MU PSC –proposed unit cost (10/9/14 RAI #1)	\$105.90		EBT: 1144 (52 youth @ 22 sessions)  MST: 1280 (16 youth @ 80 sessions)	Total: \$256,701.60
Average of public cost data for EBTs – as published	\$96.67	\$135.07		EBT: \$110,590.48 MST: \$172,889.60 Total: \$283,480.08
Average of public cost data for EBTs – adjusted for MU fringe and overhead (indirect) rates	\$107.68	\$133.90		EBT: \$123,185.92 MST: \$171,392.00 Total: \$294,577.92

**Usual Service Costs:**

According to communication with Missouri Department of Mental Health, standard outpatient mental health services are reimbursed at the following rates for 60-min units: individual outpatient therapy (code 90837) = \$80.61, family therapy (code 90847) = \$101.73. MST treatment is delivered via family therapy; clinic-based EBT may include individual, or more commonly, family therapy. We consider these rates below in our revised proposed unit costs, although we are unable to meet them for the primary reason that providing EBT is simply more costly (in the short-term) than providing usual mental health care. However, it is important to note that an important part of the rationale for using costlier EBT is that its benefits include not just mental health benefits to youth and their families, but longer-term financial benefits as well. We discuss this further in our rationale below.

**Revised Proposed Unit Costs for MU PSC services**

As compared to publically available cost data for comparable evidence-based services, the MU PSC services unit costs are similar and sometimes lower. MU PSC unit costs are higher than MO DMH reimbursement rates, but we would argue that the services covered are not comparable. However, because we are invested in working with BCCS to provide high-quality services as efficiently as possible, we have worked to revise our proposed unit costs.

Our proposed unit costs revisions are based on several considerations:

- Based on analysis above, it seems sensible to separate unit costs by type of service (clinic based EBT and MST).
- We have added a third type of service – evidence-based parenting groups. We believe this offers several benefits, as it (a) is responsive to BCCS’s focus on prevention and early intervention, (b) allows us to provide lower cost services to an additional 30 families per year, and (c) can be incorporated into our existing treatment team structure (e.g., volunteer doctoral student clinicians can be incorporated into the proposed EBT treatment teams) with minimal additional expense. The proposed evidence-based parent group, 1-2-3 Magic, is detailed in Appendix B.
- Comparable cost data for parenting group -- published cost data from the Blueprints for Healthy Youth Development site ([www.blueprintsprograms.com](http://www.blueprintsprograms.com)) suggest a cost of \$45.94 per 2-hour session for group parent training (details presented in Appendix A; note that we do not have MO DMH reimbursement rates for group therapy). Our clinic structure will allow us to “share” some of the personnel costs (supervision) between the clinic-based EBT and the evidence-based parenting group, thus allowing us to adjust the cost of individual/family EBT while still meeting our expenses. Additional expenses of \$1725 were added to our budget to cover materials, copying, supplies, and follow-up data collection costs for 30 parents.

- Our revised budget (minimum costs to us of providing these services, based on budget provided in Request for Additional Information #1, plus \$1725) is \$258,193. We are able to meet this budget with the unit cost breakdowns in the table below.

**Proposed Revisions to MU PSC Unit Costs**

	Former Unit cost	Cost data for comparable EBT/MST	DMH rates	Revised Unit cost	Proposed # sessions /yr	Revised total projected cost (year 1)
Clinic-based EBT	\$105.90	\$97-108	\$81-102	\$89	1144 (52 youth @ 22 1hr sessions)	\$101,816
MST	\$105.90	\$134-135	\$102	\$119	1280 (16 youth @ 80 1hr sessions)	\$152,320
Group EBT	--	\$45.94	Not available	\$40	240 (30 parents @ 4 2hr sessions)	\$4,800
<b>TOTALS</b>					2664	\$258,936

In the format requested originally, this would be:

- **Original Unit Cost** (10/9/14 RAI #1): Year 1: Unit Measurement (1 hour) x Unit Cost (\$105.90/hr) x Average Number of Units per Client (EBT services 22 sessions; MST services 80 sessions) x Number of Individuals Served (52 EBT youth; 16 MST youth) = Amount requested (256, 701.60).
- **Revised Unit Cost** (10/22/14 RAI #2): Year 1: Unit Measurement (1 hour) x Unit Cost (EBT services \$89; MST services \$119; group services \$40) x Average Number of Units per Client (EBT services 22 sessions; MST services 80 sessions; Parenting Group 4 2hr sessions) x Number of Individuals Served (52 EBT youth; 16 MST youth; 30 parents) = Amount requested (\$258,936).

**Justification for our Unit Costs:**

We would like to offer several points to help explain and justify our unit costs.

1. As noted above, our initial unit cost was equivalent to and sometimes a bit lower than published costs for the same or comparable evidence-based services (Blueprints for

Healthy Youth Development, [www.blueprintsprograms.com](http://www.blueprintsprograms.com); Dopp et al., 2014). Our revised costs reflect a further cost reduction compared to comparable services.

2. Usual care tends to be less expensive than evidence-based care. For example, MO DMH reportedly reimburses at the rate of approximately \$80-100/hour. Dopp et al. (2014) reported that over the duration of their study, usual care for juvenile offenders in Boone County was \$2190 for 22.5 weeks, or \$97/hour.
3. Usual care is, unfortunately, generally less effective and in the long-run, more costly.
  - a. In terms of clinical outcomes, EBT has been demonstrated to outperform usual care in direct head-to-head comparison, with the average youth who received an EBT better off than about 60% of youth who received UC (Weisz, Jensen-Doss, & Hawley, 2006; Weisz et al., 2013). In similar direct comparisons, MST outperforms usual care in recidivism, arrests per recidivist, and days incarcerated as adults, with rates often double for UC (Borduin et al., 1995; Schaeffer & Borduin, 2005).
  - b. Economic outcomes have been studied most extensively for MST. Cost-benefit analysis, examining the economic benefit *per youth* of MST vs. usual care at 13 yr follow-up indicated benefits to taxpayers of more than \$49,000 and benefits to crime victims of more than \$132,000 (Kleitz et al., 2010). Cost-benefit analyses of other EBTs are rare, but the few that do exist (see data from Washington State Institute of Public Policy, as cited at [www.blueprintsprograms.com](http://www.blueprintsprograms.com)) typically indicate savings within the first year of 5%-200% over a program's cost.
4. The costs associated with delivering EBT are larger, in part, because they include components that have been demonstrated to be critical to delivery of effective services – training, supervision/consultation, fidelity monitoring, and ongoing evaluation. As George et al. (2008) note, these “*costs are rarely integrated into the financing structures of publicly funded mental health service systems*” (p. 3). However, “*training, coaching, fidelity monitoring and outcome measurement comprise the infrastructure that is part of the effective intervention. These infrastructure components are not “extras” that can be cut in times of a budgetary crisis; rather they are directly relevant to ensuring the provision of high quality, effective services*” (p. 8).
5. In sum, providing evidence-based services is, in the short-term, typically (a little to a lot) more expensive than usual mental health care services. However, the costs are an integral part of providing high quality, effective services that have been shown to have better clinical outcomes for youth and their families and long-term cost savings to both youth/families and the larger community. Consistent with BCCS’s mission to enhance access to evidence-based youth mental health services, MU PSC is committed to providing high quality evidence-based services that are delivered as economically as possible, but without cutting essential components of what makes these services effective.

## APPENDIX A – COMPARABLE SERVICES COST DETAIL

- Data obtained from: Blueprints for Healthy Youth Development site ([www.blueprintsprograms.com](http://www.blueprintsprograms.com)) and Dopp, Borduin, Wagner, & Sawyer (2014)
- notes re: comparisons to MU PSC in italics

### I. Clinic-Based individual/family Evidence-Based Services

#### FUNCTIONAL FAMILY THERAPY - YEAR ONE COST EXAMPLE

First year operation of a program with 2 units of eight therapists and two supervisors with FFT conducted in the family home.

Start-up purveyor cost \$52,000

Staff - supervisors (2 FTE Masters Clinician) \$150,000

Staff – therapists (16 FTE) \$960,000

Fringe at 30% -- (*our fringe = 35% so add \$55,500*) \$333,000

Overhead at 10% of Staff Cost \$144,000 – *our overhead (indirect) = 15% of all, so add \$94,575*

Travel \$20,000

Equipment \$20,000

Total Year One Cost

\$1,679,000 + \$150,075 = \$1,829,075 (*assume 24 CCH x 16 therapists x 50 wks = 19,200 cch → \$95.26/hr (without MU cost adjustments = \$87.45)*)

*\*\*note – MA level therapists paid ~ 39k for halftime (w fringe) vs. ~33k for our clinicians*

#### Parent Management Training Oregon Model - YEAR ONE COST EXAMPLE

An organization beginning implementing of PMTO, with 16 clinicians could expect to incur the following estimated costs in Year 1.

Training, Coaching, T/A Curricula \$515,000

Staff Time (.50 FTE for 16 Clinicians at \$50,000) \$400,000

Fringe @ 30% - ours = 35%, so add 20,000 \$120,000

Travel for ISII Staff (\$1,000 per trip X 5 trips) \$5,000

Overhead and Administrative @ 25% of Staff Cost \$130,000 – *ours = 15% total so add \$29,000*

Total Year One Cost

\$1,170,000 + 49,000 for MU adjustments = 1,219,000 (*assume 12 CCH x 16 half-time therapists x 50 wks = 9,600 cch → \$126.97/hr (without MU adjustments = \$121.88)*)

*\*\*\*.50 MA clinicians ~\$32,500, comparable to our therapists*

**Parent Child Interaction Therapy - YEAR ONE COST EXAMPLE (THIS EXAMPLE INCLUDES MINIMAL SUPERVISION)**

Training for four therapists & administrator @ \$4,000 each travel \$21,000  
Space and Equipment \$1,500  
Certification @ \$200 per organization \$200  
Therapist consultation from purveyor in Year 1 @ \$1,000/therapist x 4 \$4,000  
Salary @ \$60,000 per therapist x 4 \$240,000  
Fringe @ 30% \$72,000 – ours is 35% so add \$12,000  
Need to add 15% indirect – so add \$52,605

**Total Year One Cost**

\$338,700 – plus 64,605 in MU adjustments = \$403,305 (assume 20 CCH specified by PCIT x 4 full-time therapists x 50 wks = 4,000 cch → \$100.82/hr)

If each therapist has a caseload of 20 for an average of 15 weeks per family, 280 families could be served in the first year at a cost of \$1,210 per family. (without MU cost adjustments, this is \$80.67/cch).

**II. MST Services**

**Multisystemic Therapy - YEAR ONE COST EXAMPLE**

In this example, an organization is setting up two MST teams, each with a supervisor and four therapists to serve approximately 132 families over the course of a year. First year costs would include:

Development technical assistance w travel \$4,000  
Initial orientation training for 10 participants plus travel \$12,000  
Licenses-1 organizational and 2 team \$9,000  
Support fee for two teams charged by purveyor \$48,000  
Salaries for two supervisors @ \$60,000 \$120,000  
Salaries for eight therapists @ \$50,000 \$400,000  
Fringe @ 30% \$156,000 – our fringe 35% so add \$26,000  
Fidelity monitoring and data collection \$15,000  
Overhead @ 25% of staff cost \$169,000 – ours 15% of total so subtract \$50,500

**Total Year One Cost**

\$933,000 (w MU adjustments = \$908,500) -- \$85.71/cch

With 8 therapists with an average caseload of five families for four months of service and supervisors carrying two families at a time, a total of 132 families annually could be served at a cost of \$7,068 per family (at approx 24 cch/wk for FT therapist or 10 for supervisors = 10,600 sessions at \$88.02).

### **MST PROBLEM SEXUAL BEHAVIOR - YEAR ONE COST EXAMPLE**

In this example, an organization is setting up two MST-PSB teams, each with a .5 FTE supervisor and four therapists to serve approximately 64 families over the course of a year. This example assumes the agency does not have MST trained therapists on staff and staff and supervisors have to attend the MST training at MST Services Inc. If an agency was already implementing MST, and had trained MST staff available, they would not have to incur training costs. First year costs would include:

Program Development Start-Up Fee (11,000 + 8,000) \$19,000  
Travel for MST Services Consultants \$4,000  
Training for new staff at MST Services Inc (850 \* 9) \$7,650  
Travel and lodging for 5 day training (\$2,000 \* 9) \$18,000  
Licenses-1 organizational and 2 team \$9,000  
Support fee for two teams charged by purveyor \$67,000  
Salary for one supervisor @ \$60,000 \$60,000  
Salaries for eight therapists @ \$50,000 \$400,000  
Administrative staff to collect TAM-R (.20TFE Admin) \$6,000  
Fringe @ 30% \$139,800 – MU is 35% so add \$23,300  
Overhead @ 25% of staff cost \$151,450 – MU is 15% overall so subtract \$29,422.50

Total Year One Cost  
\$881,900 (or for MU 875,777.50)

With 8 therapists with an average caseload of four families for six months of service, a total of 64 families annually could be served at a cost of \$13,780 per family for the first year. (at our 80 sessions per family for total of 5120 sessions, this would be \$172.25/cch) (for MU costs, \$171.05).

### **MST Cost Figures (taken from Dopp, Borduin, Wagner, & Sawyer, 2014; Journal of Consulting and Clinical Psychology).**

Average cost of MST per youth (based on an actual budget of an MST team in St. Louis): \$11,595. This includes personnel costs (e.g., therapist, supervisor, administration), nonpersonnel expenditures (e.g., supplies, rent, utilities), MST training and licensing costs, cell phone service contracts, and mileage reimbursement to therapists. You can divide this figure by the number of hours we are allotting per case to determine an hourly fee.—at 80 sessions/family = \$144.94 (not adjusted for MU costs, given that overhead and fringe not available for St. Louis sample).

### **III. Clinic-Based Parenting Group Services**

#### **INCREDIBLE YEARS PARENT GP - YEAR ONE COST EXAMPLE**

This example assumes that a community-based organization would offer the Incredible Years BASIC program to three groups of 12 parents, each with 2 program leaders, for 14 sessions, with three cohorts of parent groups per year.

Group leader initial training costs, including travel @ \$1,500 x 6 \$9,000  
Set of program DVDs (includes one manual) \$1,595  
Group leader - additional manuals, \$90 x 3 \$270  
Ongoing consultation: 2 hours/month @ \$150/hour \$3,600  
Annual on-site consultation with program leaders plus travel (approx) \$3,000  
Videotape review/certification @ \$450/program leader x 6 \$2,700  
Group Leader process books - \$26.95 x 6 leaders (shipping cost varies) \$161.70  
Child care for parent sessions @ \$12/hour x 3 hours/session x 126 total sessions \$4,536  
Food (dinner) for parent sessions \$80/session x 126 sessions \$10,080  
Handouts for parent sessions \$10/parent x 36 parents x 3 \$1,080  
Parent books \$17.95/parent x 108 total parents/year (shipping cost varies) \$1,938.60  
Group leaders' time @ \$25/hour x 6 leaders x 5 hours/week x 14 sessions x 3 cohorts \$31,500  
Space costs, if any 0

Total Year One Cost  
\$69,461.30

*Costs based on 108 parents at 14 2/hr sessions each → 3024 sessions @ \$22.97/session (no MU adjustments given that these costs do not include fringe or overhead).*

## **APPENDIX B – EVIDENCE-BASED PARENTING GROUP: 1-2-3 MAGIC**

1-2-3 Magic: Effective Discipline for Children 2-12 (Phelen, 2010) is a parent management training protocol in which parents learn to: a) reduce negative parent emotion and communication, b) decrease undesirable child behaviors, c) increase desirable child behaviors, and d) improve the parent-child relationship. This parenting group protocol is evidence-based; in a recent randomized clinical trial (Porzig-Drummond, Stevenson, & Stevenson, 2014), participants demonstrated clinically and statistically significant improvements over the wait list control group in disruptive child behaviors, parental stress, anxiety, and depression, as well as dysfunctional parenting. Importantly, these improvements were maintained at both 3 month and 2 year follow-up.

We propose to deliver this group-based treatment to groups of approximately 6 parents/caregivers (allowing two-parent families to attend for one charge), with each group co-led by two student clinicians and supervised by licensed faculty supervisors. We plan to conduct 5 groups each year, for a total of 30 families reached through this therapy method.

Consistent with other services delivered as part of the MU PSC's POS contract, we plan to conduct pre-treatment, post-treatment, and follow-up assessment.

As discussed above, service delivery and supervision can be absorbed into the treatment teams already budgeted; the only additional costs requested for the group therapy include \$1725 to cover incentives for assessment completion (\$20/family), materials costs (\$25/family; e.g., assessment instruments, parent handouts), misc. reproduction and supplies (\$5/family), and the MU indirect rate of 15%.

## References

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# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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October 17, 2014

Dr. Debora Bell, Ph.D.  
UMC – Psychological Services Clinic  
310 Jesse Hall  
Columbia, MO 65211  
Karen Geren e-mail: [grantsdc@missouri.edu](mailto:grantsdc@missouri.edu)  
Dr. Debora Bell e-mail: [belldeb@missouri.edu](mailto:belldeb@missouri.edu)

RE: Request for Additional Information #2 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Dr. Bell:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information as soon as possible by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script, appearing to read "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to [mboobbitt@boonecountymo.org](mailto:mboobbitt@boonecountymo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Mental and Behavioral Healthcare)  
(Dr. Bell)**

- a. The Children’s Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated Unit price for the services.

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14-Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: The Curators of the University of Missouri on behalf of Debora Bell, Ph.D. and the Psychological Services Clinic

Address: Office of Sponsored Programs, 310 Jesse Hall, Columbia, MO 65211

Telephone: 573-882-7560

Federal Tax ID (or Social Security#): 43-6003859

Print Name: Karen M. Geren, Authorized Signer, Grants and Contracts (MU Project# 00047427)

Signature: Karen M. Geren  
E-mail: grantsdc@missouri.edu

Date: 10-9-2014  
bell@be.missouri.edu

**[REDACTED] (Mental and Behavioral Healthcare)**

a. Please provide a detailed outline of how the amount requested was developed.  
(Ex. Unit Measurement (1 hour) x Unit Cost (\$30/hour) x Average Number of Units per person (10 units) x Number of Individuals Served (100 people)= Amount requested (\$30,000 total)

Please note that this outline is based on a revised budget with 15% (vs. 30%) indirect rate. A revised budget justification is provided in response to item c below.

Year 1: Unit Measurement (1 hour) x Unit Cost (\$107.84/hr) x Average Number of Units per Client (EBT services 22 sessions; MST services 80 sessions) x Number of Individuals Served (52 EBT youth; 16 MST youth) = Amount requested (261,404.16).

Year 2: estimated 2% increase in costs (indirect remains at 15%). Unit Measurement (1 hour) x Unit Cost (\$110.09/hr) x Average Number of Units per Client (EBT services 22 sessions; MST services 80 sessions) x Number of Individuals Served (52 EBT youth; 16 MST youth) = Amount requested (266,858.16).

Year 3: estimated 2% increase in costs (indirect remains at 15%). Unit Measurement (1 hour) x Unit Cost (\$112.39/hr) x Average Number of Units per Client (EBT services 22 sessions; MST services 80 sessions) x Number of Individuals Served (52 EBT youth; 16 MST youth) = Amount requested (272,433.36).

b. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?

The direct services proposed in this application would all be provided by doctoral students in clinical psychology (typically with master's degrees), as well as occasionally by students in allied disciplines (e.g., social work), all under the supervision of licensed psychologists. The unit cost rates for services provided by doctoral students in this proposal are lower than our standard PSC rates, which are currently \$160/hr for therapy and \$200/hr for intake sessions. Outside of this proposal, the Psychological Services Clinic charges the same base rate for services provided by licensed professionals, provisionally licensed post-doctoral residents, and doctoral trainees. It is more typical that our licensed psychologists see full-fee or insured clients and our doctoral students see clients who are eligible for fee assistance and thus pay a lower amount. However, with the lower reimbursement level, we are currently unable to fund paid clinical placements that would enable doctoral student clinicians to devote substantial time to the PSC (currently, they are only able to devote a few hours per week to client contact as part of their required practicum training). The BCCSB funding would enable us to provide paid placements to doctoral students who would then be able to devote 20 hours per week to the project.

Although direct services are being provided by doctoral trainees, clients and funders (e.g., BCCSB) are receiving the benefit of well-trained clinicians who are delivering evidence-based treatments, typically with a master's degree, in the context of ongoing supervision from licensed psychologists who are experts in development, dissemination, and delivery of these state-of-the-art services, and a treatment team that works together to promote optimal treatment delivery.

c. Please provide justification for the Unit Cost.

Overview: The Unit Cost for the proposed services was obtained by calculating the expenses to the Psychological Services Clinic (PSC) of providing these services. The bulk of the unit cost reflects personnel costs, including the costs of hiring doctoral trainee clinicians and licensed psychologist supervisors, as well as hiring a part-time office staff person to help manage the increased client flow and data collection aspects of the proposed services. In addition, small amounts of funds are requested to cover supplies, therapist mileage, small financial incentives for client participation in post-treatment follow-up data collection, and PI administrative time. Of note is that the proposed services will benefit from some of the existing infrastructure available in the PSC, including standardized assessment materials, treatment manuals, a secure networked computing system, physical facilities, and significant time donated by faculty and students to develop, manage, and evaluate the proposed services. The unit cost reflects new costs for the proposed services that cannot be absorbed by the PSC.

Revised Detailed Budget Justification: The costs to the PSC of providing the proposed EBT services in Year 1 are detailed below. This information has been revised from the original

proposal to reflect a revised indirect rate of 15% and reformatted to clarify specific expenses. Years 2 and 3 are expected to see small budget increases in expenses (estimated at 2%/yr). We do not anticipate significant start-up costs for the proposed services, as most necessary resources are in place and we have used university grant funding and department contributions for recent upgrades in technology, assessment tools and treatment protocols.

<b>Year 1 Costs/Amount Requested</b>			
<b>Personnel Costs</b>	<b>Amount</b>	<b>Cost details</b>	<b>Category justification</b>
<b>Clinicians (n=4 half-time 12-month)</b>	<b>\$133,372</b>	<b>Per clinician: 12-month stipend = 22,332; health insurance = \$3,157; tuition = \$7,854</b>	<b>Clinicians are each expected to generate approximately 12 client contact hours/wk (diagnostic assessment and intervention), with additional time devoted to supervision, case management, charting, report-writing, and travel.</b>
<b>Supervisors (n=2)</b>	<b>\$66,944</b>	<b>salary &amp; benefits</b>	<b>Supervisors (Waller, Borduin) will each lead a team of doctoral student clinicians, with supervision coverage provided year-round.</b>
<b>Office Staff (n=1, half-time)</b>	<b>\$12,225</b>	<b>Hourly wage &amp; benefits</b>	<b>Office Support Staff position will provide administrative support for the program, including scheduling, billing, assisting with assessment distribution and collection, records management, and report preparation,</b>
<b>Project Administration</b>	<b>\$11,837</b>	<b>Salary &amp; benefits</b>	<b>PI (Bell) will oversee all aspects of program administration, including hiring and supervision of office staff, oversight of project advertising and outreach, data management and analysis, and report preparation.</b>
<b>Total</b>	<b>\$224,378</b>		

<b>Non-Personnel Costs</b>				
Mileage		\$7,459	14,074 miles @ \$.53/mile	Average 10.99 miles roundtrip per session (1280 sessions)
Assessments		\$1,700	\$25/client	Purchase & reproduction of assessment and scoring forms for 68 clients
Equipment/ service		\$1,760	4 tablet computers at \$150/each, 1 laptop computer at \$800; telephone/ internet service at \$30/month	Tablet and laptop computers to be used for data collection (client-completed instruments); telephone/ internet line required for additional office staff person.
Client incentives		\$1,360	\$20 gift cards for 68 clients	Incentives to be provided upon completion of 12-month follow-up assessments. Incentives maximize completion rate.
Reproduction/ mailing		\$600		Misc copying and mailing of client materials, outreach materials, reports, etc.
<b>Total</b>	<b>\$12,879</b>			
<b>Indirect Costs</b>		<b>\$35,589</b>	<b>15% of direct costs</b>	
<b>Total</b>	<b>\$35,589</b>			
<b>Cost Recovery</b>		<b>-\$11,440</b>	<b>Client income</b>	Will bill 52 new EBT clients, just as we bill our current clients (MST clients are not billed for services). Due to nature of our clientele, many of whom are under or uninsured and on limited incomes, we estimate client income to average \$10 per session.
<b>Total</b>	<b>-\$11,440</b>			
<b>Total Amount Requested</b>	<b>\$261,406</b>			Note that this amount is slightly different from that

				listed in item a due to rounding error.
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d. How are youth reached who need services but aren't involved with the juvenile justice system?

The PSC reaches youth who are outside of the juvenile justice system in a variety of ways. Many of the families of our youth clients contact us directly for services, either with direct requests for services (e.g., for clients who know of our services or reputation or seek us out because of our university affiliation), or based on referrals from primary care physicians, psychiatrists, school counselors or educators, and other family services and mental health providers. We typically have a waiting list, but when we have openings, we contact these referral sources to alert them to the availability of our services. We have ongoing referral relationships with many of these sources (e.g., the MU Assessment and Consultation Clinic and the Thompson Center for Autism and Developmental Disorders, with whom we have MOUs for the current proposal). In addition, our faculty and doctoral students conduct community outreach activities that inform the professional and lay community of our presence and available services. For example, PSC and department faculty and doctoral students have conducted educational events regarding adolescent depression and suicide prevention, alcohol use, antisocial behavior, and habit disorders. Finally, it is often the case that families who present for treatment have children in addition to the identified client who benefit from treatment. This is especially true for families who participate in our multisystemic therapy (MST) services. MST's focus on the family, as a primary system in which the identified youth client resides, lends itself well to interventions that also target siblings. In fact, a recent publication from Dr. Borduin's lab (see Wagner, Borduin, Sawyer, & Dopp, 2014, attached) demonstrates positive long-term outcomes for siblings of juvenile offenders whose families participate in MST.

Because BCCSB funding would allow us to increase our youth services, we anticipate being able to reach out more actively to youth in need of mental health services. If funded, we will make contact with our standard referral sources, as well as other professionals in Boone County who come into contact with at-risk youth (e.g., Missouri Department of Social Services Children's Division, Boone County Health and Human Services, mental health and social service agencies, Boone County school districts), and any newly developed services that result from BCCS funding (e.g., in mental health screening and psychological evaluation). We will also be able to offer additional educational outreach activities at the PSC and in cooperation with these area agencies.

e. Do you target specific at-risk youth to prevent entry into the juvenile justice system?

We target youth who are at risk of entry into the juvenile justice system both directly and indirectly. Directly, as noted above, our MST services typically also involve siblings of the identified juvenile offender client. Because siblings of juvenile offenders are at high risk of future offending themselves due to shared genetic and environmental risks (Wagner et al.,

2014), our attention to siblings is an important and direct method of reducing entry into the juvenile justice system. Indirectly, our evidence-based treatment (EBT) services also target at-risk youth with our focus on early interventions that target child disruptive behavior (including parenting training, school interventions, and youth skills training) for youth who are not yet demonstrating delinquent behavior, but whose attentional and problem-solving deficits, disruptive behavior, poor emotion and behavior regulation, and poor interpersonal skills place them at risk for juvenile offending.

f. What services are provided to younger children under the age of five?

The services we provide to children under the age of five years consist primarily of evidence-based parent training in behavior management for children with disruptive behavior disorders (ADHD, ODD) or children at risk of developing negative behaviors and problematic parent-child interaction patterns. We currently offer these services in individual and family modalities (in our MST and general EBT services). If funded, we also propose to offer group interventions for parents of young children with these issues. The parenting group will utilize an evidence-based protocol designed for children ages 2 and older. We are also exploring options to offer free childcare/activities for the children themselves during the parenting group. These would also likely be conducted by our doctoral students, which will enable us to employ some therapeutic and skill-building interventions with the children as well, while simultaneously decreasing barriers to parental attendance. Additionally, we offer evidence-based individual/family services to pre-school age children with various internalizing disorders (e.g., selective mutism, separation anxiety, adjustment to stressors such as parental divorce or loss). Finally, we provide indirect services to infants through individual therapy with parents (e.g., adolescent mothers).

g. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

Yes, we are able to comply with the policy of 15% indirect expenses. We have provided revised unit cost numbers and budget justification above.

# Long-Term Prevention of Criminality in Siblings of Serious and Violent Juvenile Offenders: A 25-Year Follow-Up to a Randomized Clinical Trial of Multisystemic Therapy

David V. Wagner, Charles M. Borduin, Aaron M. Sawyer, and Alex R. Dopp  
University of Missouri

**Objective:** Family-based treatment models that have shown effectiveness with juvenile offenders may also lead to reduced criminality in siblings of those offenders. However, the lasting effects of such treatments on siblings have not been evaluated. In the present study, the authors examined criminal outcomes for siblings of serious and violent juvenile offenders who had participated on average 25.0 years earlier in a clinical trial of multisystemic therapy (MST; Borduin et al., 1995). **Method:** Participants were 129 closest-in-age siblings of individuals who were originally randomized to MST or individual therapy (IT) during adolescence. Arrest and incarceration data were obtained in middle adulthood when siblings were on average 38.4 years old. **Results:** Intent-to-treat analyses showed that arrest rates were significantly lower for siblings in the MST condition than in the IT condition (43.3% vs. 72.0%, respectively). In addition, siblings in the IT condition were about 3 times as likely to be convicted of a felony and more than twice as likely to be sentenced to incarceration and probation. **Conclusion:** The present study represents the longest follow-up to date of sibling participants in an MST clinical trial and demonstrates that the positive impact of an evidence-based treatment for serious and violent juvenile offenders can extend to other family members. Implications of the authors' findings for policymakers and service providers are discussed.

**Keywords:** sibling, multisystemic therapy, evidence-based treatment, randomized clinical trial, juvenile offender

Reviewers have identified a number of family-based treatment models that have shown effectiveness in reducing long-term criminal activity among serious and violent juvenile offenders (Eyberg, Nelson, & Boggs, 2008; Lochman, 2006). However, the lasting effects of such treatments on criminality in other family members have not been evaluated. This is unfortunate because treatments that involve the entire family are ideally suited to have a positive impact beyond the individual offender and may be especially cost-effective. Indeed, research findings demonstrating the broader clinical benefits of family-based treatments for serious and violent juvenile offenders would be useful for policymakers and service providers to consider in their decisions about mental health interventions.

Siblings of juvenile offenders are at high risk to engage in criminal behavior themselves due to shared genetic and environmental factors (Farrington, 1995; Gregory, Eley, & Plomin, 2004; Rhee & Waldman, 2002; Thapar & McGuffin, 1996). Regarding environmental risks, juvenile offenders and their siblings often have shared experiences with delinquent peers (Bank, Burraston, & Snyder, 2004; Haynie & McHugh, 2003) and with harsh or hostile caregivers (Conger & Conger, 1994; Patterson, Reid, & Dishion, 1992). In addition, juvenile offenders frequently have detrimental influences on their siblings by training them in coercive techniques (Garcia, Shaw, Winslow & Yaggi, 2000; Slomkowski, Cohen, & Brook, 1997) and by modeling violence and other delinquent behaviors (Ardelt & Day, 2002; Low, Shortt, & Snyder, 2012; Stormshak, Comeau, & Shepard, 2004). To the extent that these shared environmental risks are amenable to treatment, they represent a logical target of family-based interventions seeking to prevent criminality in siblings of serious and violent juvenile offenders.

Multisystemic therapy (MST; Henggeler & Borduin, 1990) is an intensive family- and community-based treatment that has demonstrated significant effects on the criminal activity of serious and violent juvenile offenders in more than a dozen clinical trials (Henggeler, Schoenwald, Borduin, Rowland, & Cunningham, 2009). The MST theory of change (see Henggeler et al., 2009) points to two likely pathways by which the benefits of MST and other comprehensive family-based interventions may extend to siblings. First, MST targets a complex interplay of risk factors (e.g., modeling of antisocial behavior, access to delinquent peers, neighborhood violence) in the multiple systems (e.g., family, peer,

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David V. Wagner, Charles M. Borduin, Aaron M. Sawyer, and Alex R. Dopp, Department of Psychological Sciences, University of Missouri.

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Correspondence concerning this article should be addressed to Charles M. Borduin, Department of Psychological Sciences, University of Missouri, Columbia, MO 65211-2500. E-mail: borduinc@missouri.edu

community) shared by juvenile offenders and their siblings. Given the substantial contribution of shared environmental risk factors to sibling criminality (see Rhee & Waldman, 2002), effective MST interventions may reduce environmental risks for future offending in both offenders and their siblings. Second, MST focuses on caregivers as the primary conduits of change and empowers them to engage in parenting practices (e.g., monitoring, conflict management) that improve juvenile offender and sibling functioning across family, peer, school, and community contexts. It seems reasonable to suggest that changes in caregiver effectiveness that result from MST may also benefit siblings who were not directly targeted by treatment. Taken together, it seems likely that a comprehensive family-based treatment model such as MST would produce reductions in criminality for all youths in a family through changes in shared environmental risk factors and parenting practices.

There is some evidence that family-based treatments have positive effects on problem behaviors (e.g., drug use, conduct problems) in siblings of youths referred for treatment. For example, in a follow-up of closest-in-age siblings of substance-abusing juvenile offenders who had been randomly assigned to MST or usual community services, Rowland, Chapman, and Henggeler (2008) found that siblings of MST participants reported a greater reduction in substance use through 18 months postrecruitment. These findings are generally consistent with those of other family-based treatments that have demonstrated short-term (i.e., 12–36 months) reductions in conduct problems and antisocial behavior among siblings of youths involved in delinquent acts (Arnold, Levine, & Patterson, 1975; Klein, Alexander, & Parsons, 1977). However, it is not known whether the positive effects of MST and other family-based treatments on siblings extend across a range of antisocial activities (i.e., both felony and misdemeanor offenses) and persist into adulthood.

In the current study from the Missouri Delinquency Project, we examined a broad range of criminal outcomes for closest-in-age siblings of serious and violent juvenile offenders who participated on average 25.0 years earlier in the largest randomized clinical trial of MST (see Borduin et al., 1995). Specifically, we investigated the long-term effects of MST on closest-in-age siblings' likelihood and number of (a) adult arrests for misdemeanor or felony offenses, (b) years sentenced to incarceration in the adult court system, and (c) years sentenced to adult probation. Although MST clinical trials (e.g., Borduin et al., 1995) have not revealed any significant moderators of treatment outcomes for juvenile offenders, we also examined the effects of potential moderators of outcomes for siblings (i.e., age, gender, race, socioeconomic status) in the absence of prior work evaluating such effects. As such, this study represents the longest and most comprehensive follow-up of siblings from an MST clinical trial to date and, to our knowledge, of any evidence-based psychotherapy for youths.

## Method

### Design

In the present study, we examined the long-term criminal outcomes of 129 siblings of serious juvenile offenders who received MST or individual therapy (IT) 25.0 years earlier in a randomized clinical trial (Borduin et al., 1995). The original trial used a pretest–posttest control group design, with random assignment to

conditions and a 4-year follow-up for rearrests, to compare the effectiveness of MST versus IT. Because this sample has been described extensively elsewhere (Borduin et al., 1995), a shorter description of the participants is provided here.

### Participants

Participants were 129 closest-in-age siblings of juvenile offenders ( $N = 176$ ) whose families participated in the original clinical trial (Borduin et al., 1995). These families had been referred consecutively to the Missouri Delinquency Project between July 1983 and October 1986 and agreed to complete pretreatment and posttreatment assessment measures. Inclusion in the original study required that referred youths (a) have at least two arrests (i.e., convictions), (b) live with at least one parent figure, and (c) have no evidence of psychosis or dementia. Families meeting these criteria were randomly assigned via coin toss to either MST ( $n = 92$ ) or IT ( $n = 84$ ). The referred youths had extensive criminal histories, averaging 3.9 previous felony arrests and 47.8% having at least one arrest for a violent crime (e.g., assault).

The present study included the sibling (if any) who was closest in age to each juvenile offender and was living in the same home at the time of the clinical trial (Borduin et al., 1995). Of the families in the trial, 72.8% (67 of 92) in the MST condition and 73.8% (62 of 84) in the IT condition had at least one sibling in the home. Of the closest-in-age siblings (hereafter referred to as *siblings*), 60.0% were younger siblings (whose mean ages were 11.1 [MST] and 11.9 [IT] years), and 40.0% were older siblings (whose mean ages were 16.3 [MST] and 16.6 [IT] years). The mean ages of the siblings and juvenile offenders were 13.4 ( $SD = 3.7$ ) and 14.5 ( $SD = 1.4$ ) years, respectively. Exactly half (50%) of the siblings and more than half (69.3%) of the juvenile offenders (i.e., those with siblings) were boys. The majority of families in the present study had two parent figures (59.1%), 39.1% were of lower socioeconomic status (Class IV or V; Hollingshead, 1975), and 86.4% were White. The average age of siblings at follow-up was 38.4 years ( $SD = 3.7$ ). *T* tests and chi-square tests revealed that siblings in the two treatment conditions (MST vs. IT) did not significantly differ in terms of demographic characteristics.

### Treatment Conditions

Families were randomly assigned to treatment conditions and to therapists within each condition. All analyses in the present study were by intent-to-treat. Details regarding therapists and treatment fidelity are provided in Borduin et al. (1995) and Sawyer and Borduin (2011).

**MST.** The MST interventions and model of service delivery are described in a clinical volume (Henggeler & Borduin, 1990) and subsequent treatment manual (Henggeler, Schoenwald, et al., 2009). Interventions integrate empirically supported clinical techniques (e.g., from behavioral and cognitive-behavioral therapies and structural/strategic family therapy), which have historically focused on a limited aspect of the youth's social ecology (e.g., individual youth, family), into a broad-based ecological framework. Services are delivered to youths and their family members (e.g., siblings, parents, grandparents) in home, school, and neighborhood settings at times convenient to the family (including evenings and weekends). Therapists match intensity of treatment

to clinical need, spending more time with families in the initial weeks of therapy (e.g., 3–4 times per week if indicated) and tapering off during a relatively brief (i.e., 4 to 6 months) course of treatment.

**IT.** The therapy in this condition represented the usual community outpatient treatment for juvenile offenders in the local judicial district as well as nationwide (see Loeber & Farrington, 1998). Interventions were an eclectic blend of psychodynamic (e.g., promoting insight and expression of feelings), client-centered (e.g., providing empathy and warmth), and behavioral (e.g., reinforcing school attendance and other positive behaviors) therapies. Although there were some variations in the therapists' strategies (e.g., some therapists provided less empathy or were more directive than other therapists), all focused on intervening with the individual youth rather than with his or her social ecology (e.g., family members).

### Research Procedures

**Original outcome study.** Families referred to the treatment project were initially contacted via phone or home visit and told that a 1.5-hr research assessment would be conducted prior to the start of treatment and again after all treatment sessions were completed. Families were informed that participation in the research was voluntary and that refusing to participate or discontinuing participation would not jeopardize the receipt of treatment services or result in sanctions from the court. Families were also informed that arrest records and other public records would be obtained for individual family members. Family members provided written consent or assent for the research procedures. All procedures were approved by the Institutional Review Board of the University of Missouri. Only those procedures and measures relevant to the current study are described.

**Present study.** Public records information for adult criminal court records were obtained within the state of Missouri.<sup>1</sup> A broader search of criminal records in other states was not possible because fingerprints would have been required to conduct a national criminal records search, and these were not obtained from siblings or other family members at the time of the original study. Nevertheless, we assumed that arrest rates for those siblings residing outside Missouri did not differ systematically from those siblings remaining in the state. We also assumed that variation between treatment groups in arrest rates would be consistent whether siblings resided within or outside Missouri.

In the present study, Missouri residency was confirmed to determine whether each sibling had resided in the state since the time of treatment using the same procedures as Sawyer and Borduin (2011) and, thus, whether he or she was available to have a court record (i.e., arrests, sentencing) in the state through December of 2010, when our follow-up was completed. Several steps were used to confirm residency. First, state criminal records were searched, and adult arrests that had occurred after release from treatment and that led to convictions were recorded. Next, for those siblings whose names did not appear in state criminal records, a search of state driving records was conducted. An individual was considered to have resided in the state during the follow-up period if he or she held a Missouri driver's license. Finally, property ownership and marital records were searched for siblings for whom there were no arrest or driver's license records.

Overall, 85.3% ( $n = 110$ ) of the siblings were located and determined to have lived in the state since the end of treatment, including 89.6% ( $n = 60$ ) of the MST siblings and 80.6% ( $n = 50$ ) of the IT siblings; attrition rates did not differ significantly between groups. The remaining 14.7% of the sample for whom residency could not be verified were considered lost to follow-up (see Figure 1). There were no demographic differences between siblings located at follow-up versus siblings considered lost to follow-up. The demographic characteristics of siblings who were located at follow-up, as well as *T* tests and chi-square tests that demonstrate no differences in these characteristics between the two conditions (MST vs. IT), are presented in Table 1.

### Measures

Adult criminal court records, which are freely available to the public in the state of Missouri, were obtained using an Internet database searched separately by four research assistants, all of whom were blind to each sibling's treatment condition. Siblings' names were used to search court records, including known aliases, alternative first names (e.g., Christy or Tina for Christina), and alternative last names for women whose names may have changed due to marriage (based on state-level court records and county-level marriage records).

Several steps were taken to reduce the possibility of false positives for siblings whose names were present in court records. First, siblings were matched to records by date of birth, middle name or middle initial, and suffixes (e.g., Jr.). Second, when such indicators were absent for a specific case, siblings were matched to records based on similarities to cases that met the first search criterion, including previously recorded addresses, court locations, and names of other individuals listed on the court docket (e.g., spouses). If siblings could not be matched to records by this rule-out process, no information was recorded for a given sibling. Thus, the data for the present study provided a conservative estimate of court involvement in the state of Missouri.

For criminal records, data were coded by crime classification (misdemeanor vs. felony) and date of arrest. In addition, sentencing information was recorded as the number of days sentenced to incarceration and/or probation. For cases in which incarceration sentences were suspended in favor of probation, only days sentenced to probation were recorded, unless the terms of probation were violated and the incarceration sentence was executed. In addition, only criminal arrests that resulted in convictions were included in the present study; those criminal cases that were dismissed or that were not yet disposed at the time of data collection were not recorded. Traffic court records, which included

<sup>1</sup> At the time of the original outcome study, we did not obtain juvenile arrest records for the closest-in-age siblings because none of these siblings were under juvenile office supervision. Nevertheless, it is likely that some of the siblings were arrested as juveniles in the years following the original study. Unfortunately, we could not obtain sibling juvenile arrest records for the present follow-up (i.e., on average 25 years after treatment) because any pertinent juvenile records had been permanently sealed once the siblings reached adulthood (age 17 in Missouri). Although juvenile arrest records for siblings were not available, the siblings' adult arrest records covered the greater part (i.e., 21.6 years, or 84%) of the entire follow-up period.

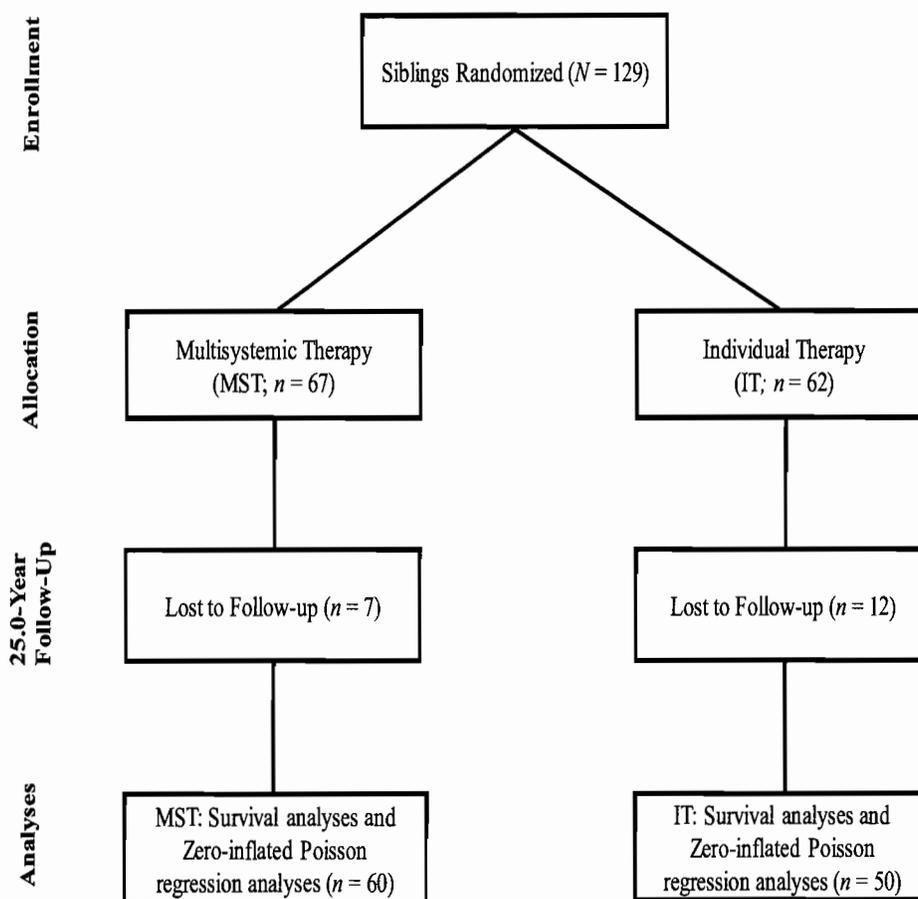


Figure 1. Flow diagram of siblings from family referral to follow-up. MST = multisystemic therapy; IT = individual therapy.

minor traffic violations (e.g., speeding), were not included in the data set.

## Results

We conducted three sets of analyses to evaluate the impact of treatment group (MST vs. IT) on criminal court outcomes. First, we used descriptive statistics to examine the frequencies of dichotomous outcomes (i.e., arrested vs. not arrested) for each group. Second, we conducted survival analyses to evaluate between-group differences in length of time to the first occurrence of a given outcome (i.e., arrest). Third, we used zero-inflated Poisson (ZIP) regressions to examine between-groups differences on continuous outcomes (i.e., number of arrests and years sentenced). ZIP regressions were also used to evaluate the effects of potential moderators of treatment.

### Relative Odds of Arrests

We calculated the percentages and relative odds of arrests in the IT group versus the MST group. Odds ratios greater than 1.0 indicated higher odds for IT siblings relative to MST siblings. Confidence intervals that did not include 1.0 indicated that results

were unlikely to occur by chance (Cohen, 1994). As described in Table 2, by the end of the follow-up period, 72.0% of the siblings in the IT group had been arrested at least once, compared with 43.3% of the siblings in the MST group. The odds of being arrested for any crime during follow-up were 3.36 times higher for the IT group than for the MST group. Similarly, when crime subtypes were examined, the odds of arrest for felonies and misdemeanors, respectively, were 2.92 and 2.63 times greater for IT siblings than for MST siblings. For all categories of crimes, the confidence interval around the odds ratio did not include 1.0.

### Survival Functions for Arrests

Survival analyses (Cox proportional hazards regressions; SPSS, Version 15) were used to obtain cumulative survival functions (or survival curves) for criminal outcomes among siblings in the MST and IT groups. The cumulative survival function represents the proportion of siblings who survived any type of arrest (i.e., were not arrested) in each group by the length of time (in years) from release from treatment. Survival analyses are appropriate here because they model data that are censored, (i.e., when some individuals in the sample do not experience an event, such as arrest; Keiley & Martin, 2005). A log-rank test revealed that the

**Table 1**  
*Demographic Characteristics of Siblings Located at Follow-Up*

Variable	Group		Analyses	
	MST	IT	<i>T</i>	$\chi^2$
Age (years)				
<i>M</i>	12.95	13.90	-1.34	
<i>SD</i>	3.95	3.41		
Male gender (%)	53.3	46.0		0.59
Younger sibling (%)	65.0	58.0		0.57
Social class <sup>a</sup> (%)				
Class V	25.0	18.0		2.06
Class IV	16.7	18.0		
Class III	26.7	31.8		
Class II	25.0	22.7		
Class I	6.7	6.4		
Race (%)				
African American	8.3	20.0		3.15
White	91.7	80.0		
Two-parent households (%)	63.3	54.0		0.98

*Note.* For all analyses, only those youths with complete follow-up data were included. Sample sizes for therapy conditions are as follows: MST (*n* = 60); IT (*n* = 50). For age, *df* = 108; for social class, *df* = 4; for gender, younger sibling, race, and two-parent households, *df* = 1. For all *T* and  $\chi^2$  values *ps* > .05. MST = multisystemic therapy; IT = individual therapy.

<sup>a</sup> Based on Hollingshead's (1975) Four-Factor Index of Social Status.

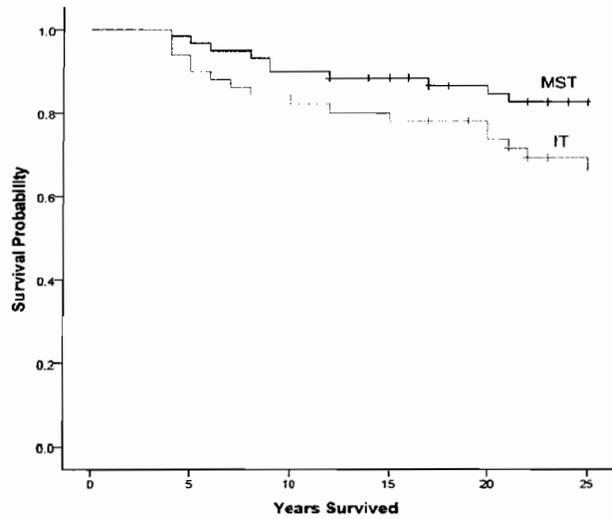
survival functions for the two groups on any arrest were significantly different,  $\chi^2(1, N = 110) = 8.35, p = .004$ , with MST siblings at lower risk of arrest (i.e., more likely to survive) during follow-up than were IT siblings. The hazards ratio for treatment condition (MST or IT; *p* = .005) was .491, suggesting a medium effect size for the lower risk of arrest observed for MST siblings.

We also used survival analyses to examine between-groups differences on time to first arrest for various types of crimes (i.e., felonies and misdemeanors). As depicted in Figure 2, a nonsignificant trend indicated that siblings in the MST group were at lower risk of arrest for felonies,  $\chi^2(1, N = 110) = 3.22, p = .07$ , during follow-up than were siblings in the IT group. In addition, MST siblings were at lower risk of arrest for misdemeanors,  $\chi^2(1, N = 110) = 5.71, p = .02$ , than were IT siblings (see Figure 3). The hazards ratios for these survival functions suggested medium effects for MST on felonies ( $\beta = .495$ ) and misdemeanors ( $\beta = .531$ ), respectively.

**Table 2**  
*Likelihood of Posttreatment Arrests by Therapy Condition*

Criminal arrests	%	$\chi^2$	<i>p</i>
Any crime		10.52	.002
IT	72.0		
MST	43.3		
Any felony		6.18	.013
IT	34.0		
MST	15.0		
Any misdemeanor		6.85	.009
IT	62.0		
MST	38.3		

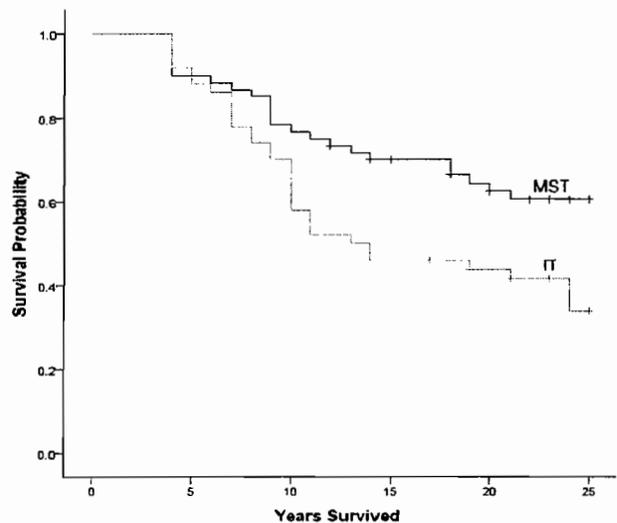
*Note.* Sample sizes for therapy conditions are as follows: individual therapy (IT; *n* = 50); multisystemic therapy (MST; *n* = 60).



*Figure 2.* Survival functions for multisystemic therapy (MST) and individual therapy (IT) siblings on time to first felony arrest following treatment.

**Number of Arrests and Years Sentenced**

ZIP regression analyses evaluated the impact of treatment condition on the number of posttreatment arrests and years sentenced to incarceration or probation. Because the outcome variables in the present study are continuous, nonnormal, and nonnegative (i.e., there are no negative values), they are considered censored-dependent variables (Greene, 1993). These variables contain both qualitative (e.g., arrested vs. not arrested) and quantitative (e.g., number of arrests) components. ZIP regressions account for the qualitative and quantitative components of such variables by producing two separate estimates: (a) an estimate of relative odds



*Figure 3.* Survival functions for multisystemic therapy (MST) and individual therapy (IT) siblings on time to first misdemeanor arrest following treatment.

(e.g., of being arrested) and (b) an estimate of relative rate (e.g., of number of arrests). Both estimates differ from traditional odds and rate statistics in that they are inferential estimates of effect rather than descriptive statistics. ZIP regressions perform well when sample distributions of counts are highly skewed due to an excess of zeroes (e.g., individuals with no criminal convictions; Lambert, 1992). We computed all ZIP regressions using the Mplus (Version 4; Muthén & Muthén, 2007) statistical package and used maximum-likelihood estimation. Treatment condition was dummy coded with IT equal to 1 and MST equal to 0. Descriptive statistics and regression coefficients are presented in Table 3.

We calculated an odds estimate (OE) and rate estimate (RE) for each outcome variable. OE values reflected inferential estimates of the odds of posttreatment arrests and sentencing outcomes as predicted by treatment condition. RE values reflected estimates of the frequencies of criminal outcomes as predicted by treatment condition. For both OEs and REs, a value greater than zero represented a higher likelihood of an outcome among IT siblings relative to MST siblings. The results of the ZIP regressions indicated that the estimated odds of any crime, any felony, and any misdemeanor, respectively, were approximately three times (OE = 3.49), five times (OE = 4.80), and two times (OE = 2.54) as high for IT siblings as for MST siblings. In addition, the estimated odds of having been sentenced to incarceration or probation were approximately twice as high for IT siblings as for MST siblings. Regarding rates, IT siblings were estimated to be sentenced to approximately 11 times as many years of incarceration and seven times as many years of probation as were MST siblings (REs = 11.50 and 6.95, respectively). Although all other RE values favored MST over IT, none were statistically significant.

### Potential Moderators of Criminal Activity

ZIP regression analyses were also used to evaluate the effects of potential moderators (sibling age, socioeconomic status [SES], gender) of MST effectiveness. These potential moderators were examined for all outcomes with significant or near significant treatment effects (i.e., number of felonies, number of misdemeanors, years sentenced to incarceration, years sentenced to

probation). For each regression analysis, a dummy variable that represented treatment group, the moderating variable, and the cross-product term of the treatment group and the moderating variable were entered simultaneously. Moderator variables that were continuous (i.e., age and SES) were centered around their means in each cross-product term. A significant regression coefficient (i.e., OE or RE value) for the cross-product term indicated whether MST was differentially effective with siblings from divergent backgrounds. There were no significant moderators for any outcome variable. Although these results suggest that MST was equally effective with siblings of different backgrounds, it should be noted that power to detect moderating effects was low for some variables due to relatively few participants in certain subgroups. For example, there were a small number of minority youths in each treatment condition. Thus, any conclusions about moderators of MST effectiveness should be considered tentative.

### Discussion

The findings clearly demonstrate the impact of MST on criminal activity in closest-in-age siblings of serious and violent juvenile offenders. Over a follow-up period of 25.0 years, siblings of MST participants were significantly less likely to have been arrested than were siblings of IT participants (43.3% vs. 72.0%, respectively). More specifically, the odds of arrest for felony or misdemeanor offenses were two to three times lower for siblings of MST participants than for siblings of IT participants. Moreover, the number of years sentenced to incarceration or probation was seven to 11 times lower for siblings in the MST condition than in the IT condition. Furthermore, consistent with conclusions from recent reviews regarding the cultural effectiveness of MST (e.g., Henggeler, 2011; Huey & Polo, 2008), the relative efficacy of MST was not moderated by measured demographic characteristics, suggesting that MST was not differentially effective with siblings from different backgrounds.

The present study is the first to examine the efficacy of MST in altering the criminal trajectories of siblings of serious juvenile offenders beyond adolescence (see Rowland et al., 2008) and into middle adulthood. The results indicate that MST produced a 40% reduction in siblings' overall arrest rates and a 55% reduction in their felony arrest rates. Although the childhood behavioral histories of the siblings in our study are not known, it is possible that this sample of youths includes many of the life-course persistent offenders (see Moffitt, 1993) about whom policymakers and researchers are most concerned. Indeed, during the follow-up period, the vast majority (i.e., 72%) of siblings in the IT condition had at least one arrest, and more than a third (i.e., 34%) of these siblings had a felony arrest. Viewed together, the present findings suggest that MST is an effective treatment for families in which more than one member is at high risk to engage in criminal behavior (see Farrington, Jolliffe, Loeber, Stouthamer-Loeber, & Kalb, 2001).

Although an examination of specific mechanisms of change for sibling outcomes was beyond the scope of the present study, the results are consistent with other findings demonstrating that changes in environmental risk factors (e.g., improved parenting behaviors, decreased youth association with deviant peers) mediate outcomes of MST for serious and violent juvenile offenders (Deković, Asscher, Manders, Prins, & van der Laan, 2012; Henggeler, Letourneau et al., 2009; Huey, Henggeler, Brondino, & Pickrel,

Table 3  
*Descriptive Statistics and ZIP Regression Results for Criminal Outcomes*

Variable	MST		IT		ZIP coefficients	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	OE	RE
Crime type (number)						
Any crime	1.33	2.24	2.46	3.63	3.49*	3.29
Any felony	0.38	1.14	0.58	0.93	4.80**	1.18
Any misdemeanor	0.95	1.62	1.88	3.08	2.54*	2.86
Adult sentencing (years)						
Incarceration	1.69	6.00	2.31	3.93	2.46*	11.50*
Probation	1.35	2.76	3.36	5.02	2.31*	6.95**

Note. ZIP = zero-inflated Poisson; OE = odds estimate; RE = rate estimate; MST = multisystemic therapy; IT = individual therapy. For all analyses, only those youths with complete 25.0-year follow-up data were included. Sample sizes for therapy conditions are as follows: MST ( $n = 60$ ); IT ( $n = 50$ ).

\* $p < .05$ . \*\* $p < .01$ .

2000). It seems likely that similar changes in risk factors mediated the effects of MST on siblings inasmuch as these risk factors are shared in families of juvenile offenders. If so, our results suggest that other evidence-based treatments for serious and violent juvenile offenders (e.g., multidimensional treatment foster care [Chamberlain, 2003]; functional family therapy [Alexander & Parsons, 1982]) may also have long-term positive effects on siblings, given similar clinical emphases (i.e., focus on key causes and correlates of youth antisocial behavior, ecologically valid service delivery). Conversely, treatments that fail to target the multiple causes and correlates of antisocial behavior in a youth's social ecology, such as the IT condition in the present study, are unlikely to benefit siblings.

Increasingly, policymakers are under pressure to address public concerns about crime with interventions that not only improve public safety but also are cost beneficial to taxpayers and crime victims. The preventive effect of MST on sibling criminality is important for policymakers to consider when allocating scarce financial resources to treatments for serious and violent juvenile offenders. A recent economic evaluation of taxpayer and crime victims benefits with the 176 juvenile offenders from our original clinical trial (Borduin et al., 1995) indicated total cost benefits ranging from \$75,111 to \$199,374 for each youth receiving MST, or benefit-to-cost ratios of \$9.51 to \$23.59 for every dollar spent (Klitz, Borduin, & Schaeffer, 2010). The relative efficacy of MST in reducing sibling criminality and incarceration should result in even greater cost benefits of MST per family, creating a persuasive argument for increased funding for MST and other cost beneficial family interventions and decreased funding for individually-focused interventions like those in the alternative treatment condition.

The present study has several methodological limitations. First, the design of this study does not allow for an examination of whether the favorable results for siblings in the MST group were due to (a) the specific effects of MST, (b) the general effects of a family-based intervention, or (c) the more general effects of any intervention. Nevertheless, our findings are consistent with the view that treatments that involve the entire family and that target shared environmental risk factors are ideally suited to have a positive impact beyond the individual offender. Second, we assessed criminal activity during the follow-up period using official arrest records, which underestimate the actual number of crimes committed by serious offenders (Loeber & Farrington, 1998). However, arrest records are one useful index of criminal involvement and likely resulted in an accurate estimate of the relative effectiveness of MST versus IT in reducing criminal activity. Third, we were unable to confirm that siblings maintained continuous residency in Missouri throughout the follow-up period. Therefore, we cannot rule out the possibility that some siblings committed crimes in other states or that other siblings with more positive outcomes moved to other states to pursue a college education or a career. Even so, complete follow-up data were available for the vast majority (85.3%) of our sample. Finally, we examined arrest records for the closest-in-age sibling of each juvenile offender but not for other siblings. Because siblings who are close in age are more likely to share similar risk factors for antisocial behavior than are siblings with wider age spacing, closest-in-age siblings may be most likely to benefit from MST-related changes

in their social ecologies (e.g., improvements in family functioning, decreases in delinquent peer affiliation).

In summary, the results of this study indicate that a comprehensive intervention addressing multiple determinants of antisocial behavior in youths' natural environments can successfully prevent criminal activity in siblings of serious and violent juvenile offenders. Over the longest follow-up period ever examined in an MST clinical trial, MST produced lasting reductions in a broad range of criminal outcomes for brothers and sisters of juvenile offenders. Our results likely correspond to improved life outcomes for these siblings, increased cost savings for taxpayers, and decreased risks of victimization for community members. As evidence-based treatments are disseminated more broadly, our findings should be considered by policymakers and service providers in the adoption of interventions for serious juvenile offenders (and their families). Furthermore, we hope that the favorable results of this study encourage researchers to examine whether other treatment models for child and adolescent clinical populations produce long-term benefits for siblings.

## References

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Received April 2, 2013

Revision received November 22, 2013

Accepted December 5, 2013 ■

**Melinda Bobbitt - FW: RFP submitted for Boone County Children's Services**

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**From:** "Clampitt, Hannah M." <clampitth@missouri.edu>  
**To:** Melinda Bobbitt <MBobbitt@boonecountymo.org>  
**Date:** 10/9/2014 4:57 PM  
**Subject:** FW: RFP submitted for Boone County Children's Services  
**CC:** "Bell, Debora (Psychological Sciences)" <belldeb@missouri.edu>, "MURESEA...  
**Attachments:** Request for Additional Information 27-JOJUN14-POS Bedll.pdf; JCCP MST Sibling 25-Yr Follow-Up2014 - to attach to PSC POS RFI 10-9-14.pdf

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Hi Melinda,

Attached is the completed Request for Additional Information document – Purchase of Service Contracts for Children's Service Fund – Dr. Debora Bell. I've also included an article that Dr. Bell would like to submit as an attachment to the response.

Please let me know if you need any additional information at this point.

Thank you!

Hannah

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**Hannah Clampitt**  
**Senior Grants and Contracts Administrator**  
Office of Sponsored Programs Administration  
310 Jesse Hall Columbia, MO 65211  
Voice: (573)-884-7757 Fax: (573)-884-4078  
E-mail: [clampitth@missouri.edu](mailto:clampitth@missouri.edu)

**From:** Melinda Bobbitt [<mailto:MBobbitt@boonecountymo.org>]  
**Sent:** Friday, October 03, 2014 4:37 PM  
**To:** Clampitt, Hannah M.  
**Subject:** RFP submitted for Boone County Children's Services

Hannah,

The County would like to interview Dr. Debora Bell regarding the proposal that she submitted for Mental and Behavioral Healthcare for our RFP for Boone County Children's Services. Could you please let me know some times that would work the week of October 14 (not the 13, but any other day that week). It would be for a one hour block of time.

Thanks,  
Melinda

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Purchasing

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

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October 7, 2014

Dr. Debora Bell, Ph.D.  
Hannah Clampitt  
UMC – Psychological Services Clinic  
310 Jesse Hall  
Columbia, MO 65211  
E-mail: [clampitt@missouri.edu](mailto:clampitt@missouri.edu) cc: [belldeb@missouri.edu](mailto:belldeb@missouri.edu)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Dr. Bell and Ms. Clampitt:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

Your **interview** has been scheduled for:

October 15, 2014

Time: 4:00 – 5:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymmo.org](mailto:Mbobbitt@boonecountymmo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

  
Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Mental and Behavioral Healthcare)**

- a. Please provide a detailed outline of how the amount requested was developed.  
(Ex. Unit Measurement (1 hour) x Unit Cost (\$30/hour) x Average Number of Units per person (10 units) x Number of Individuals Served (100 people) = Amount requested (\$30,000 total)
- b. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- c. Please provide justification for the Unit Cost.
- d. How are youth reached who need services but aren't involved with the juvenile justice system?
- e. Do you target specific at-risk youth to prevent entry into the juvenile justice system?
- f. What services are provided to younger children under the age of five?
- g. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

# UNIVERSITY of MISSOURI

27-1030014

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

Melinda Bobbitt  
Director of Purchasing

July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047427

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Debora Bell, Ph.D. at the University of Missouri-Columbia.

*bell.deb@missouri.edu*

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not,*



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

*however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## ***Attachment D—2014 Agency Assurance Sheet***

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the



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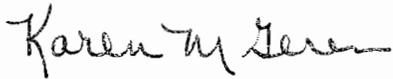
SPONSORED PROGRAMS ADMINISTRATION

clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Hannah Clampitt at 573-884-7757 or [clampitth@missouri.edu](mailto:clampitth@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren  
Authorized Signer and Pre-Award Lead  
Office of Sponsored Programs Administration  
University of Missouri | 310 Jesse Hall | Columbia, MO 65211  
Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name: The Curators of the University of Missouri on behalf of Debora Bell, Ph.D.  
and the Psychological Services Clinic**

**Agency Address: Office of Sponsored Programs, 310 Jesse Hall, Columbia, MO 65211**

**Agency Phone Number: 573-882-7560**

**Primary Agency Contact (include title): Karen M. Geren, Authorized Signer, Grants and  
Contracts**

**Email Address: grantsdc@missouri.edu**

**Contact Phone Number: 573-882-7650**

**Amount Requested: \$880,767**

**Proposed Term of Contract: January 1, 2015-December 31, 2017**

**Federal Tax ID: 43-6003859**

**Signature:**

*Karen M. Geren*  
07-10-14

**Date: 7-9-14**

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**MU Project# 00047427**

## APPLICATION NARRATIVE

### **1. AGENCY AND SERVICE INFORMATION**

#### **a. Background Information:**

**i. PSC Mission Statement.** See Attachment G

**ii. PSC Board of Directors.** See Attachment H

**iii. Summary of PSC services within Boone County.** The PSC provides evidence-based assessment and treatment to citizens of Columbia and Boone County, MO and surrounding communities. Services include psychological, behavioral, and diagnostic assessment and individual therapy for children, adolescents, and adults, and family, marital/couples, and group therapy. Provision of “state-of-the-art” care is facilitated by active and ongoing review of current empirical literature, in-house availability of many established treatment manuals for empirically-supported treatment, routine use of standardized clinic-wide and client-specific assessment to evaluate treatment needs and progress, and ongoing supervision and consultation that utilizes live and video-recorded observation of services.

**iv. PSC website.** See Attachment I.

#### **b. Target Population:**

**i. PSC target population(s).** PSC clients represent a broad range of ages, socioeconomic and family backgrounds, and presenting problems. Our target population for this application includes children aged 2 to 19 years, and their caregivers, who reside within Boone County, MO, and who are seeking mental or behavioral health care. Common youth problems addressed at the PSC include anxiety disorders and phobias, obsessive compulsive disorder, Tourette’s and tic disorders, trichotillomania and excoriation disorders, PTSD, oppositional/defiant and conduct

disorders, juvenile offending, ADHD, substance use concerns, borderline personality features/disorder, academic difficulties, parenting issues, and relationship distress.

**ii. Statutorily eligible service area(s).** PSC services covered by this application include (a) home-based and community-based family intervention programs, and (b) individual, group, or family professional counseling and therapy services.

**iii. Services not provided to target population.** As an outpatient facility, the PSC refers out individuals who require more intensive immediate intervention (e.g., hospitalization, detoxification, day treatment programs) or who require only medication management. However, current PSC clients can be referred for more intensive services to occur in conjunction with ongoing therapy at the PSC. We also offer in-house psychiatry services for our active clients.

**iv. Impediments to serving target population.** The PSC is a small, university department-based clinic with a small staff of licensed psychologists and doctoral student trainees (mostly volunteers) available to see clients. We typically maintain a waiting list of several months for youth clients, due in part to lack of funding for additional paid therapist and supervisor positions.

**c. Service Need:**

**i-ii. Unmet need in Boone County for PSC services.** National and local data suggest that up to 20% of youth are in need of mental health (MH) services (Costello et al., 2005; MU Institute of Public Policy, 2011a; Thirteenth Judicial Circuit, 2014; Weisz & Hawley, 2002). Unfortunately, 50-75% of these youth never receive needed MH services (e.g., Achenbach et al., 2003; Burns et al., 1995, 1999; IOM, 1989; NAMHC, 2001; Ringel & Sturm, 2001;). Although some families of these youth never seek treatment, many are turned away from services due to lack of available providers or the family's inability to pay for services. A recent local survey of many MH service providers (MU Institute of Public Policy, 2011b) indicated that in 2010, more

than 350 Boone County youth and families were turned away from therapy services. Providers also reported unacceptably long wait times for those who did receive services (at least 3 months for some agencies). Internal PSC data echo the inadequacy of available youth MH services. So far in 2014, 65 youth and families have sought therapy services at the PSC, but about half were either turned away or put on a waiting list of more than 3 months. In 2013, the Boone County Juvenile Office, the source of referrals to our Multisystemic Therapy (MST) services, received 1,835 referrals, with at least 41% of these referrals warranting comprehensive MH services. Indeed, a recent local report prioritized youth mental health as the highest youth service need in Boone County (MU Institute of Public Policy, 2011a).

For youth who do manage to access MH care, that care is rarely evidence-based and outcomes are frequently sub-optimal (e.g., Bickman et al., 1996, 1999a, 1999b, 2000; Weiss et al., 1999; Weisz et al., 1995, 2006, 2013). Data from the Juvenile Division Annual Report (Thirteenth Judicial Circuit, 2014) reveal that more than half (55%) of the youths who had referrals to the Juvenile Office in 2013 also had prior referrals (i.e., before 2013), suggesting that the services available to those youths and their families had not been effective in preventing future antisocial behavior. The biggest issue here seems to be that very few providers are trained in evidence-based assessment and treatment (e.g., Hawley, 2008; Jensen-Doss et al., 2009, 2010, 2011; Taylor et al, 2013). This may be especially true for providers who work with low income families (e.g., Jensen-Doss et al., 2009, 2010, 2011; Kearns et al., 2009; Malvaceda et al., 2009; Powell et al., 2013). Together, these data suggest a pressing need for additional accessible, affordable, evidence-based treatment services for Boone County youth.

**iii. Purpose of PSC's proposed service.** The PSC emphasizes an evidence-based approach to psychological therapy and provides affordable care via generous fee assistance and subsidized

services. The purpose of our proposed Evidence-Based Youth Services program is to provide accessible, affordable, evidence-based services to youth and their families to reduce symptoms of psychopathology and promote adaptive personal, social, and academic functioning. This is accomplished through the use of treatments that meet the three-part definition of evidence-based service, including demonstrated empirical research support for the specific diagnosis or problem area, clinician expertise in psychological therapy with youth, and sensitivity to individual youth/family characteristics, culture, and preferences (APA, 2006). Several evidence-based treatments are available to address the variety of issues faced by Boone County youth. For example, PSC clinicians utilize evidence-based cognitive-behavioral therapy (CBT) for anxiety and depression, trauma-focused CBT for PTSD, Interpersonal Therapy for Adolescent Depression, behavioral parent training and MST for conduct problems, Comprehensive Behavioral Intervention for tics, Motivational Interviewing for substance abuse, and Dialectical Behavior Therapy for borderline personality features/disorder. Each of these established treatments has demonstrated research support for its ability to reduce symptoms or problem behaviors in youth (Society of Clinical Child and Adolescent Psychology, 2014).

**iv. Goals of PSC's proposed service.** The overarching goals of our EBT services are to surround the youth with a context that supports prosocial and adaptive behavior and to provide youth and their families with information and skills that result in: (a) reduction of youth emotional and behavioral symptoms, (b) increase in youth adaptive functioning, and (c) maintenance of treatment gains after therapy ends. Our proposed Evidence-Based Youth Services Program will enable us to expand our services to reach more Boone County youth.

**v. Anticipated outcomes of PSC's proposed service.** Our anticipated outcomes include: (a) a decrease in psychological symptoms and problem behaviors (e.g., to non-clinical range on

symptom measures, no diagnosis or diagnosis in remission) and (b) an increase in adaptive functioning (e.g., retention in home and school placements vs. hospitalization or detention; adaptive school, family, and peer functioning) for individual clients, and (c) an increase in number of youth who receive evidence-based services at the PSC (see Evaluation for details).

**vi. Other providers of proposed service in Boone County.** The Inventory of Boone County Service Providers (MU Institute for Public Policy) lists several providers of professional counseling/therapy services and family- and community-based interventions, with the most similar services provided by Burrell Behavioral Health, Family Counseling Center, and Pathways Community Health (the home-based family services listed for the 13<sup>th</sup> Circuit Family Court include the MST services described in this application). Multiple agencies will be needed to meet the needs of Boone County youth and we think that the PSC is especially qualified to provide EBT services for several reasons, including the PSC's emphasis on evidence-based approaches and on training, supervision, and consultation to facilitate therapist skill in EBT; and the strong clinical expertise of PSC staff, including licensed faculty's active involvement in development, delivery, supervision, and evaluation of therapy services. In addition, the PSC is the only agency in Boone County that provides MST, a comprehensive evidence-based treatment model that has decades of research support amassed, in part, from Boone County clients.

**vii. Inter-agency referrals.** We receive and make referrals to a wide range of university clinics and community agencies, including MU Assessment and Consultation Clinic, Thompson Center, Student Health, MUPC, Burrell, LCFS, Family Counseling Center, and Rainbow House as well as Columbia Public Schools, health care providers and private practice therapists. From 1983 until 2012 (when funding lapsed), we worked closely with the local Juvenile Office to provide MST to youth in their system; this proposal would allow us to reinstate those services.

**Memorandums of Understanding.** See Appendix J for MOUs with (1) MU Assessment and Consultation Clinic and Thompson Center for Autism and Neurodevelopmental Disorders outlining collaborations for psychological evaluation and treatment based upon each clinic's specialized evidence-based services and (2) Boone County Juvenile Office outlining collaboration for the purpose of providing MST services to juvenile offenders.

## **2. EVALUATION**

### **a. Performance Information:**

- i. Performance Measures:** See Attachment A and Section 2.d-iv below.
- ii. Outcomes:** Our primary EBT service outcomes are a pre- to post-treatment beneficial change (expected decrease) in youth emotional and behavioral dysfunction and (expected increase) in youth adaptive functioning. We plan to assess multiple indicators of change for each client that reflect extent of change in 5 areas: (a) the primary presenting problem, (b) other mental health symptoms/disorders, (c) other youth problem behaviors (e.g., social isolation or involvement with antisocial peers, academic functioning), and (d) adaptive functioning (e.g., family, school, peer), as well as (e) prevention of more intensive intervention. Additional data collected during the course of treatment (e.g., on diagnostic status, symptom range and severity, problem behaviors, general functioning) will be used to evaluate and guide treatment progress.

### **b. Indicators:**

- i. Indicators to measure service outcomes.** Primary indicators to be assessed before and after participation in treatment will correspond to our five service outcomes. Indicators used to measure **(a) youth primary presenting problem** and **(b) other mental health symptoms** will include DSM-5 diagnostic status, youth and caregiver reports on broad-based measures of internalizing and externalizing problems, and as appropriate, external reports (e.g., arrest records,

school attendance records). Indicators used to measure **(c) other problem behaviors for youth** will include youth, caregiver, and sometimes external (e.g., teacher) reports on problem behavior measures; indicators used to measure **(d) improvements in adaptive functioning** will include caregiver and youth reports on measures of adaptive functioning. Indicators used to measure **(e) prevention of more intensive intervention** will include hospitalization or out-of-home placement records obtained from other providers or the Juvenile Office. For each indicator, we will calculate the number and percent of youth who improve from pre- to post-treatment substantially (i.e., diagnostic status changes from active diagnosis to no diagnosis; symptom and problem behavior measures decrease to non-clinical levels; adaptive functioning improves to non-clinical range) or somewhat (i.e., diagnostic status changes to less severe diagnosis, symptom, problem behavior, and adaptive measures improve but remain in clinical range).

**ii. PSC performance targets.** Performance targets are based on PSC outcome data, meta-analyses on youth evidence-based treatment outcomes (Weisz et al., 1995, 2004, 2005, 2006, 2013), and two randomized clinical trials of MST versus usual services in Boone County (Borduin et al., 1995, 2009). For **(a) youth primary presenting problem, (b) other mental health symptoms, and (c) other problem behaviors**, by post-treatment we expect that (1) at least 65% of youth will have no or improved diagnosis or primary problem behavior (e.g., no new arrests), and (2) youth will show substantial reductions in other MH symptoms and problem behaviors (e.g., at least 75% will show moderate to substantial reduction in self- and caregiver-reported MH symptom severity; 70% reduction in juvenile offenders' self-reported person and property crimes). For **(d) improvements in adaptive functioning**, by post-treatment we expect at least 75% of youth will show moderate to substantial improvement in adaptive functioning and juvenile offenders will show a 30% improvement in self- and caregiver-reported functioning in

the family. For **(e) prevention of more intensive intervention**, we expect that 90% of youth will remain in their homes and will not require hospitalization or other intensive intervention.

**c. Measurement:**

**i. Responsibility for accomplishing outcomes.** EBT services will be delivered by doctoral students in clinical psychology and allied disciplines (typically master's level) under the supervision of licensed child/adolescent clinical psychology faculty members (Drs. Charles Borduin, Kristin Hawley, Meg Klein-Trull, Erika Waller). PSC therapists will provide MH services, coordinate access to other important services (e.g., psychiatric, medical, educational, recreational) and monitor quality control within the support of the treatment and supervision team. Clinicians and supervisors will be responsible for accomplishing service outcomes.

**ii. How data will be collected.** PSC therapists and staff will administer symptom, problem behavior, and adaptive functioning measures to youth/caregivers in our clinic pre- and post-treatment, via paper-and-pencil or electronic (tablet or laptop computer) method. Some measures may be completed at home and returned to the clinic via electronic or postal mail. Diagnostic status will be obtained from pre-treatment structured diagnostic interviews conducted by a PSC Assessor and post-treatment diagnostic interviews conducted by treating clinicians. With caregiver consent, outside records (arrests, school functioning, out-of-home placements, hospitalization) will also be obtained by PSC staff.

**iii. PSC timelines for each outcome.** All EBT outcomes will be measured at pre- and post-treatment. Follow-up data on maintenance of treatment gains will be collected at planned booster sessions or unanticipated return to service. In addition, we are currently developing a mechanism to collect follow-up data (on symptom, behavior, and adaptive functioning) 12-months post-

treatment. For youth who receive MST, we will collect Juvenile Office reports of youth arrests and out-of-home placements for each youth until age 17, when the youth ages out of the system.

**iv. Evaluation tools.** Evaluation tools will vary somewhat depending on the client's presenting problem(s) and treatment used. Our most commonly used measures are described below and samples are included in Attachment K. Diagnostic status will be assessed with the Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid; Sheehan et al., 2010). Mental health symptoms and problem behaviors will be evaluated with the Child & Adolescent Symptom Inventory-5 (CASI-5, Gadow & Sprafkin, 2013) and the Youth Outcomes Questionnaire (Y-OQ; Burlingame et al., 2001) for general EBT clients, and with the Self-Report Delinquency Scale (Elliott et al., 1983), Revised Behavior Problem Checklist (Quay & Peterson, 1987), and Brief Symptom Inventory (Derogatis, 1993) for MST clients. Additionally, measures specific to a single presenting problem will be chosen based on individual youth/family presenting problems (e.g., Yale Global Tic Severity Scale, Children's Yale-Brown Obsessive Compulsive Scale, Connors Index Scale for ADHD, Children's Depression Inventory, Revised Children's Manifest Anxiety Scale; Connors, 1989; Kovacs, 1985; Leckman et al. 1989; Reynolds & Richmond, 1978; Scahill et al., 1997). Adaptive functioning will be evaluated with DSM measures (DSM-IV GAF scores will be used until the WHODAS 2.0 Child is released) for general EBT clients and with the Family Adaptability and Cohesion Evaluation Scales-II (Olson et al., 1982) for MST clients. These evaluation tools were chosen over other tools based on their: a) wide acceptance/use in the research and clinical communities, b) reliability in youth samples, c) validity for use with treatment-seeking youth and youth with the specific problems of interest, d) sensitivity to change in clinical trials, (e)

availability of additional versions as needed for early childhood, young adult, caregiver and teacher reports, and f) for diagnostic measures, adaptation for DSM-5.

**d. Input**

**i. Clinical Expertise:** The PSC is very well-equipped to deliver the proposed EBT services. We have the physical space, support staff, doctoral students, and faculty supervisors to provide these services. Currently these resources are being underutilized due to funding constraints; many therapy rooms are unused, students seek assistantships with external placements, and faculty time is spent on undergraduate teaching or seeing insured adult clients. We have four licensed psychologist faculty members with specialty training in youth EBT who are available for supervision – Drs. Borduin, Hawley, Klein-Trull, and Waller. The PSC Executive Director, Dr. Debora Bell, is also a licensed clinical psychologist with specialty training in youth EBT, and will oversee administration of the program. Two faculty supervisors have particular expertise relevant to this proposal. Dr. Borduin, one of the developers of MST, has served as a staff psychologist in the PSC since 1982 and has supervised nearly 100 MST clinicians in Boone County. Dr. Hawley’s research and clinical expertise is in dissemination and training in delivery of youth EBT. Additionally, as the training clinic for the MU clinical psychology doctoral program, we have access to the full Department of Psychological Sciences faculty, with current expertise in a wide range of diagnoses and treatment, including youth and adult addictions, and psychotic, personality, and neurodevelopmental disorders. Our doctoral trainees are heavily screened prior to admission and receive intensive training and supervision in clinical assessment and diagnosis, treatment, and ethics and professional behavior before and during their work with PSC clients. Both internal and external clinical supervisors consistently evaluate their performance as strong to excellent. We have 6 doctoral students currently available

to provide youth therapy services and the ability to supplement this with clinicians from allied disciplines (e.g., counseling and school psychology, social work) as needed

**ii. Evidence-Based Service Activities.** We propose to meet the unmet needs of Boone County youth by providing EBT services for the wide range of psychological disorders described in Section 1.c (Service Need). We use well-validated (i.e., evidence-based) treatment strategies derived from CBT, strategic family therapy, structural family therapy, and behavioral parent training, to directly address intrapersonal (e.g., cognitive, psychological), familial, and extrafamilial (i.e., peer, school, neighborhood) factors that are known to contribute to youth psychopathology, maladjustment, and antisocial behavior. We have manuals and other treatment materials available for the most widely-supported treatments for youth disorders. However, because different contributing factors are relevant for different youth and families, our interventions are individualized and flexible. This is particularly true for MST, which routinely combines multiple EBT approaches to deal with what are typically multi-problem families.

**Some examples of the common youth concerns we treat and associated evidence-based protocols are:** depression (e.g., Primary and Secondary Control Enhancement Training – PASCET, Weisz et al., 1997; Interpersonal Therapy for Adolescent Depression, Mufson et al., 2004), anxiety (e.g., Coping Cat and C.A.T. Project; Kendall & Hedtke, 2006, Kendall et al., 2002), obsessive-compulsive disorder (e.g., Exposure plus Response Prevention; March & Mulle, 1998), panic disorder (Panic Control Treatment for Adolescents, Pincus et al., 2008), PTSD and trauma exposure (e.g., Trauma-Focused CBT, Cohen et al., 2006), juvenile offending (e.g., MST, Henggeler et al., 1998), and ADHD and oppositional disorders (e.g., Defiant Children and Defiant Teens, Barkley, 2013; Barkley & Robins, 2014). We are not aware of other providers in Boone County who provide EBT services for some of the additional specific

diagnoses we treat, such as Tourette Syndrome, Excoriation, Trichotillomania and Selective Mutism (e.g., Habit Reversal and Comprehensive Behavioral Intervention for Tics, Woods et al., 2008; Integrative Behavioral therapy for Selective Mutism, Bergman, 2012). We are also the only providers in Boone County of MST, the most extensively-validated and widely-transported, and perhaps the most effective evidence-based psychosocial treatment for juvenile offenders (e.g., Borduin et al., 1995; Sawyer & Borduin, 2011; Wagner et al., 2014).

Many of our youth EBT services are designed to occur in a traditional outpatient setting, with weekly hour-long clinic sessions, held during a 3- to 4-month course of treatment, and additional sessions in the home or community as needed (e.g., for exposure-based anxiety treatment or social skills training). MST interventions target youth and family problems within and between the multiple systems in which family members are embedded, and such interventions are delivered in the family's natural environment (home, school, neighborhood) to optimize ecological validity and decrease barriers to service access in a population that has very high no-show and dropout rates from traditional clinic-based services. Due to MST's community-based and intensive nature, the range of direct contact hours can vary considerably. In general, MST therapists spend more time with families in the initial weeks of therapy (daily, if indicated) and gradually taper off (as infrequently as once a week) during a 5- 7- month course of treatment

Much literature indicates that therapists' adherence to specific EBT principles and procedures is directly related to clinical outcomes with youth. Our clinic-based EBT services utilize existing state-of-the-art methodology and technology to monitor clinician adherence to treatment protocols and client progress, including: a) a digital video recording system in each therapy room that can be accessed from each supervisor office, b) Cognitive Behavioral Therapy Adherence Measure feedback and monitoring system (Hawley, 2013) to help child clinicians remain

adherent to CBT when used, and c) client completion of the Youth Outcome Questionnaire prior to each session to monitor treatment progress and self-harm risk. For the home-based MST services, weekly supervision is used to routinely evaluate clinician adherence to MST principles.

**e. Output:**

**i. Service to be provided.** Evidence-Based Treatment, including clinic-based therapy for a range of youth presenting problems and home/community-based MST for juvenile offenders.

**ii. Unit measurement.** Each 1-hour therapy session with the youth and his/her family (and for MST, also with his/her school) will represent the unit of measurement.

**iii. Unit cost.** Year 1: \$119 per therapy hour; Yr 2: \$121/hr; Yr 3: \$124/hr (note that our current therapy rates are \$200 for intakes and \$160 for 60-min sessions).

**iv. Amount requested.** Total: \$880,767 over 3 years. Year 1: \$287,569 (\$237,257 in budgeted expenses, plus 30% University of Missouri mandated indirect rate on all but tuition, minus \$11,440 estimated income from client personal/insurance payments); Yr 2: \$293,549, Yr 3: \$299,649 (to reflect 2% budget increase per year, with same client income and indirect rate).

**v. Number of individuals to be served.** For clinic-based EBT, an additional 52 youth per year (156 over 3 yrs). For home-based MST, 16 youth/families per year(48 over 3 yrs).

**vi. Average units of services per individual.** For clinic-based EBT, individuals average 22 sessions (2 diagnostic assessment hrs, 20 therapy hrs) each. For home-based MST, youth average 80 sessions each (2 diagnostic assessment hrs, 78 therapy hrs).

### **3. BUDGET NARRATIVE**

Attachment B includes financial information for the PSC. Almost half of our revenue comes from academic department support (Other Direct Support), including supervisor payment for 6-8 practicum teams per year, and salary/benefits for our office manager and one clinic faculty

member. The other half of our revenue comes from client fees. Most expenses are related to provision of clinical services (e.g., personnel expenses for faculty clinicians and supervisors and a graduate Assistant Director, and campus “tax” on income), with approximately 20% of expenses related to general clinic functioning and management (e.g., office staff, general expenses). The proposed year includes anticipated budget increase of 2% across most expense categories (with an additional \$40,000 earmarked for scheduled maintenance of PSC physical space), stable rates of revenue, and the anticipated revenue/expenses associated with the additional services proposed in this application (additional revenue/expenses discussed below).

Attachment C presents data relevant to our youth services program. Approximately 25% of current PSC services are provided to youth, thus income and expenses are estimated as 25% of the overall PSC budget, with the exception that actual costs of our youth services supervision (i.e., child case supervisors) are included. Revenue includes Other Direct Support from our academic department (four semesters of child practicum supervision, office manager) and client income. The proposed year includes anticipated budget increase of 2% across most expense categories (plus 25% of scheduled maintenance funds), stable rates of revenue, and the anticipated revenue/expenses associated with the additional services proposed in this application.

Additional revenue anticipated in the proposed year (aside from the amount requested here, which according to instructions is not included in the budget worksheets) comes from self/insurance payments from the additional clients the requested funding would support. We expect to bill 52 new clients receiving clinic-based services, just as we bill our current clients (MST clients are not billed for services). Due to nature of our clientele, many of whom are under or uninsured and on limited incomes, we estimate client/insurance income to average \$10 per session for clinic-based EBT clients for a total annual income of \$11,440.

The additional costs to the PSC of providing the proposed EBT services in Year 1 are:

Personnel expenses of \$224,378 include 4 half-time graduate student clinicians at \$133,372 (\$22,332 for 12-month stipend, \$3157 for health insurance, \$7854 for tuition per clinician); 2 additional clinical supervisors for fall, spring, and summer semesters (Waller, Borduin) at \$66,944 (salary & benefits); a half-time Office Support Staff position at \$12,225 (hourly wage & benefits); and administrative time for PI at \$11,837 (Bell). The graduate student clinicians are each expected to generate approximately 8 client contact hours/wk for clinic-based EBT clients and 13 contact hours/wk for home/community-based MST; clinicians will also complete 2-hr diagnostic assessments for all EBT clients (136 hrs total). Supervisors will each lead a team of graduate student clinicians, with supervision coverage provided year-round. The Office Support Staff position will provide administrative support for the program, including scheduling, billing, assisting with assessment distribution and collection, records management, and report preparation, and the PI will oversee all aspects of program administration. Non-personnel expenses of \$12,879 include mileage for MST therapists at \$7459, purchase and reproduction of assessment instruments and scoring forms for 68 clients at \$1700 (\$25 per client); equipment and service purchase of \$1760 (4 additional tablets at \$150 each, and 1 laptop at \$800 for data collection, monthly telephone and internet line service at \$30); client incentives to complete 12-month follow-up measures at \$1360 (\$20 gift cards for 68 clients); and misc. reproduction and mailing expenses of \$600. Years 2 and 3 are expected to see small budget increases in expenses (estimated at 2%/yr). We do not anticipate significant start-up costs for the proposed services, as most necessary resources are in place and we have used university grant funding and department contributions for recent upgrades in technology, assessment tools and treatment protocols.

List of Attachments

- Attachment A: Program Performance Measures Information Worksheet
- Attachment B: Psychological Services Clinic Financial Information Worksheet
- Attachment C: PSC Evidence-Based Youth Services Program Budget Worksheet
- Attachment D: 2014 Agency Assurance Sheet
- Attachment E: Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions
- Attachment F: Work Authorization Certification
- Attachment G: Psychological Services Clinic Mission Statement
- Attachment H: Psychological Services Clinic Board of Directors
- Attachment I: Psychological Services Clinic website
- Attachment J: Psychological Services Clinic Memoranda of Understanding
  - Between PSC, MU Assessment and Consultation Clinic, and Thompson Center for Autism and Neurodevelopmental Disorders
  - Between PSC and Boone County Juvenile Office
- Attachment K: Sampling of PSC Evaluation Tools
- Attachment L: References Supporting Service Need and Evidence-Based Interventions

**ATTACHMENT A**

**Program Performance Measures Information Worksheet**

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
<p>1. Evidence-Based Treatment -- clinic-based therapy for a range of youth presenting problems</p>	<p>- propose to serve 52 additional youth per year -average 22 sessions per client (2 diagnostic assessment hrs, 20 therapy hrs) -total sessions = 1144</p>	<p>(a) from pre-treatment to post-treatment, decrease in youth's primary diagnosis/presenting problem (to no diagnosis or less severe diagnosis; substantial reduction on measures of presenting problem)</p>	<p>- DSM-5 diagnostic status (by post-treatment, no diagnosis or improved diagnosis)  - youth and caregiver reports on broad-based measures of internalizing and externalizing problems (by post-treatment, substantial reductions on measures of presenting problem)  - as appropriate, external reports relevant to diagnosis/presenting problem (e.g., arrest records, teacher reports; substantial reduction by post-treatment)</p>	<p>- Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid)  -Child &amp; Adolescent Symptom Inventory-5 (CASI-5)  -Youth Outcomes Questionnaire (Y-OQ)  -additional measures specific to the client's primary presenting problem (e.g., Revised Behavior Problem Checklist, Brief Symptom Inventory, Yale Global Tic Severity Scale, Children's Yale-Brown Obsessive Compulsive Scale,</p>

				<p>Connors Index Scale for ADHD, Children's Depression Inventory, Revised Children's Manifest Anxiety Scale)</p>
		<p>(b) from pre-treatment to post-treatment, substantial decrease in other mental health symptoms/disorders</p>	<p>- DSM-5 diagnostic status (by post-treatment, no or improved diagnosis) - youth and caregiver reports on broad-based measures of internalizing and externalizing problems (by post-treatment, substantial reductions on measures of presenting problem) - as appropriate, external reports (e.g., teacher reports; substantial reduction by post-treatment).</p>	<p>- Mini International Neuropsychiatric Interview for Children and Adolescents (MINI-Kid) - Child &amp; Adolescent Symptom Inventory-5 (CASI-5), - Youth Outcomes Questionnaire (Y-OO) - additional measures specific to the client's primary presenting problem (e.g., Revised Behavior Problem Checklist, Brief Symptom Inventory, Yale Global Tic Severity Scale, Children's Yale-Brown Obsessive</p>

<p>Compulsive Scale, Connors Index Scale for ADHD, Children's Depression Inventory, Revised Children's Manifest Anxiety Scale)</p>			<p>- youth, caregiver, and sometimes external (e.g., teacher) reports on problem behavior measures (by post-treatment, substantial reduction in other problem behaviors)</p>	<p>- Child &amp; Adolescent Symptom Inventory-5 (CASI-5)  - Youth Outcomes Questionnaire (Y-OQ)  -additional measures as relevant to individual client (e.g., Revised Behavior Problem Checklist, Brief Symptom Inventory, Yale Global Tic Severity Scale, Children's Yale-Brown Obsessive Compulsive Scale, Connors Index Scale for ADHD, Children's Depression Inventory, Revised Children's Manifest</p>
		<p>(c) from pre-treatment to post-treatment, substantial decrease in other youth problem behaviors (e.g., social isolation or involvement with antisocial peers, academic functioning),</p>		

					Anxiety Scale)
		(d) from pre-treatment to post-treatment, moderate to substantial improvement in adaptive functioning (e.g., family, school, peer)	- caregiver and youth reports on measures of adaptive functioning (moderate to substantial improvement by post-treatment)	- DSM measures of adaptive functioning (DSM-IV GAF scores will be used until the WHODAS 2.0 Child is released)	
		(e) prevention of need for more intensive intervention (nearly all youth avoid need for more intensive intervention)	- caregiver or other reports of more intensive intervention sought/needed (e.g., hospitalization, out-of-home placement; almost none reported by post-treatment)	- Youth Outcomes Questionnaire (Y-OQ)  -notification by caregiver or other reporter	
2. Evidence-Based Treatment -- home/community-based MST for juvenile offenders	- propose to serve 16 youth/families per year  - average of 80 sessions per youth (2 diagnostic assessment hrs, 78 therapy hrs)  - total sessions = 1280	(a) decrease in youth's primary presenting problem (substantial decrease on measures of presenting problem)	- youth and caregiver reports on measures of juvenile offending (by post-treatment, substantial reductions on measures of juvenile offending)  -external reports (e.g., arrest records, school attendance records; by post-treatment, substantial reduction	- Self-Report Delinquency Scale  -Revised Behavior Problem Checklist  -Brief Symptom Inventory  -external reports (from Juvenile Office, schools)	

			in external reports of juvenile offending behaviors)	<ul style="list-style-type: none"> <li>-Self-Report Delinquency Scale</li> <li>-Revised Behavior Problem Checklist</li> <li>-Brief Symptom Inventory</li> <li>-external reports (from Juvenile Office, schools)</li> </ul>
	(b) from pre-treatment to post-treatment, substantial decrease in other mental health symptoms/disorders		<ul style="list-style-type: none"> <li>- youth and caregiver reports on broad-based measures of internalizing and externalizing problems (by post-treatment, substantial reductions on measures of presenting problem)</li> <li>- as appropriate, external reports (e.g., teacher reports; substantial reduction by post-treatment)</li> </ul>	<ul style="list-style-type: none"> <li>-Self-Report Delinquency Scale</li> <li>-Revised Behavior Problem Checklist</li> <li>-Brief Symptom Inventory</li> <li>-external reports (from Juvenile Office, schools)</li> </ul>
	(c) decrease in other youth problem behaviors (e.g., social isolation or involvement with antisocial peers, academic functioning),		<ul style="list-style-type: none"> <li>-youth, caregiver, and sometimes external (e.g., teacher) reports on problem behavior measures (by post-treatment, substantial reduction in other problem behaviors, e.g., arrest records)</li> </ul>	<ul style="list-style-type: none"> <li>-Self-Report Delinquency Scale</li> <li>-Revised Behavior Problem Checklist</li> <li>-Brief Symptom Inventory</li> <li>-external reports (from Juvenile Office, schools)</li> </ul>

		(d) from pre-treatment to post-treatment, moderate to substantial improvement in adaptive functioning within the family	- caregiver and youth reports on measures of adaptive functioning (moderate to substantial improvement by post-treatment)	- Family Adaptability and Cohesion Evaluation Scales-II	
		(e) prevention of need for more intensive intervention (nearly all youth avoid need for more intensive intervention)	- caregiver or other reports of more intensive intervention sought/needed (e.g., hospitalization, out-of-home placement; almost none reported by post-treatment)	-notification by caregiver or other reporter (e.g., Juvenile Office records/reports)	

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: MU Psychological Services Clinic

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support	260,646	299,699	305,000	45.35%	1.77%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>260,646</b>	<b>299,699</b>	<b>305,000</b>	<b>0.453526878</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
<b>TOTAL GOVT CONTRACTS/SUPPORT (sub-totals)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>\$0</b>	
3. Program Service Fees	359,921	323,697	367,507	54.65%	13.53%
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL AGENCY REVENUE</b>	<b>\$620,567</b>	<b>\$623,396</b>	<b>\$672,507</b>		<b>7.88%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	\$480,622.00	\$474,156.00	\$683,955.00	80.98%	44.25%
Expenses for Management and General	\$105,861.00	\$111,489.00	\$160,660.00	19.02%	44.10%
Expenses for Fundraising				0.00%	#DIV/0!
<b>TOTAL AGENCY EXPENSES</b>	<b>\$586,483.00</b>	<b>\$585,645.00</b>	<b>\$844,615.00</b>		<b>44.22%</b>
% of Management and Fundraising Expenses	18.05%	19.04%	19.02%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$0	\$0	\$0	#DIV/0!

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$76,561	\$114,311	\$132,454	15.87%

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: MU PSC Evidence-Based Youth Services Program**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way				0.00%	#DIV/0!
B. Other United Ways				0.00%	#DIV/0!
C. Capital Campaigns				0.00%	#DIV/0!
D. Grants (non-governmental)				0.00%	#DIV/0!
E. Fund Raising & Other Direct Support	76,130	80,928	82,522	45.10%	1.97%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding				0.00%	#DIV/0!
B. Boone County - Other				0.00%	#DIV/0!
C. Other Counties				0.00%	#DIV/0!
D. City of Columbia - Social Service Funding				0.00%	#DIV/0!
E. City of Columbia - Other				0.00%	#DIV/0!
F. Other Cities				0.00%	#DIV/0!
G. Federal (Medicaid, Title III, etc.)				0.00%	#DIV/0!
H. State (Purchase of Services, Grants, etc.)				0.00%	#DIV/0!
I. Other (Schools, Courts, etc.)				0.00%	#DIV/0!
3. Program Service Fees	89,980	80,924	100,457	54.90%	24.14%
4. Investment Income (realized & unrealized)				0.00%	#DIV/0!
5. Other Revenue Items				0.00%	#DIV/0!
<b>TOTAL PROGRAM REVENUE</b>	<b>\$166,110</b>	<b>\$161,852</b>	<b>\$182,979</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	131,124	124,542	351,411	87.00%	182.16%
2. Non-Personnel	26,465	27,872	52,504	13.00%	88.38%
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$157,589</b>	<b>\$152,414</b>	<b>\$403,915</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	1.225	1.225	2.7

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**  
**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration \_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO Date

Karen M. Geren \_\_\_\_\_ 07-10-14  
Signature - Agency Executive Director/President/CEO Date

NA \_\_\_\_\_  
Printed Name - Agency Board Chair Date

NA \_\_\_\_\_  
Signature - Agency Board Chair Date

**ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

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Name and Title of Authorized Representative

*Karen M. Geren*

Signature

07-10-14

Date



Company ID Number: 62231

## **ARTICLE I**

### **PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

## **ARTICLE II**

### **FUNCTIONS TO BE PERFORMED**

#### **A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

##### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

##### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

Name (Please type or print)

Title

*Electronically Signed*

**10/17/2007**

Signature

Date



Attachment G

Psychological Services Clinic Mission Statement

The Psychological Services Clinic's mission is to:

1. Provide high-quality, affordable evidence-based assessment and treatment services to youth, adults, couples, families, and groups in Columbia, MO and the surrounding community,
2. Provide high-quality training for University of Missouri doctoral trainees in clinical psychology and related disciplines in planning, administering, and evaluating empirically-supported assessment and treatment services, and
3. Support research that advances understanding and effective promotion of psychological health.

Attachment H

Psychological Services Clinic Board of Directors

The PSC is headed by the Associate Chair for Clinical Science in the University of Missouri Department of Psychological Sciences, who serves as Executive Director of the PSC. The PSC's Clinic Executive Committee serves as the board of directors and works closely with the Department of Psychological Sciences' clinical training committee.

Board of Directors

Debora Bell, Ph.D., Executive Director

Meg Klein-Trull, Ph.D.

Susan O'Neill, Ph.D.

Nan Presser, Ph.D.

Jeremy Skinner, Ph.D.

Erika Waller, Ph.D.

Attachment I

Psychological Services Clinic website

<http://psychology.missouri.edu/clinic>

Content (although not formatted) includes:

University of Missouri  
Psychological Services Clinic

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The MU Psychological Services Clinic (PSC) provides a wide array of mental health services. These include individual, relationship, and family therapy, and intellectual and psychological assessment. Clinic staff also consult with school, other clinics, and service agencies.

The PSC provides services to both children and adults. All sessions, including the initial intake appointment, are confidential to the full extent provided by law.

To inquire further about our services, please call 573-882-4677.

**Mission:**

The Psychological Services Clinic's mission is to:

1. Provide high-quality, affordable evidence-based assessment and treatment services to youth, adults, couples, families, and groups in Columbia, MO and the surrounding community,
2. Provide high-quality training for University of Missouri doctoral trainees in clinical psychology and related disciplines in planning, administering, and evaluating empirically-supported assessment and treatment services, and
3. Support research that advances understanding and effective promotion of psychological health.

**Training Clinic:**

The PSC serves as a training clinic for Mizzou doctoral students earning their Ph.D. in clinical psychology. Services are typically provided through a team approach in which students work closely with a supervisor who is a Ph.D. level licensed psychologist affiliated with the University of Missouri-Columbia Department of Psychological Sciences. The PSC provides a wide-range of assessment and therapeutic services (see Services Offered).

### **Services Offered and Fees:**

Graduate students in clinical psychology, as well as some clinical faculty members, provide year-round services at the clinic. Services include individual therapy for children, adolescents, and adults; family therapy; marital/couples therapy; and group therapy. Assessment services include behavioral assessment, intellectual and psychological testing for children, adolescents, and adults. Ph.D.-level providers and supervisors at the PSC serve on several managed care panels, including the University's managed care program.

We provide group, couples, family, and individual therapy with children and adults, with an emphasis on evidence-based, goal focused therapy. This means that treatment is typically brief, often 10 session or fewer, using treatment approaches that have been supported by research. Clinicians at the PSC use interventions such as cognitive-behavioral therapy, behavioral activation, motivational interviewing, dialectical behavior therapy, interpersonal therapy, exposure therapy, behavioral parent training, and behavioral couple's therapy.

Please note we do not provide crisis or immediate (i.e. same day) services. For most of our services, it takes some time before we can schedule an appointment, as we do often have a waitlist. If you need to see someone right away, please go to the Emergencies section for a list of crisis numbers.

### **Individual and Couples Therapy for Adults**

We provide a wide range of psychotherapy services for adults. Adults commonly seek individual therapy at our clinic for academic problems, ADHD, anxiety, obsessive-compulsive disorder, posttraumatic stress, tics/Tourette's, career issues, chronic pain, depression, bipolar, divorce/separation, drug/alcohol use, family problems, grief/loss, sexual problems and a number of other stressors. In addition, we also offer couples therapy for difficulties among couples. We conduct comprehensive, standardized diagnostic interviews with adult clients as part of treatment to ensure that our clients receive the most appropriate treatment for their needs.

### **Dialectical Behavior Therapy**

We also have a dialectical behavior therapy program at the PSC. For more information regarding DBT, see the Dialectical Behavior Therapy section.

### **Addictions**

We offer specialized assessment and treatment for individuals struggling with alcohol/drug addiction issues.

### **Adult Psychiatric Services**

We also have a psychiatry resident who provides medication management services once per week, typically Thursday afternoons. Clients must also concurrently be in therapy at the PSC in order to utilize this service.

## **Child and Family Therapy**

We provide treatment for children, adolescents, and their families as well. Children and adolescents seen at the PSC experience a variety of emotional, behavioral, and academic difficulties. Some examples of common problems seen at the PSC include anxiety, depression, behavior problems, tics, family conflict, social skills deficits, and parent-child relationship issues. Both family therapy and individual child treatment (which typically also involves parents/guardians) are available to address these concerns. We conduct comprehensive, standardized diagnostic interviews with child clients as part of child treatment as well in order to inform the treatment plan.

## **Fees**

The PSC accepts most insurance and our faculty are on the provider panels of several managed care companies (including health maintenance organizations and preferred provider organizations). Clinic fees are charged at the rate of \$200 for the first (intake) session for psychotherapy or psychiatric consultation, and \$160 for subsequent sessions. Half-session psychotherapy sessions are also available as deemed appropriate by the clinician and supervisor, and are \$80. Psychiatry consults are \$80. Assessments are charged at the standard session fee. Group therapy charges are \$10 per week. We also provide fee assistance with appropriate documentation of income to those who cannot afford the standard fees.

Clients who no-show or cancel with less than 24 hours notice of the session are charged a \$20 administrative fee.

## **Dialectical Behavior Therapy:**

The Dialectical Behavior Therapy (DBT) program provides state-of-the art services for individuals with Borderline Personality Disorder and has been shown in numerous controlled research trials to be effective in reducing symptoms and improving quality of life. In our program, we strive to deliver the treatment as it was developed and tested. Thus, we offer all four components of DBT treatment: Individual therapy 1 hour per week; group skill training 2 hours per week, telephone coaching, and consultation team two hour per week for the providers. Our program is staffed by licensed clinical psychologists and advanced doctoral students in clinical psychology. We do not accept clients who want individual DBT treatment only or those who want group skills training only. Most clients are expected to participate for a full year.

Our target population is people who meet full criteria for Borderline Personality Disorder. People who are interested in services go through several screening and evaluation steps before they will be admitted to the program:

First, a phone screen is conducted by our clinic assistant director to provide an overview of current BPD symptoms, lethality risk and potential eligibility for the program. After the phone screen, the applicant's information is presented to the DBT team and a determination is made about probable eligibility for the program. If we do not think we can

evaluate this based on the phone screen there may be a follow-up call or even an evaluation-only meeting.

If the client seems like a good candidate for the DBT program, the prospective client then goes on the waitlist until an individual therapist can be assigned. If the client does not seem like a good match for our program, the prospective client is then assigned to a non-DBT therapist within our clinic or referred elsewhere.

Once assigned to a DBT therapist, clients receive a structured interview to evaluate for Borderline Personality Disorder. It is our policy to discuss the results of the structured interview directly with the client, and to give the diagnosis of Borderline Personality Disorder if we believe it applies.

Prospective clients are assigned to therapists according to numerous criteria, central of which is the training needs of our clinicians in training. We do not necessarily take clients in the order of application.

### **Frequently Asked Questions:**

Please note that this section is still under development.

What happens when I call the PSC for an appointment?

You will first speak with one of our office staff (Judy, Lynn, Lauren, or Kelsey), who will ask you a series of standard questions we ask of everyone. After this initial phone call, you can expect to be contacted by someone at our clinic within 3 business days to follow-up with you. If you have insurance, your information will be forwarded on to our clinic faculty (our licensed psychologists) at this time to determine if any faculty members have available openings and expertise in your presenting concern. If you do not have insurance, the office staff will ask you if you would like to see one of our graduate clinicians. If so, your information will be passed on to the Assistant Director, who will call you back to ask you additional questions so that we can determine if we can meet your needs and eventually match you with one of our graduate clinicians. At this time, you will be placed on a waiting list and then we will call you when one of our graduate clinicians has an opening.

Please note that it may be a few days to several months before we may have a therapist who can see you. This varies as a result of student and supervisor availability.

If we do not have expertise or ability to meet your needs, we will provide you with the names and number of other agencies or therapists that may be a better fit for you.

### **Hours and Contact information:**

The main office number at the PSC is (573) 882-4677.

We are located at:

211 South 8th Street  
Columbia, MO 65211  
Psychology Building – 8th Street entrance

Our hours are:

Monday: 9am-7pm  
Tuesday: 9am-8pm  
Wednesday: 9am-8pm  
Thursday: 9am-8pm  
Friday: 9am-5pm

#### PSC Closing Policies

The PSC is closed when the University of Missouri is closed, including on University Holidays and University closings due to severe weather.

University Holidays include:

Martin Luther King Day  
Memorial Day  
Labor Day  
Thanksgiving and the Friday following Thanksgiving  
Christmas Eve\*  
Christmas Day  
New Year's Eve  
New Year's Day

\*Please note that we often close from Christmas through New Year's.

#### **Clinic Staff:**

Executive Director  
Debora Bell, PhD

Faculty Providers  
Nan R. Presser, PhD  
Jeremy Skinner, PhD  
Meg Klein-Trull, PhD  
Erika Waller, PhD  
Susan O'Neill, PhD

Faculty Supervisors  
Nan R. Presser, PhD  
Jeremy Skinner, PhD  
Meg Klein-Trull, PhD  
Erika Waller, PhD

Susan O'Neill, PhD  
Kristin Hawley, PhD  
Tim Trull, PhD  
Chuck Borduin, PhD

Assistant Director  
Estee M. Hausman, M.A.

Office Staff  
Judy Morris  
Lynn Troyke  
Lauren Mason  
Kelsey Burns

### **Research Opportunities**

This page is under development.

### **Emergencies:**

The PSC does not offer crisis services and we do not have staff on call to address these situations. If you are having an emergency, please call one of the services listed below.

For Mizzou students, the Counseling Center has walk-in crisis services available at 119 Parker Hall. You can either call at (573) 882-6601 or just walk-in. For more information, go to <http://counseling.missouri.edu/>.

If you are not a Mizzou student, you can dial 911 or go to the University Hospital ER (or nearest emergency room).

In addition, the following crisis numbers below are available for anyone:

Columbia Crisis Line: (573) 445-5035 or 1-800-395-2132  
Missouri Crisis Line: 1-888-761-HELP (1-800-761-4357)  
National Suicide Hotline: 1-800-SUICIDE (1-800-784-2433)  
Suicide Prevention Lifeline: 1-800-273-TALK (1-800-273-8255)

Attachment J

Psychological Services Clinic Memoranda of Understanding

- Between PSC, MU Assessment and Consultation Clinic, and Thompson Center for Autism and Neurodevelopmental Disorders (note that Dr. Kanne was out of country when MOU was finalized and so his signature is pending. Email verifying agreement is attached to MOU).
- Between PSC and Boone County Juvenile Office

MEMORANDUM of UNDERSTANDING BETWEEN the

MU ASSESSMENT & CONSULTATION CLINIC (ACC), the  
MU PSYCHOLOGICAL SERVICES CLINIC (PSC) and the THOMPSON CENTER FOR  
AUTISM AND NEURODEVELOPMENTAL DISORDERS(TC)

The purpose of this memorandum is to identify a mutual client referral agreement between the ACC, the PSC and TC for the duration of Service Contracts awarded to either or both entities through the Boone County Children's Services Board for RFP 27-10JUN14.

The ACC and PSC intend to submit proposals to conduct mental health screenings that utilize similar assessment measures and techniques. In order to minimize the wait time for a client to obtain screening appointments, the ACC, the PSC and the TC agree to inform potential screening clients the other centers are also performing mental health screenings and provide the contact numbers. The client can contact either clinic in order to see if they can be scheduled sooner and may choose to schedule with either clinic.

The ACC, the PSC and TC agree to consider the other two entities preferred client referral recipients when clinical case information indicates a screening client would benefit from clinical specialty services offered by the TC (e.g., evaluation and intervention services), the PSC (e.g., individual and family therapy, Cognitive Behavioral Therapy interventions, substance use disorders and client symptoms related to Obsessive-Compulsive disorder, Tourette's disorder and Tic disorders), or the ACC (e.g., comprehensive psychological evaluations requiring differential diagnoses, and client symptoms related to attention disorders, cognitive disorders and learning disorders).

The MOU among the ACC and TC and the PC will remain in place for the duration of the Service Contract(s). This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities. The agreement will become effective on the date Service Contract(s) are awarded.



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Andrew J. Knoop, PhD  
Director  
Assessment & Consultation Clinic

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June 10, 2014  
(Date)



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Debora Bell, PhD  
Director of Clinical Training  
Psychological Services Clinic

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June 10, 2014  
(Date)

(Kanne sig pending; see attached email)

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Stephen Kanne, PhD  
Director of Thompson Center for Autism  
and Neurodevelopmental Disorders

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June 10, 2014  
(Date)

**Re: MOU for Boone County Children's Fund grant?**

Kanne, Stephen M.

**Sent:** Tuesday, June 10, 2014 3:14 PM

**To:** Knoop, Andrew

**Cc:** Bell, Debora (Psychological Sciences)

**Attachments:** image001.png (15 KB )

I am out if the country...Abby, can you look this over please and work out the sig line?

Sent from my iPad

> On Jun 10, 2014, at 1:22 PM, "Knoop, Andrew" <knoopa@missouri.edu> wrote: >  
> Steve and Debi, > > Attached is a draft of an MOU for client referrals  
among our three entities for the children's fund grant. I believe I captured  
the intent of the document and included accurate statements related to the  
PSC and TC, but please let me know ASAP if changes are required. If there are  
no further edits required, perhaps Debi can attach a signature to this  
version and return it to me, then I'll send that document to Steve for his  
signature. Thank you for your patience and willingness to participate. > >  
Best wishes, > > Andy Knoop, PhD >  
[cid:image001.png@01CF80A4.D0AC2C10]<<http://education.missouri.edu/orgs/muacc>

MEMORANDUM of UNDERSTANDING BETWEEN the

MU PSYCHOLOGICAL SERVICES CLINIC (PSC) and the BOONE COUNTY JUVENILE  
OFFICE (Juvenile Office)

The purpose of this memorandum is to identify a mutual client referral agreement between the PSC and Boone County Juvenile Office for the duration of Service Contracts awarded through the Boone County Children's Services Board for RFP 27-10JUN14.

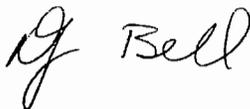
The PSC intends to provide in home multi-systemic therapy counseling services to youth and their families as referred by Juvenile Office. The number of referrals will be agreed upon by both parties. The Juvenile Office shall provide the PSC with a referral form containing contact information for the family. The Juvenile Office shall provide a representative of the Juvenile Office to be the direct contact for PSC. The Juvenile Office will also provide a representative to routinely meet with PSC and their therapists to assess cases assigned.

PSC agrees to make contact with the family within three working days once the referral has been received and accepted by the PSC. The PSC will maintain regular contact with the Juvenile Officer or their designee at a minimum of monthly by verbal report and every 90 days by a written report. The Juvenile Officer will notify the PSC if an official report is needed for Court purposes. Said reports shall remain in the property of the Court.

All information and reports provided to or retained by the PSC regarding juveniles will remain confidential, omitting any identifying information, and information and reports provided to the PSC are only to be used for research and statistical purposes.

The MOU among the PSC and Juvenile Office will remain in place for the duration of the Service Contract(s). This agreement does not involve payment or exchange of funds from one entity to another and does not imply any financial obligation or agreement between the entities.

The agreement will become effective on the date Service Contract(s) are awarded and shall be terminable at will by either party upon thirty (30) days prior written notice of intent to terminate to the other party if the memorandum of understanding proves to be mutually or separately not beneficial. Juvenile Office shall, however, retain the right to terminate the memorandum of understanding immediately with good cause.



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Debora Bell, PhD  
Director of Clinical Training  
Psychological Services Clinic

6/10/14

(Date)



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Cindy Garrett  
Chief Juvenile Officer  
Thirteenth Judicial Circuit Court

6/25/14

(Date)

## Attachment K

### Sampling of PSC Evaluation Tools

This attachment includes a sample of our most commonly used evaluation tools. Other tools are used as indicated by presenting problem. Descriptions or copies of the following tools are presented here:

- M.I.N.I International Neuropsychiatric Interview
- Child & Adolescent Symptom Inventory – 5 (CASI-5)
- Youth Outcome Questionnaire (Y-OQ 2.01)
- Self-Report Delinquency Scale
- Revised Behavior Problem Checklist
- Brief Symptom Inventory
- DSM-IV Global Assessment of Functioning Scale
- Family Adaptability and Cohesion Evaluation Scales II

### MINI-Kid

The M.I.N.I. International Neuropsychiatric Interview (Sheehan et al., 2014) is the most widely used psychiatric structured diagnostic interview instrument in the world, employed by mental health professionals and health organizations in more than 100 countries. It is the structured psychiatric interview of choice for psychiatric evaluation and outcome tracking in clinical psychopharmacology trials and epidemiological studies and is designed to be administered in a time efficient manner ([www.medical-outcomes.com](http://www.medical-outcomes.com)).

The M.I.N.I. International Neuropsychiatric Interview for Children and Adolescents (M.I.N.I.-Kid) is the youth version of this measure. It is administered by having a trained assessor/clinician asks the youth/caregiver a set series of questions that cover all of the symptoms and criteria for each of the major DSM and ICD youth diagnoses as well as a suicidality risk assessment module. For purposes of this application, we have included a description of the measure, rather than a full copy, due to the unwieldy length of the measure (nearly 50 pgs.) and the fact that our personal communications with the measure authors indicate that the final draft of the DSM-5 version of the youth measure is about to be released. We are happy to provide the board with a full copy of the current version if desired.

Child & Adolescent Symptom Inventory – 5 (CASI-5)



**CHILD & ADOLESCENT SYMPTOM INVENTORY - 5 (CASI-5)**  
**Parent Checklist**

Youth's Name	Age/Birthdate	Male	Female
Name of person completing this form	Relation to this youth	Date	

**DIRECTIONS: Circle which rating best describes this youth's overall behavior.**  
**Answer each question to the best of your ability.**

Category A	Never	Some-times	Often	Very often
A1. Does not pay close attention to details or makes careless mistakes	0	1	2	3
A2. Has difficulty paying attention to tasks or activities	0	1	2	3
A3. Does not seem to listen when spoken to directly	0	1	2	3
A4. Has difficulty following through on instructions and fails to finish things	0	1	2	3
A5. Has difficulty organizing work and activities	0	1	2	3
A6. Avoids doing tasks that require a lot of mental effort (schoolwork, homework, etc.)	0	1	2	3
A7. Loses things necessary for activities	0	1	2	3
A8. Is easily distracted by other things going on	0	1	2	3
A9. Is forgetful in daily activities	0	1	2	3
A10. Fidgets with hands or feet or squirms in seat	0	1	2	3
A11. Has difficulty remaining seated when asked to do so	0	1	2	3
A12a. Runs about or climbs on things when asked not to do so	0	1	2	3
A12b. Seems restless or jittery	0	1	2	3
A13. Has difficulty playing or doing things quietly	0	1	2	3
A14. Is "on the go" or acts as if "driven by a motor"	0	1	2	3
A15. Talks excessively	0	1	2	3
A16. Blurts out answers to questions before they have been completed	0	1	2	3
A17. Has difficulty awaiting turn in group activities	0	1	2	3
A18. Interrupts or intrudes on other people's activities	0	1	2	3
<b>Ax. How often do the behaviors in Category A interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category B	Never	Some-times	Often	Very often
B19. Loses temper	0	1	2	3
B20. Argues with adults	0	1	2	3
B21. Defies or refuses to do what you tell him/her to do	0	1	2	3
B22. Does things to deliberately annoy others	0	1	2	3
B23. Blames others for own misbehavior or mistakes	0	1	2	3
B24. Is touchy or easily annoyed by others	0	1	2	3
B25. Is angry and resentful	0	1	2	3
B26. Takes anger out on others or tries to get even	0	1	2	3
<b>Bx. How often do the behaviors in Category B interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category C	Never	Some-times	Often	Very often
C27. Is truant from school	0	1	2	3
C28. Stays out at night when not supposed to	0	1	2	3
C29. Lies to get things or to avoid responsibility	0	1	2	3
C30. Bullies, threatens, or intimidates others	0	1	2	3
C31. Starts physical fights	0	1	2	3
C32. Has run away from home overnight	0	1	2	3
C33. Has stolen things when others were not looking (e.g., shoplifting)	0	1	2	3
C34. Has deliberately destroyed others' property	0	1	2	3
C35. Has deliberately started fires	0	1	2	3
C36. Has stolen things from others using physical force (e.g., purse snatching, mugging)	0	1	2	3
C37. Has broken into someone else's house, building, or car	0	1	2	3
C38. Has used a weapon when fighting (bat, bottle, knife, etc.)	0	1	2	3
C39. Has been physically cruel to animals	0	1	2	3
C40. Has been physically cruel to people	0	1	2	3
C41a. Has been preoccupied with or involved in sexual activity	0	1	2	3
C41b. Has forced someone into sexual activity	0	1	2	3
<b>Cx. How often do the above behaviors in Category C interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category Cz	Never	Some-times	Often	Very often
Cz1. Does not appear to feel guilty after doing something wrong	0	1	2	3
Cz2. Does not seem to care about the pain and suffering he/she causes others	0	1	2	3
Cz3. Does not seem to care about doing a bad job	0	1	2	3
Cz4. Does not express feelings or show genuine emotions to others	0	1	2	3
<b>Czx. How often do the behaviors in Category Cz interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category D	Never	Some-times	Often	Very often
D47. Is overconcerned about abilities in school, athletic, work, or social activities	0	1	2	3
D48. Has difficulty controlling worries	0	1	2	3
D49. Acts restless or edgy	0	1	2	3
D50. Is irritable for most of the day	0	1	2	3
D51. Is extremely tense or unable to relax	0	1	2	3
D52. Has difficulty falling asleep or staying asleep	0	1	2	3
<b>Dx. How often do the behaviors in Category D interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category E	Never	Some-times	Often	Very often
E53. Is overly fearful or tries to avoid specific objects or situations (animals, heights, storms, insects, going places alone, being "trapped," etc.)	0	1	2	3
E54. Complains about heart pounding, shortness of breath, feeling dizzy, trembling, or fear of dying	0	1	2	3
E55. Cannot get distressing thoughts out of his/her mind (worries about germs or doing things perfectly, etc.)	0	1	2	3
E56. Feels compelled to perform unusual habits (hand washing, checking locks, repeating things a set number of times)	0	1	2	3
E57. Has experienced an extremely upsetting event and continues to be bothered by it	0	1	2	3
E58. Has distressing memories or dreams about an extremely upsetting event	0	1	2	3

Category E (Continued)	Never	Some-times	Often	Very often
E59. Makes twitching or jerking movements for no apparent reason (eye blinking, nose twitching, grimacing, lip licking, head jerking, etc.)	0	1	2	3
E60. Makes vocal sounds for no apparent reason (coughing, throat clearing, sniffing, grunting, etc.)	0	1	2	3
E61. Complains about physical problems (headaches, upset stomach, etc.) for which there is no apparent cause	0	1	2	3
E62. Worries about physical health	0	1	2	3
Ez1. Pulls out his/her hair, eyelashes, or eyebrows	0	1	2	3
Ez2. Picks his/her own skin	0	1	2	3
Ez3. Refuses to speak, other than to family members	0	1	2	3

Category F	Never	Some-times	Often	Very often
F63a. Tries to avoid contact with strangers; abnormally shy	0	1	2	3
F63b. Is more anxious in social situations than most other youths	0	1	2	3
F64. Is excessively shy with peers	0	1	2	3
F64a. When put in an uncomfortable social situation, child cries, freezes, or withdraws from interacting	0	1	2	3
<b>Fx. How often do the behaviors in Category F interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category G	Never	Some-times	Often	Very often
G65. Gets very upset when he/she expects to be separated from home or parents	0	1	2	3
G66. Worries that parents will be hurt or leave home and not come back	0	1	2	3
G67. Worries that some disaster (getting lost, kidnapped, etc.) will separate him/her from parents	0	1	2	3
G68. Tries to avoid going to school in order to stay home with parent	0	1	2	3
G69. Worries about being left at home alone or with a sitter	0	1	2	3
G70. Afraid to go to sleep unless near parent	0	1	2	3
G71. Has nightmares about being separated from parent	0	1	2	3
G72. Complains about feeling sick when he/she expects to be separated from home or parents	0	1	2	3
<b>Gx. How often do the behaviors in Category G interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category H	Never	Some-times	Often	Very often
H73. Prefers to be alone rather than with friends or family	0	1	2	3
H74. Shows little interest in having close relationships	0	1	2	3
H75. Is emotionally cold or indifferent toward people	0	1	2	3
<b>Hx. How often do the behaviors in Category H interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category I	Never	Some-times	Often	Very often
I-76. Wets bed at night	0	1	2	3
I-77. Wets or soils underwear during daytime hours	0	1	2	3

Category J	Never	Some-times	Often	Very often
J78. Has strange ideas or beliefs that are not real (food is poisoned, people are trying to get him/her, etc.)	0	1	2	3
J79. Has auditory hallucinations (hears voices talking to or telling him/her to do things, etc.)	0	1	2	3
J80a. Has extremely strange and illogical thoughts or ideas	0	1	2	3
J80b. Has disorganized speech (ideas don't make sense, thoughts run together, loses train of thought, etc.)	0	1	2	3
J81a. Does extremely odd things (excessive preoccupation with fantasy friends, talks to self in a strange way, etc.)	0	1	2	3
J81b. Behaves in extremely strange ways (unpredictable outbursts, acts as if in slow motion, seems to forget how to take care of self, etc.)	0	1	2	3
J82. Laughs or cries at inappropriate times or shows no emotion in situations where most others of same age would react	0	1	2	3
J83. Seems to have lost interest in doing things or talking to people	0	1	2	3
<b>Jx. How often do the behaviors in Category J interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category Rz	Never	Some-times	Often	Very often
Rz1. Has temper outbursts that are way out of proportion to the situation	0	1	2	3
Rz2. Is irritable or angry most of the day	0	1	2	3
<b>Rzx. How often do the behaviors in Category Rz interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category K: Does this youth have periods lasting at least several days where he/she does the following:	Never	Some-times	Often	Very often
K84. Is depressed for most of the day	0	1	2	3
K85. Shows little interest in (or enjoyment of) pleasurable activities	0	1	2	3
K86. Talks about death or suicide	0	1	2	3
K87. Feels worthless or guilty	0	1	2	3
K88. Has low energy level or is tired for no apparent reason	0	1	2	3
K89. Has little confidence, feels inferior to others, or is very self-conscious	0	1	2	3
K90. Feels that things never work out right	0	1	2	3
<b>Kx. How often do the behaviors in Category K interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

K91. Has experienced a big change in his/her normal appetite or weight (circle No or Yes)	No	Yes
K92. Has experienced a big change in his/her normal sleeping habits (trouble sleeping or sleeps too much)	No	Yes
K93. Has experienced a big change in his/her normal activity level (overactive or inactive)	No	Yes
K94. Has experienced a big change in his/her ability to concentrate or make decisions	No	Yes
K95. Has experienced a big drop in school grades or schoolwork	No	Yes
K96. Has become more sensitive or tearful than usual	No	Yes
K97. Has experienced a very stressful event such as parents divorce, death of a friend or relative, serious illness	No	Yes

Category L: Does this youth have periods lasting at least several days where he/she does the following:	Never	Some-times	Often	Very often
L98. Is much more cheerful than usual	0	1	2	3
L99. Is much more irritable or explosive than usual	0	1	2	3
L100. Becomes much more active or busy than usual	0	1	2	3
L101. Needs far less sleep than usual	0	1	2	3
L102. Is much more talkative than usual	0	1	2	3
L103. Is far more distractible than usual	0	1	2	3
L104. Does far more reckless or silly things than usual	0	1	2	3
L105. Switches rapidly from one topic to another	0	1	2	3
L106. Believes that he/she has special abilities or can do things that are obviously unrealistic	0	1	2	3
<b>Lx. How often do the behaviors in Category L interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category M	Never	Some-times	Often	Very often
M107. Has a peculiar way of relating to others (avoids eye contact, odd facial expressions or gestures, etc.)	0	1	2	3
M108. Does not play or relate well with other children	0	1	2	3
M109. Not interested in making friends	0	1	2	3
M110. Is unaware or takes no interest in other people's feelings	0	1	2	3
M111. Has a significant problem with language	0	1	2	3
M112. Has difficulty making socially appropriate conversation	0	1	2	3
M113. Talks in a strange way (repeats what others say, confuses words like "you" and "I"; uses odd words or phrases, etc.)	0	1	2	3
M114. Is unable to "pretend" or "make believe" when playing	0	1	2	3
M115. Shows excessive preoccupation with one topic	0	1	2	3
M116. Gets very upset over small changes in routine or surroundings	0	1	2	3
M117. Makes strange repetitive movements (flapping arms, etc.)	0	1	2	3
M118. Has strange fascination for parts of objects	0	1	2	3
Mz1. Is overly sensitive to sounds, smells, or the way things feel	0	1	2	3
Mz2. Does not seem to feel pain or react to extreme heat or cold	0	1	2	3
Mz3. Seems unaware of how to communicate with people (talks like a professor, doesn't consider the interests of the listener, difficulty taking turns in conversations)	0	1	2	3
Mz4. Has difficulty understanding humor, words with double meanings, etc. when interacting with others	0	1	2	3
<b>Mx. How often do the behaviors in Category M interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category N	Never	Some-times	Often	Very often
N119. Unusually thin or underweight	0	1	2	3
N120. Refuses to eat enough food to keep a healthy body weight	0	1	2	3
N121. Has excessive worries about getting fat or becoming overweight	0	1	2	3
N122. Thinks he/she is fat or overweight but really isn't	0	1	2	3
<b>Nx. How often do the behaviors in Category N interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category O	Never	Some-times	Often	Very often
O123. Has eating binges (eats an excessive amount of food in a short period of time)	0	1	2	3
O124. Cannot stop eating or control how much he/she eats	0	1	2	3
O125. Uses very strict diets, vomiting, laxatives, or excessive exercise to control weight	0	1	2	3
O126. Seems overconcerned about his/her weight or figure	0	1	2	3
<b>Ox. How often do the behaviors in Category O interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category P	Never	Some-times	Often	Very often
P127. Smokes tobacco cigarettes	0	1	2	3
P128. Drinks alcohol beverages (beer, wine, spirits, liquor)	0	1	2	3
P129. Gets into trouble because of alcohol use	0	1	2	3
P130. Smokes marijuana	0	1	2	3
P131. Uses other illegal drugs (cocaine, glue, speed, LSD, etc.)	0	1	2	3
P132. Gets into trouble because of illegal drug use	0	1	2	3
<b>Px. How often do the behaviors in Category P interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

Category Q	Never	Some-times	Often	Very often
Q133. Grabs things from other youths	0	1	2	3
Q134. Throws things at other youths	0	1	2	3
Q135. Smashes or destroys things	0	1	2	3
Q136. Gives dirty looks or makes threatening gestures to other youths	0	1	2	3
Q137. Curses at or teases other youths to provoke conflict	0	1	2	3
Q138. Damages other youths' property	0	1	2	3
Q139. Hits, pushes, or trips other youths	0	1	2	3
Q140. Threatens to hurt other youths	0	1	2	3
Q141. Engages in physical fights with other youths	0	1	2	3
Q142. Annoys other youths to provoke them	0	1	2	3
<b>Qx. How often do the behaviors in Category Q interfere with youth's ability to do schoolwork or get along with others?</b>	0	1	2	3

☺ THANK YOU!

Youth Outcome Questionnaire (Y-OQ 2.01)

Youth Outcome Questionnaire (Y-OQ® 2.01)

Name \_\_\_\_\_ Date \_\_\_\_\_

Never or Almost Never    Rarely    Sometimes    Frequently    Almost Always or Always

**PURPOSE:** The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.

**DIRECTIONS:**

- Read each statement carefully
- Decide how true this statement is for your child during the past 7 days.
- Completely fill the circle that most accurately describes your child during the past week.
- Fill in only one answer for each statement and erase unwanted marks clearly.

Developed by  
Gary M. Burlingame, Ph.D.,  
Gavain Wells, Ph.D. and  
Michael J. Lambert, Ph.D.

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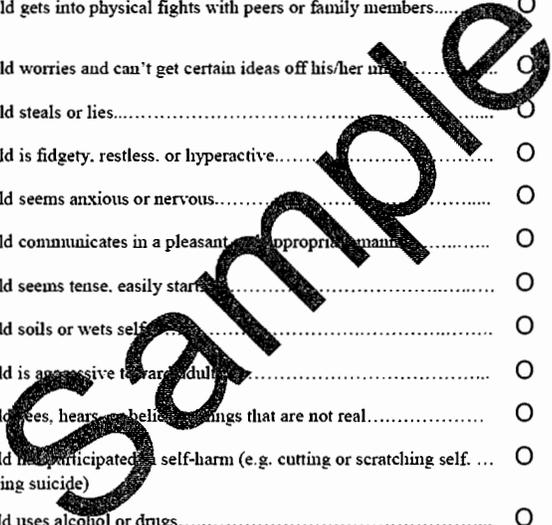
For More Information Contact:  
OQ Measures, LLC  
P.O. Box 521047  
Salt Lake City, UT 84152

Toll-Free USA:  
1-888-MH-SCORE  
(1-888-647-2673)  
Phone: (801) 649-4392  
Fax: (801) 747-6900

Email:  
INFO@OQMEASURES.COM

Website:  
WWW.OQMEASURES.COM

- |  |                       |                       |                       |                       |                       |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. My child wants to be alone more than other children of the same age                               | <input type="radio"/> |
| 2. My child complains of dizziness or headaches.....   | <input type="radio"/> |
| 3. My child doesn't participate in activities that were previously enjoyable                         | <input type="radio"/> |
| 4. My child argues or is verbally disrespectful.....   | <input type="radio"/> |
| 5. My child is more fearful than other children of the same age.....                                 | <input type="radio"/> |
| 6. My child cuts school or is truant.....  | <input type="radio"/> |
| 7. My child cooperates with rules and expectations.....  | <input type="radio"/> |
| 8. My child has difficulty completing assignments, or completes them carelessly                      | <input type="radio"/> |
| 9. My child complains or whines about things being unfair .....                                      | <input type="radio"/> |
| 10. My child experiences trouble with her/his bowels, such as constipation or diarrhea               | <input type="radio"/> |
| 11. My child gets into physical fights with peers or family members.....                             | <input type="radio"/> |
| 12. My child worries and can't get certain ideas off his/her mind.....                               | <input type="radio"/> |
| 13. My child steals or lies.....   | <input type="radio"/> |
| 14. My child is fidgety, restless, or hyperactive.....   | <input type="radio"/> |
| 15. My child seems anxious or nervous.....   | <input type="radio"/> |
| 16. My child communicates in a pleasant and appropriate manner.....                                  | <input type="radio"/> |
| 17. My child seems tense, easily starts.....   | <input type="radio"/> |
| 18. My child soils or wets self.....   | <input type="radio"/> |
| 19. My child is aggressive toward adults.....  | <input type="radio"/> |
| 20. My child sees, hears, or believes things that are not real.....                                  | <input type="radio"/> |
| 21. My child has participated in self-harm (e.g. cutting or scratching self, ... attempting suicide) | <input type="radio"/> |
| 22. My child uses alcohol or drugs.....  | <input type="radio"/> |
| 23. My child seems unable to get organized.....  | <input type="radio"/> |
| 24. My child enjoys relationships with family and friends.....                                       | <input type="radio"/> |
| 25. My child appears sad or unhappy.....   | <input type="radio"/> |
| 26. My child experiences pain or weakness in muscles or joints.....                                  | <input type="radio"/> |
| 27. My child has a negative, distrustful attitude toward friends, family members, or other adults.   | <input type="radio"/> |
| 28. My child believes that others are trying to hurt him/her even when they are not                  | <input type="radio"/> |
| 29. My child threatens to, or has run away from home.....  | <input type="radio"/> |
| 30. My child experiences rapidly changing and strong emotions.....                                   | <input type="radio"/> |



Youth Outcome Questionnaire (Y-OQ® 2.01)

Name _____	Date _____	Never or Almost Never	Rarely	Sometimes	Frequently	Almost Always or Always
<p><b>PURPOSE:</b> The Y-OQ® 2.01 is designed to describe a wide range of troublesome situations, behaviors, and moods that are common in children and adolescents. You may discover that some of the items do not apply to your child's current situation. If so, please do not leave these items blank but check the "Never or almost never" category. When you begin to complete the Y-OQ® 2.01 you will see that you can easily make your child look as healthy or unhealthy as you wish. Please do not do that. If you are as accurate as possible it is more likely that you will be able to receive the help that you are seeking for your child.</p> <p><b>DIRECTIONS:</b></p> <ul style="list-style-type: none"> <li>▪ Read each statement carefully</li> <li>▪ Decide how true this statement is for your child during the past 7 days.</li> <li>▪ Completely fill the circle that most accurately describes your child during the past week.</li> <li>▪ Check only one answer for each statement and erase unwanted marks clearly.</li> </ul>	31. My child deliberately breaks rules, laws, or expectations.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	32. My child appears happy with her/himself.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	33. My child sulks, pouts, or cries more than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	34. My child pulls away from family or friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	35. My child complains of stomach pain or feeling sick more..... than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	36. My child doesn't have or keep friends.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	37. My child has friends of whom I don't approve.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	38. My child believes that others can hear her/his thoughts..... or that s/he can hear the thoughts of others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	39. My child engages in inappropriate sexual behavior (e.g. sexually active, exhibits self, sexual abuse towards family members or others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	40. My child has difficulty waiting his/her turn in activities or conversations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	41. My child thinks about suicide, says s/he would be better ..... off if s/he were dead	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	42. My child complains of nightmares, difficulty getting to sleep, ..... oversleeping, or waking up from sleep too early	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	43. My child complains about or challenges rules, expectations..... or responsibilities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	44. My child has times of unusual happiness or excessive energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	45. My child handles frustration or boredom appropriately.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	46. My child has fears of going crazy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	47. My child feels appropriate guilt for wrongdoing.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	48. My child is unusually demanding.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	49. My child is irritable.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	50. My child vomits or is nauseous more than other children of the same age.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	51. My child becomes angry enough to be threatening to others.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	52. My child has a hard time staying still or sitting up when bored.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	53. My child is appropriately hopeful and optimistic.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	54. My child experiences twitching muscles or jerking movement..... in face, arms, or body	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	55. My child has deliberately destroyed property .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	56. My child has difficulty concentrating, thinking clearly, or attending..... to tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	57. My child talks negatively, as though bad things were all his/her fault....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	58. My child has lost significant amounts of weight without medical reason..	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	59. My child acts impulsively, without thinking of the consequences.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	60. My child is usually calm.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	61. My child will not forgive her/himself for past mistakes.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	62. My child lacks energy.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	63. My child feels that he/she doesn't have any friends, or that..... no one likes him/her	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	64. My child gets frustrated and gives up, or gets upset easily.....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Self-Reported Delinquency Scale

Name \_\_\_\_\_

This questionnaire contains a number of questions about your behavior in the last year. Please answer all of the questions as accurately as you can. Do not try to look good or bad. All the information you provide is totally confidential and will not be shown to your parents or anyone else.

**How many times in the last year have you:**

1. purposely damaged or destroyed property belonging to your parents or other family members \_\_\_\_\_
2. purposely damaged or destroyed property belonging to a school \_\_\_\_\_
3. purposely damaged or destroyed other property that did not belong to you (not counting family or school property) \_\_\_\_\_
4. stolen (or tried to steal) a motor vehicle, such as a car or motorcycle \_\_\_\_\_
5. stolen (or tried to steal) something worth more than \$50 \_\_\_\_\_
6. knowingly bought, sold or held stolen goods (or tried to do any of these things) \_\_\_\_\_
7. thrown objects (such as rocks, snowballs, or bottles) at cars or people \_\_\_\_\_
8. run away from home \_\_\_\_\_
9. lied about your age to gain entrance or to purchase something; for example, lying about your age to buy liquor or get into a movie \_\_\_\_\_

- 10. carried a hidden weapon other than a plain pocket knife \_\_\_\_\_
- 11. stolen (or tried to steal) things worth \$5 or less \_\_\_\_\_
- 12. attacked someone with the idea of seriously hurting or killing him/her \_\_\_\_\_
- 13. been paid for having sexual relations with someone \_\_\_\_\_
- 14. been involved in gang fights \_\_\_\_\_
- 15. sold marijuana or hashish ("pot," "grass," "hash") \_\_\_\_\_
- 16. cheated on school tests \_\_\_\_\_
- 17. hitchhiked where it was illegal to do so \_\_\_\_\_
- 18. stolen money or other things from your parents or other members of your family \_\_\_\_\_
- 19. hit (or threatened to hit) a teacher or other adult at school \_\_\_\_\_
- 20. hit (or threatened to hit) one of your parents \_\_\_\_\_
- 21. hit (or threatened to hit) other students \_\_\_\_\_
- 22. been loud, rowdy, or unruly in a public place (disorderly conduct) \_\_\_\_\_
- 23. sold hard drugs, such as heroin, cocaine, and LSD \_\_\_\_\_

- 24. taken a vehicle for a ride (drive) without the owner's permission \_\_\_\_\_
- 25. had (or tried to have) sexual relations with someone against their will \_\_\_\_\_
- 26. used force (strong-arm methods) to get money or things from other students \_\_\_\_\_
- 27. used force (strong-arm methods) to get money or things from a teacher or other adult at school \_\_\_\_\_
- 28. used force (strong-arm methods) to get money or things from other people (not students or teachers) \_\_\_\_\_
- 29. avoiding paying for such things as movies, bus or subway rides, and food \_\_\_\_\_
- 30. been drunk in a public place \_\_\_\_\_
- 31. stolen (or tried to steal) things worth between \$5 and \$50 \_\_\_\_\_
- 32. stolen (or tried to steal) something at school, such as someone's coat from a classroom, locker, or cafeteria, or a book for the library \_\_\_\_\_
- 33. broken into a building or vehicle (or tried to break in) to steal something or just to look around \_\_\_\_\_
- 34. begged for money or things from strangers \_\_\_\_\_
- 35. skipped classes without an excuse \_\_\_\_\_
- 36. failed to return extra change that a cashier gave you by mistake \_\_\_\_\_
- 37. been suspended from school \_\_\_\_\_

38. made obscene telephone calls, such as calling someone and saying  
dirty things \_\_\_\_\_

**How often in the last year have you used:**

39. alcoholic beverages (beer, wine, and hard liquor) \_\_\_\_\_

40. marijuana—hashish (“grass,” “pot,” “hash”) \_\_\_\_\_

41. hallucinogens (“LSD,” “Mescaline,” “Peyote,” “Acid”) \_\_\_\_\_

42. amphetamines (“Uppers,” “Speed,” “Whites”) \_\_\_\_\_

43. barbiturates (“Downers,” “Reds”) \_\_\_\_\_

44. heroin (“Horse,” “Smack”) \_\_\_\_\_

45. cocaine (“Coke”) \_\_\_\_\_

REVISED BEHAVIOR PROBLEM CHECKLIST

Name of Child \_\_\_\_\_

Date \_\_\_\_\_

Name of person completing this checklist  
\_\_\_\_\_

Relationship to child (circle one)

a. Mother b. Father c. Teacher d. Other \_\_\_\_\_

(specify)

Please indicate which of the following are problems, as far as this child is concerned. If an item does not constitute a problem or if you have had no opportunity to observe or have no knowledge about the item, circle the zero. If an item constitutes a mild problem, circle the one; if an item constitutes a severe problem, circle the two. Please complete every item.

- |  |   |   |   |
|--|---|---|---|
| 1. Restless; unable to sit still .....                           | 0 | 1 | 2 |
| 2. Seeks attention; "shows-off" .....                            | 0 | 1 | 2 |
| 3. Stays out late at night .....                                 | 0 | 1 | 2 |
| 4. Self-conscious; easily embarrassed .....                      | 0 | 1 | 2 |
| 5. Disruptive; annoys and bothers others .....                   | 0 | 1 | 2 |
| 6. Feels inferior .....  | 0 | 1 | 2 |
| 7. Steals in company with others .....                           | 0 | 1 | 2 |
| 8. Preoccupied; "in a world of his own"; stares into space ..... | 0 | 1 | 2 |
| 9. Shy, bashful .....  | 0 | 1 | 2 |
| 10. Withdraws; prefers solitary activities .....                 | 0 | 1 | 2 |

11	Belongs to a gang .....	0	1	2
12	Repetitive speech; says same thing over and over .....	0	1	2
13	Short attention span; poor concentration .....	0	1	2
14	Lacks self-confidence .....	0	1	2
15	Inattentive to what others say .....	0	1	2
16	Incoherent speech, what is said doesn't make sense .....	0	1	2
17	Fights .....	0	1	2
18	Loyal to delinquent friends .....	0	1	2
19	Has temper tantrums .....	0	1	2
20	Truant from school, usually in company with others .....	0	1	2
21	Hypersensitive; feelings are easily hurt .....	0	1	2
22	Generally fearful; anxious .....	0	1	2
23	Irresponsible, undependable .....	0	1	2
24	Has "bad" companions, ones who are always in some kind of trouble .....	0	1	2
25	Tense, unable to relax .....	0	1	2
26	Disobedient; difficult to control .....	0	1	2
27	Depressed; always sad .....	0	1	2
28	Uncooperative in group situations .....	0	1	2
29	Passive, suggestible; easily led by others .....	0	1	2
30	Hyperactive; "always on the go" .....	0	1	2
31	Distractible; easily diverted from the task at hand .....	0	1	2
32	Destructive in regard to own and/or other's property .....	0	1	2
33	Negative; tends to do the opposite of what is requested .....	0	1	2
34	Impertinent; talks back .....	0	1	2
35	Sluggish, slow moving, lethargic .....	0	1	2

36	Drowsy; not "wide awake" .....	0	1	2
.				
37	Nervous, jittery, jumpy; easily startled .....	0	1	2
.				
38	Irritable, hot-tempered; easily angered .....	0	1	2
.				
39	Express strange, far-fetched ideas .....	0	1	2
.				
40	Argues; quarrels .....	0	1	2
.				
41	Sulks and pouts .....	0	1	2
.				
42	Persists and nags; can't take "no" for an answer .....	0	1	2
43	Avoids looking others in the eye .....	0	1	2
44	Answers without stopping to think .....	0	1	2
45	Unable to work independently; needs constant help and attention .....	0	1	2
46	Uses drugs in company with others .....	0	1	2
47	Impulsive; starts before understanding what to do; doesn't stop and think ...	0	1	2
48	Chews on inedible things .....	0	1	2
49	Tries to dominate others; bullies, threatens .....	0	1	2
50	Picks at other children as a way of getting their attention; seems to want to relate but doesn't know how .....	0	1	2
51	Steals from people outside the home .....	0	1	2
52	Expresses beliefs that are clearly untrue (delusions) .....	0	1	2
53	Says nobody loves him or her .....	0	1	2
54	Freely admits disrespect for moral values and laws .....	0	1	2
55	Braggs and boasts .....	0	1	2
56	Slow and not accurate in doing things .....	0	1	2

57	Shows little interest in things around him or her .....	0	1	2
58	Does not finish things; gives up easily; lacks perseverance .....	0	1	2
59	Is part of a group that rejects school activities such as team sports, clubs, projects to help others .....	0	1	2
60	Cheats .....	0	1	2
61	Seeks company of older, "more experienced" companions .....	0	1	2
62	Knows what's going on but is listless and uninterested .....	0	1	2
63	Resists leaving mother's (or other caretaker's) side .....	0	1	2
64	Difficulty in making choices; can't make up mind .....	0	1	2
65	Teases others .....	0	1	2
66	Absentminded; forgets simple things easily .....	0	1	2
67	Acts like he or she were much younger; immature, "childish" .....	0	1	2
68	Has trouble following directions .....	0	1	2
69	Will lie to protect his friends .....	0	1	2
70	Afraid to try new things for fear of failure .....	0	1	2
71	Selfish; won't share; always takes the biggest piece .....	0	1	2
72	Uses alcohol in company with others .....	0	1	2
73	School work is messy, sloppy .....	0	1	2
74	Does not respond to praise from adults .....	0	1	2
75	Not liked by others; is a "loner" because of aggressive behavior .....	0	1	2
76	Does not use language to communicate .....	0	1	2
77	Cannot stand to wait; wants everything right now .....	0	1	2
78	Refuses to take directions, won't do as told .....	0	1	2
79	Blames others; denies own mistakes .....	0	1	2
80	Admires and seeks to associate with "rougher" peers .....	0	1	2

81	Punishment doesn't affect his or her behavior .....	0	1	2
82	Squirms, fidgets .....	0	1	2
83	Deliberately cruel to others .....	0	1	2
84	Feels he or she can't succeed .....	0	1	2
85	Tells imaginary things as though true; unable to tell real from imagined .....	0	1	2
86	Does not hug and kiss members of family; affectionless .....	0	1	2
87	Runs away; is truant from home .....	0	1	2
88	Openly admires people who operate outside the law .....	0	1	2
89	Repeats what is said to him or her; "parrots" others' speech .....	0	1	2

**BRIEF SYMPTOM INVENTORY (BSI)**

Below is a list of problems and complaints that people sometimes have. Please read each one carefully. After you have done so, circle the number that best describes how much discomfort that problem has caused you during the past week including today.

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

Example:

How much were you distressed by:

- 1. Bodyaches.....0 1 2 3 4

**IN THE LAST WEEK, HOW MUCH WERE YOU DISTRESSED BY:**

- 1. Nervousness or shakiness inside.....0 1 2 3 4
- 2. Faintness or dizziness.....0 1 2 3 4
- 3. The idea that someone else can control your thoughts.....0 1 2 3 4
- 4. Feeling others are to blame for most of your trouble.....0 1 2 3 4
- 5. Trouble remembering things.....0 1 2 3 4
- 6. Feeling easily annoyed or irritated.....0 1 2 3 4
- 7. Pains in heart or chest.....0 1 2 3 4
- 8. Feeling afraid in open space.....0 1 2 3 4
- 9. Thoughts of ending your life.....0 1 2 3 4
- 10. Feeling that most people cannot be trusted.....0 1 2 3 4
- 11. Poor appetite.....0 1 2 3 4
- 12. Suddenly scared for no reason.....0 1 2 3 4
- 13. Temper out bursts that you could not control.....0 1 2 3 4
- 14. Feeling lonely even when you are with people.....0 1 2 3 4
- 15. Feeling blocked in getting things done.....0 1 2 3 4
- 16. Feeling lonely.....0 1 2 3 4
- 17. Feeling blue.....0 1 2 3 4
- 18. Feeling no interest in things.....0 1 2 3 4
- 19. Feeling fearful.....0 1 2 3 4
- 20. Your feelings being easily hurt.....0 1 2 3 4
- 21. Feeling that people are unfriendly or dislike you.....0 1 2 3 4
- 22. Feeling inferior to others.....0 1 2 3 4
- 23. Nausea or upset stomach.....0 1 2 3 4
- 24. Feeling that you are watched or talked about by others.....0 1 2 3 4
- 25. Trouble falling asleep.....0 1 2 3 4

- 0 = Not at all
- 1 = A little bit
- 2 = Moderately
- 3 = Quite a bit
- 4 = Extremely

- 26. Having to check and double check what you do.....0 1 2 3 4
- 27. Difficulty making decisions.....0 1 2 3 4
- 28. Feeling afraid to travel on buses, subways, or trains.....0 1 2 3 4
- 29. Trouble getting your breath.....0 1 2 3 4
- 30. Hot or cold spells.....0 1 2 3 4
- 31. Having to avoid certain things, places, or activities.....0 1 2 3 4
- 32. Your mind going blank.....0 1 2 3 4
- 33. Numbness or tingling in parts of your body.....0 1 2 3 4
- 34. The idea that you should be punished for your sins.....0 1 2 3 4
- 35. Feeling hopeless about the future.....0 1 2 3 4
- 36. Trouble concentrating.....0 1 2 3 4
- 37. Feeling weak in parts of your body.....0 1 2 3 4
- 38. Feeling tense keyed up.....0 1 2 3 4
- 39. Thoughts of death or dying.....0 1 2 3 4
- 40. Having urges to beat, injure, or harm someone.....0 1 2 3 4
- 41. Having urges to break or smash things.....0 1 2 3 4
- 42. Feeling very self-conscious with others.....0 1 2 3 4
- 43. Feeling uneasy in crowds.....0 1 2 3 4
- 44. Never feeling close to another person.....0 1 2 3 4
- 45. Spells of terror or panic.....0 1 2 3 4
- 46. Getting into frequent arguments.....0 1 2 3 4
- 47. Feeling nervous when you are left alone.....0 1 2 3 4
- 48. Others not giving you proper credit for your achievements.....0 1 2 3 4
- 49. Feeling so restless you couldn't sit still.....0 1 2 3 4
- 50. Feelings of worthlessness.....0 1 2 3 4
- 51. Feeling that people will take advantage of you if you let them.....0 1 2 3 4
- 52. Feelings of guilt.....0 1 2 3 4
- 53. The idea that something is wrong with your mind.....0 1 2 3 4

## Global Assessment of Functioning (GAF) Scale

(From DSM-IV-TR, p. 34.)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

**Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72.)**

100

|

91

**Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities. No symptoms.**

90

|

81

**Absent or minimal symptoms** (e.g., mild anxiety before an exam), **good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns** (e.g. an occasional argument with family members).

80

|

71

**If symptoms are present, they are transient and expectable reactions to psychosocial stressors** (e.g., difficulty concentrating after family argument); **no more than slight impairment in social, occupational or school functioning** (e.g., temporarily failing behind in schoolwork).

70

|

61

**Some mild symptoms** (e.g. depressed mood and mild insomnia) **OR some difficulty in social, occupational, or school functioning** (e.g., occasional truancy, or theft within the household), **but generally functioning pretty well, has some meaningful interpersonal relationships.**

60

|

51

**Moderate symptoms** (e.g., flat affect and circumstantial speech, occasional panic attacks) **OR moderate difficulty in social, occupational, or school functioning** (e.g.. few friends, conflicts with peers or co-workers).

50

|

41

**Serious symptoms** (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting)

**OR any serious impairment in social, occupational, or school functioning** (e.g., no friends, unable to keep a job).

40

|

31

**Some impairment in reality testing or communication** (e.g., speech is at times illogical, obscure, or irrelevant)

**OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood** (e.g., depressed man avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

30

|

21

**Behavior is considerably influenced by delusions or hallucinations**

**OR serious impairment in communication or judgment** (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation)

**OR inability to function in almost all areas** (e.g., stays in bed all day; no job, home, or friends).

20

|

11

**Some danger of hurting self or others** (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement)

**OR occasionally fails to maintain minimal personal hygiene** (e.g., smears feces)

**OR gross impairment in communication** (e.g., largely incoherent or mute).

10

|

1

**Persistent danger of severely hurting self or others** (e.g., recurrent violence)

**OR persistent inability to maintain minimal personal hygiene**

**OR serious suicidal act with clear expectation of death.**

0 Inadequate information.

### Family Adaptability and Cohesion Evaluation Scales - II

INSTRUCTIONS: Please answer all questions, using the following scale.

---

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

---

**HOW WOULD YOU DESCRIBE YOUR FAMILY NOW?** (Circle a number for each statement.)

1. Family members are supportive of each other during difficult times.  
1                      2                      3                      4                      5
2. In our family, it is easy for everyone to express his/her opinion.  
1                      2                      3                      4                      5
3. It is easier to discuss problems with people outside the family than with other family members.  
1                      2                      3                      4                      5
4. Each family member has input in major family decisions.  
1                      2                      3                      4                      5
5. Our family gathers together in the same room.  
1                      2                      3                      4                      5
6. In our family, children have a say in their discipline.  
1                      2                      3                      4                      5
7. Our family does things together.  
1                      2                      3                      4                      5
8. Our family members discuss problems and feel good about the solutions.  
1                      2                      3                      4                      5
9. In our family, everyone goes his/her own way.  
1                      2                      3                      4                      5
10. We shift household responsibilities from person to person.  
1                      2                      3                      4                      5
11. Our family members know each other's close friends.  
1                      2                      3                      4                      5
12. It is hard to know what the rules are in our family.  
1                      2                      3                      4                      5

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

**HOW WOULD YOU DESCRIBE YOUR FAMILY NOW?** (Circle a number for each statement.)

13. Family members consult other family members on their decisions.

1                      2                      3                      4                      5

14. Our family members say what they want.

1                      2                      3                      4                      5

15. We have difficulty thinking of things to do as a family.

1                      2                      3                      4                      5

16. In solving problems, the children's suggestions are followed.

1                      2                      3                      4                      5

17. Our family members feel very close to each other.

1                      2                      3                      4                      5

18. Discipline is fair in our family.

1                      2                      3                      4                      5

19. Family members feel closer to people outside our family than to other family members.

1                      2                      3                      4                      5

20. Our family tries new ways of dealing with problems.

1                      2                      3                      4                      5

21. Our family members go along with what the family decides to do.

1                      2                      3                      4                      5

22. In our family, everyone shares responsibilities.

1                      2                      3                      4                      5

23. Our family members like to spend their free time with each other.

1                      2                      3                      4                      5

24. It is difficult to get a rule changed in our family.

1                      2                      3                      4                      5

1	2	3	4	5
ALMOST NEVER	ONCE IN A WHILE	SOMETIMES	FREQUENTLY	ALMOST ALWAYS

**HOW WOULD YOU DESCRIBE YOUR FAMILY NOW?** (Circle a number for each statement.)

25. Our family members avoid each other at home.

1                      2                      3                      4                      5

26. When problems arise in our family, we compromise.

1                      2                      3                      4                      5

27. We approve of each other's friends.

1                      2                      3                      4                      5

28. Family members are afraid to say what is on their minds.

1                      2                      3                      4                      5

29. Family members pair up rather than do things as a total family.

1                      2                      3                      4                      5

30. Our family members share interests and hobbies with each other.

1                      2                      3                      4                      5

Attachment L

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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mboobbitt@boonecountymo.org](mailto:mboobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal *27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

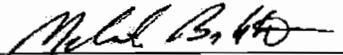
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

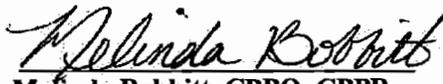
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
Director of Purchasing 

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.00. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.00. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i)
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

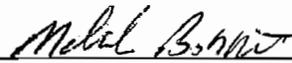
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

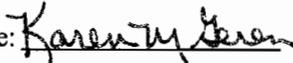
OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature:  Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

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E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

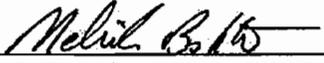
I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

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E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

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By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

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1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

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the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

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Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

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While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section *I. Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
Melinda Bobbitt, CPPO, CPPB   
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designation; however, an organization must have obtained the 501(c)(3) designation prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/evaL/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

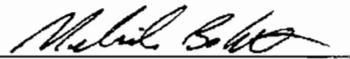
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
 Melinda Bobbitt, CPPO, CPPB  
 Director of Purchasing

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

#### **BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### **RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymo.org">mbobbitt@boonecountymo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

#### **CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390

Email: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

**Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

- c. **Service Need:**
  - i. Provide a detailed description of the unmet need in Boone County for your agency's services.
  - ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
  - iii. State the purpose of your proposed service.
  - iv. State the goals of your proposed service.
  - v. Describe the anticipated outcomes of your proposed service.
  - vi. Identify other providers of this proposed service in Boone County.
  - vii. What agencies do you receive referrals from and to what agencies do you make referrals?
  - viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

## 2. EVALUATION

- a. **Performance Information:**
  - i. Attach a Program Performance Measures Worksheet (see Attachment A).
- b. **Outcomes:**
  - i. Describe your service outcomes (outcomes need to be measurable and time specific).
- c. **Indicators:**
  - i. Identify and describe the indicators which will measure your service outcomes.
  - ii. Identify your agency's performance target of these indicators.
- d. **Measurement:**
  - i. Discuss who will be responsible for the accomplishment of each of the outcomes.
  - ii. Discuss how the data will be collected.
  - iii. Identify your agency's timeline for each outcome.
  - iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

- e. **Input**
  - i. **Clinical Expertise:**
    - 1. Discuss the capacity of your agency to deliver the proposed service.
  - ii. **Service Activity:**
    - 1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
    - 2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
    - 3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.
  
- f. **Output:**
  - i. Service to be provided
  - ii. Unit measurement
  - iii. Unit cost
  - iv. Amount requested
  - v. Number of individuals to be served
  - vi. Average units of services per individual

### 3. **BUDGET**

- a. **Budget Worksheets to be Attached:**
  - i. Agency Financial Worksheet (see Attachment B)
  - ii. Program Budget Worksheet (see Attachment C)
  
- b. **Budget Narrative**
  - i. Please explain each line of the budget worksheets from Attachments B and C.

### 4. **AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children’s Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

**AGENCY NAME:**

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET** **(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

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Printed Name - Agency Executive Director/President/CEO

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Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

## **ATTACHMENT E**

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date





**AGREEMENT FOR PURCHASE OF SERVICES**  
**Early Childhood Positive Behavior Support Training and Coaching**

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THIS AGREEMENT dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of the Project LAUNCH)** a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "EC-PBS".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the EC-PBS has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to EC-PBS thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY EC-PBS**

EC-PBS is expected to the greatest extent possible to maximize funding from all other sources. EC-PBS shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. EC-PBS shall only request reimbursement for services not reimbursable by any other source. EC-PBS shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. EC-PBS will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. EC-PBS agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for **Proposal #27-10JUN14** (Purchase of Services) and EC-PBS's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the EC-PBS's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the EC-PBS and the EC-PBS agrees to furnish (include the name of the service funding) for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the EC-PBS's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$246,582** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of EC-PBS be renewed for an **additional two (2) one-year periods**. EC-PBS agrees and understands that the BCCSB may require supplemental information to be submitted by EC-PBS prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **Early Childhood Positive Behavior Support Training and Coaching** is the mutually agreed upon rate of **\$36.87 per hour**. All billing shall be invoiced to BCCSB monthly by the 20<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the EC-PBS, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by EC-PBS to monitor service delivery and program expenditures. EC-PBS agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by EC-PBS and, if so stipulated, are noted on this contract document. Payments may be withheld from EC-PBS if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. EC-PBS agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** EC-PBS also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of EC-PBS's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from EC-PBS, if reports designated here are not made available upon request.

9. **Monitoring.** EC-PBS agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect EC-PBS's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, EC-PBS hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event EC-PBS requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from EC-PBS must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with EC-PBS's policies and procedures and in accordance with any local/state/federal regulations. EC-PBS agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. EC-PBS must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** EC-PBS will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply will applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** EC-PBS agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to EC-PBS's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** EC-PBS agrees that any conflicts of interest between its Board of Curators and/or employees and EC-PBS shall be appropriately identified and managed.

16. **Subcontracts.** EC-PBS may enter into subcontracts for components of the contracted service as EC-PBS deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the EC-PBS shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** EC-PBS agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. EC-PBS shall require each subcontractor to affirmatively state in its Agreement with the EC-PBS that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** EC-PBS agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened against EC-PBS or any individual acting on the EC-PBS's behalf, including subcontractors, which seek to enjoin or prohibit EC-PBS from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If EC-PBS ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if EC-PBS no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, EC-PBS will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event EC-PBS, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to EC-PBS as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the EC-PBS fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the EC-PBS shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the EC-PBS for outstanding expenses incurred up to the date of termination,

including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, EC-PBS agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Project LAUNCH)**, (meaning anyone, including but not limited to consultants having a contract with the EC-PBS or subcontractor for part of the services), or anyone directly or indirectly employed by EC-PBS, or of anyone for whose acts EC-PBS may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** EC-PBS shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. EC-PBS will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. EC-PBS will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. EC-PBS agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and EC-PBS. The BCCSB does not recognize any of the EC-PBS's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** EC-PBS shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the EC-PBS shall be mailed or delivered to:

University of Missouri - Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of the Project LAUNCH)**

By: Karen M. Geren  
Signature 12-4-2014

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
MW Project # 00047396

**Boone County, Missouri**

By: [Signature]  
Daniel K. Atwill, Presiding Commissioner

By: [Signature]  
Les Wagner, Board Chair

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by [Signature] 12/08/2014 2161/71106/\$246,582  
Signature Date Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

Annex

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to: mbobbitt@boonecountymmo.org.

Company Name: Curators of the University of Missouri

Address: Office of Sponsored Programs, University of Missouri  
310 Jesse Hall, Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature: Karen M. Geren Date: 11-12-2014

E-mail: grantsdc@missouri.edu

**[REDACTED] (Early Childhood Positive Behavior Support – ECPBS) Dr. Young-Walker**

The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated unit price for the services. Please also provide an adjusted total amount requested.

The service we are providing with the Early Childhood-Positive Behavior Supports program is a unique service. As a result there are no publicly established rates for the service.

The total amount we are requesting for this program is: \$246,881.52

The unit cost is \$36.87 per hour of service.

Total units for the year will be 6696.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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November 7, 2014

Dr. Laine Young-Walker and Jeremiah Lotven  
University of Missouri  
Department of Psychiatry  
E-mail: [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu) and [YoungWalkerL@health.missouri.edu](mailto:YoungWalkerL@health.missouri.edu)

RE: Request for Additional Information #2 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Dr. Young-Walker and Mr. Lotven:

Attached is a *Request for Additional Information #2*. Please complete the attached form, sign and submit with the requested information as soon as possible by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted by e-mail to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Early Childhood Positive Behavior Support – ECPBS)**

The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated unit price for the services. Please also provide an adjusted total amount requested.

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 - Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: The University of the Holy Family of Missouri

Address: 11110 E. Spang Road, Houston, Missouri, 64513  
11110 E. Spang Road, Houston, MO 64513

Telephone: 816-884-1111 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6000851

Print Name: Karen M. Green Title: Executive Director

Signature: Karen M. Green Date: 10-13-2014

E-mail: kgreen@uhfmo.edu

**[REDACTED] (Early Childhood Positive Behavior Support – ECPBS)**

- a. When does the federal SAMSHA grant funding, that funds the current ECPBS project, end?
- b. What agency(s) will Project LAUNCH contract with for this project?
- c. Please specify what age groups this grant will be targeting?
- d. Currently, the proposal states that the teachers will be the only ones completing the ASQ scores. The board would like to see both the parents and the teachers score these screening tools and then compare the score sheets. Would this be possible?
- e. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?

**University of Missouri – Project LAUNCH (Early Childhood Positive Behavior Support – EC-PBS)**

- a. When does the federal SAMHSA grant funding, that funds the current ECPBS project, end?**

SAMHSA funding for Boone County Project LAUNCH will end on September 29, 2015.

- b. What agency(s) will Project LAUNCH contract with for this project?**

Child Care Aware of Central Missouri has been our partner in this project for the past four years, and we would expect to continue that partnership. although we may need to contract with independent behavioral consultants in order to serve the projected/proposed 20-25 EC-PBS sites.

- c. Please specify what age groups this grant will be targeting.**

Although the target age group for EC-PBS is 0-5 years, several of our sites have after-school programs, so in actuality the age group can be expanded to 0-12 years.

- d. Currently, the proposal states that the teachers will be the only ones completing the ASQ scores. The board would like to see both the parents and the teachers score these screening tools and then compare the score sheets. Would this be possible?**

Completion of ASQ's by both teachers and parents is very possible. Many of our sites have elected to do so in fact. We can certainly implement this across all sites, and there are good reasons for doing so.

- e. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy?**

Yes, we will be able to comply with the allowable 15% indirect cost policy. (15% of total direct costs)

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 7, 2014

Dr. Laine Young-Walker and Jeremiah Lotven  
University of Missouri  
Department of Psychiatry  
E-mail: [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu) and [YoungWalkerL@health.missouri.edu](mailto:YoungWalkerL@health.missouri.edu)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Dr. Young-Walker and Mr. Lotven:

Attached is a *Request for Additional Information #1*. Please complete the attached form, sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by email to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Early Childhood Positive Behavior Support – ECPBS)**

- a. When does the federal SAMSHA grant funding, that funds the current ECPBS project, end?
- b. What agency(s) will Project LAUNCH contract with for this project?
- c. Please specify what age groups this grant will be targeting?
- d. Currently, the proposal states that the teachers will be the only ones completing the ASQ scores. The board would like to see both the parents and the teachers score these screening tools and then compare the score sheets. Would this be possible?
- e. The Boone County Children’s Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children’s Services Fund. Is the agency able to comply with this policy?

# UNIVERSITY of MISSOURI

27 10 JUN 14  
Contract

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047396

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Laine Young-Walker in the Department of Psychiatry at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for*



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

*part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## ***Attachment D—2014 Agency Assurance Sheet***

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

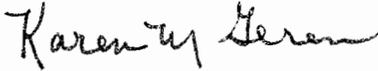
SPONSORED PROGRAMS ADMINISTRATION

date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Jeremiah Lotven at 573-884-5059 or [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren  
Authorized Signer and Pre-Award Lead  
Office of Sponsored Programs Administration  
University of Missouri | 310 Jesse Hall | Columbia, MO 65211  
Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:** The Curators of the University of Missouri

**Agency Address:** Office of Sponsored Programs  
University of Missouri  
310 Jesse Hall  
Columbia, MO 65211-1230

**Agency Phone Number:** 573-882-7560

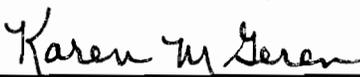
**Primary Agency Contact (include title):** Karen M. Geren, Pre-Award Lead, OSPA

**Email Address:** grantsdc@missouri.edu

**Contact Phone Number:** 573-882-4451

**Amount Requested:** \$246,583.00

**Federal Tax ID (or Social Security #):** 43-6003859

**Signature:**  **Date:** 07-10-14

MU PROJECT NO. 00047396

**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i. Attach a copy of your agency's Mission Statement.

**Boone County Project LAUNCH mission, vision, values statement Attachment G**

- ii. Attach a list of your agency's Board of Directors.

**Boone County LAUNCH Wellness Council (advisory board) members Attachment H**

- iii. Provide a summary of your agency's services within Boone County.

**Boone County Project LAUNCH has been promoting children's social-emotional wellness in the community since funding was awarded in the fall of 2010. Although not an agency**

per se, Boone County LAUNCH has been directly and indirectly supporting evidence-based prevention/promotion services in the following areas:

1. **Developmental Screening**: training and referral support for standardized screening tools for providers in early care and education and primary care
2. **Home Visiting**: funding/other support to Centralia Parents as Teachers to enhance program and expand capacity to serve more families and reduce wait lists
3. **Parent Education**: Incredible Years provider training and financial/technical support to agencies offering groups aimed at connecting parents, improving parent-child relationships
4. **Integration of Behavioral and Primary Care**: education and support to pediatric community regarding effective models of integration
5. **Mental Health Consultation**: Early Childhood Positive Behavior Support (EC-PBS) project, the focus of this proposal, targeting rural and urban preschool settings, 2 cohorts

This proposal seeks to achieve meaningful impact on the lives children and families by increasing, enhancing, and sustaining our capacity to train and coach early childhood professionals in Boone County through the EC-PBS program.

**b. Target Population:**

- i. The target population for Boone County LAUNCH is children ages 0-8 and their families/caregivers; the target population for EC-PBS is early childhood educators in center, preschool, and home-based settings serving children ages 0-6, with a special focus on rural communities. Currently we work with 11 sites (3 in Ashland, 4 in Columbia, 1 in Centralia, 1 in Sturgeon, and 1 in Harrisburg) with a total of 80 early child professionals serving approximately 400 children. With this

**proposal, we plan to increase the number of sites implementing EC-PBS to 25 (approx. 180 staff and 900 children).**

**ii. State the statutorily eligible service area(s) (see page 2) ...**

**The relevant statutorily eligible service area is prevention programs which promote healthy lifestyles among children and youth and strengthen families.**

**iii. Is there a segment of the population your agency is unable to serve?**

**In Boone County, there are approximately 155 licensed child care providers with varying standards of care. Over the last two years, we have trained and coached approximately 15 sites (10%) on best practices in early care and education through EC-PBS. If funded, this proposal would enable us to significantly expand our reach in the coming year (Oct 2014-Sept 2015) and potentially quadruple our reach over a 2-3 year period, thereby improving the quality of early childhood environments and building the capacity of early childhood professionals to promote social-emotional development.**

**iv. Describe any impediments your agency has in serving your target population.**

**The primary barrier is adequate funding to meet the need for social-emotional competence in early care and education.**

**C. Service Need:**

**i. EC-PBS was developed by Boone County LAUNCH in collaboration with Child Care Aware of Central Missouri (CCA) and Columbia Public Schools (CPS) in response to an identified need for supporting early childhood professionals in effectively addressing and reducing challenging behaviors and developmental concerns in children, birth to five. This need is especially evident in resource-constrained, isolated rural school districts and in**

**home-based settings serving very young children where access to effective early intervention and prevention strategies is limited and expulsion rates remain high.**

**Social-emotional training and coaching targeting individual teachers or classrooms has proven to be ineffective in reducing challenging behaviors and promoting school readiness. EC-PBS offers a unique systems approach for implementing the highly effective tier-based Positive Behavior Support (PBS) framework within a social-emotional competence context through program-wide training, team-building, behavioral consultation/coaching, and intervention services. Given the strong presence PBS has in school districts throughout the county, EC-PBS strengthens the preschool environment and promotes school readiness and successful transition to kindergarten. The addition of parent training modules will strengthen social-emotional competence in the home environment.**

**In addition to intensive, program-wide training and coaching, EC-PBS also promotes early identification of developmental delays through standardized screening using the ASQ-3 and ASQ:SE. The benefits of regular and periodic screening in early care and education are myriad: early detection of delays allows for timely intervention, ideally well before kindergarten; caregivers can use activities that strengthen a child's skills; information/activities can be shared with parents to support development in the home environment; screening data provides a common reference for parents, educators, primary care providers, and others. EC-PBS promotes the integration of screening into practice through ASQ training/re-training, ASQ kits, and referral support.**

ii. Provide statistical data with cited sources...

**According to recent reports, Missouri ranks 10<sup>th</sup> out of 40 states in number of expulsion from preschool settings due to challenging behaviors (*The Call to End School Expulsion*, Policy**

Brief, Center for Family Policy & Research, University of Missouri,

<http://hdfs.missouri.edu/cfpr/documents/briefs/expulsion.pdf>). **Children expelled from preschool**

**often lack access to needed supports and interventions and are at high risk for developing chronic behavior problems later in life. Behavioral consultation, or coaching, is associated with lower expulsion rates, reduced challenging behaviors, and improved social-emotional functioning** (Perry et al (2008), *Reducing the risk for preschool expulsion*. J Child and Family Studies).

**Additionally, program-wide PBS, the foundation for EC-PBS, is strongly linked to reduced challenging behaviors and increased school engagement** (Fox et al (2005). *Program-Wide Positive Behavior Support: Supporting Young Children's Social-Emotional Development and Addressing Challenging Behavior*. Tampa, Florida: University of South Florida, Louis de la Parte Florida Mental Health Institute.

**With respect to developmental screening, statistics tell us that at least 13% of children have a developmental or behavioral delay that can negatively impact school readiness, yet fewer than 50% are identified before kindergarten**

**(<http://www.cdc.gov/ncbddd/childdevelopment/screening.html>). This provides a strong argument for routine standardized screening and referral to timely early intervention services as effective tools for improving long-term developmental, health, and behavioral outcomes.**

iii. State the purpose of your proposed service.

**The purpose of EC-PBS is to improve the ability of early childhood professionals and others in the child's natural environment to prevent and reduce challenging behaviors, promote healthy development, and foster school readiness.**

iv. State the goals of your proposed service.

**Goal 1: Improve the quality and efficacy of early care and education; reduce job stress and turnover; increase social-emotional competence**

**Goal 2: Promote healthy development, school readiness/successful transition to kindergarten, and positive parenting behaviors**

**Goal 3: Create systems change to address resource constraints and improve access to services that support children's growth and development**

- v. Describe the anticipated outcomes of your proposed service.

**Systems-level outcomes: Increased collaboration at the program level through team meetings; increased early identification of developmental delays through screening and referral; Provider-level outcomes: Increased knowledge of social-emotional development; increased job satisfaction and retention; Child/Parent-level outcomes: Positive change in social-emotional health; increased positive parenting practices**

- vi. Identify other providers of this proposed service in Boone County.

**Historically, Child Care Aware of Central Missouri and Early Childhood Special Education programs funded by school districts have provided on-demand behavioral consultation/technical assistance to child care programs in the County. EC-PBS is a unique, innovative, systematic model for early intervention in our area.**

- vii. What agencies do you receive referrals from...?

**Although we are not an agency per se and do not receive referrals, we make referrals through EC-PBS and developmental screening efforts to agencies such as PAT, First Steps, Early Childhood Special Education, speech/vision/hearing clinics, etc...**

- viii. Please provide a copy any Memorandums of Understanding ...: **Letter of support from Child Care Aware attached**

**2. EVALUATION**

- a. Performance Information: i. Please see Attachment A**

**b. Outcomes:**

- i. Systems-level outcomes: Increased collaboration at the program level through team meetings; increased early identification of developmental delays through screening and referral as measured by number of screens and referrals reported on a quarterly basis; Provider-level outcomes: Increased knowledge of social-emotional development in early care and education as measured by knowledge-based surveys administered at baseline and 10-12 months later; increased job satisfaction and retention in early care and education workforce as measured by Teacher-Provider Survey at baseline and 10-12 months later; Child/Parent-level outcomes: Positive change in social-emotional health of children ages 3-6 in EC-PBS sites as measured by Strengths and Difficulties Questionnaire (SDQ) at baseline and 10-12 months later; decreased stress of parents/caregivers of children in EC-PBS sites as measured pre- and post-training (6 CSEFEL-based modules/week)**

**c. Indicators:**

- i. Systems-level indicators: Team meeting attendance rates; screening referrals made on timely basis (within 1 week of screen date); Provider-level indicators: Comparison of pre/post knowledge-based survey scores (increased knowledge); statistically significant increase in job**

satisfaction; staff turnover rates across 12 months (decreased turnover rates as compared with historical data); Child/Parent-level outcomes: Comparison of pre/post SDQ scores (decreased internalizing and externalizing behaviors); Comparison of pre/post training scores (decreased parental stress)

- ii. Identify your agency's performance target of these indicators.

Systems-level indicators: Average team meeting attendance rates at 75% or greater;

Provider-level indicators: Post test scores 80% or above considered proficient;

average score of 1.8 on Likert scale, post Teacher-Provider Survey; Child/Parent-level outcomes: 90% of total number of children (810) will score in the normal range (0-11) in the post SDQ; this represents an improvement of 10% in post scores when using national norms for this age group (80% in normal range); statistically significant mean decrease of 4.8 or more as measured by the Parental Stress Scale

d. **Measurement:**

- i. Discuss who will be responsible for the accomplishment of outcomes.

Responsibility for achieving the proposed outcomes will be shared by the entire program team (coordinator, coaches, trainers, evaluation team). Data will be shared across team members on regular basis to promote continuous quality improvement of program. For example, coaching logs are collected and analyzed monthly to provide timely feedback to coaches. This information is mapped to baseline pre-SET (PBS fidelity tool) scores for individual sites and is available for discussion during coaching meetings.

- ii. Discuss how the data will be collected.

**Multiple data instruments will be administered and collected at baseline and again at end of project. A data collector will be in charge of distributing instruments and tracking completion. Coaches will facilitate overall data collection process during onsite visits. Training evaluation instruments will be distributed and collected during training events. Coaches are responsible for completing and submitting logs to evaluation team on a monthly basis.**

**iii. Identify your agency's timeline for each outcome.**

**Overall timeline for EC-PBS program: October 1-September 30**

- 1. Increased social-emotional knowledge/competence assessed at baseline (first workshop in fall) and again in summer (second workshop)**
- 2. Increased knowledge of developmental and social-emotional screening assessed at each ASQ-3 and ASQ:SE training event with first occurring in October and subsequent trainings (new staff) or refreshers offered in spring/summer**
- 3. Early identification of developmental delays—number of screens and referrals collected on quarterly basis (1<sup>st</sup> quarter Oct.-Dec.) and compared across time**
- 4. Job satisfaction assessed at baseline (October) and at end of project (Aug/Sept)**
- 5. Social-emotional health of children assessed using SDQ at baseline (Oct/Nov) and at end of project (Aug/Sept); post SDQ's for children entering kindergarten completed in July**
- 6. Parental stress will be assessed after each 6-weeks series of parenting modules, one held in fall and one in late spring**

- iv. Include copies of any evaluation tools.

**Copies of evaluation instruments are attached. The Strengths and Difficulties**

**Questionnaire is in the public domain, easy to administer, and examines both externalizing and internalizing behaviors**

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**Boone County LAUNCH currently has one behavioral consultant serving as EC-PBS coach and contracts with CCA of Central Missouri for 2 additional coaches. Doubling our capacity would require at least 2 additional coaches/behavioral consultants recruited either through CCA or independently.**

**ii. Service Activity:**

1. Describe the interventions and/or activities to address unmet need.

**EC-PBS Coaching/Training: problem-solving interventions designed to improve the ability of providers and others in the child's natural environment to prevent and reduce challenging behaviors and consisting of observation, modeling, goals assessment, reflection, and other functions for reinforcing training principles and promoting supportive classroom environments. The coaching process is also highly focused on connecting with program administration to ensure commitment to and participation in implementation of EC-PBS principles. The coach also facilitates bi-monthly program team meetings to promote consistency and collaboration. The coaching process is enhanced and supported through twice-monthly coaching meetings and monthly reflective supervision.**

**Each EC-PBS site receives two hours of classroom-based coaching per week as well as technical assistance via phone or email as needed in between visits. Sites are expected to participate in two EC-PBS training modules over the year-long program as well as two training sessions on the standardized screening tools, ASQ-3 and ASQ:SE. To promote the integration of screening into practice, sites will receive ASQ kits and ongoing support. This expanded version of EC-PBS will be enhanced by the addition of CSEFEL parent training modules. These consist of six 2-hour sessions focusing on relationship-building and reducing parental stress. Two series will be offered to EC-PBS-affiliated parents on a first-come, first-served basis, one in fall and one in spring.**

**2. Identify and discuss the evidence-based practices ...**

**The EC-PBS model is designed to effect long-term systems-level change through the implementation of evidence-based practice and the use of data to support quality improvement. PBS represents an ideal tiered framework from which to deliver sustainable, program-wide CSEFEL-based training and coaching with an emphasis on creating supportive environments, building relationships, and teaming. PBS is also a highly effective approach for addressing challenging behaviors (Fox et al, 2003). Moreover, although PBS has been adopted by many elementary schools in the county, it remains relatively untested in the early childhood arena, creating an opportunity to implement strategies for reducing challenging behaviors and promoting school readiness well before kindergarten. Thus, EC-PBS represents a unique, innovative approach toward promoting and sustaining a culture of social emotional competence in early education programs in Boone County.**

**Copies of evaluation instruments are attached. The Strengths and Difficulties Questionnaire was chosen because it is in the public domain, easy to administer, and examines both externalizing and internalizing behaviors.**

**f. Output:**

- i. Service to be provided**

**Program-wide coaching/behavioral consultation and training for one year for 25 sites (centers, preschools, home-based care) offering full-time, year-round care in Boone County encompassing approximately 180 early childhood professionals and 900 children. In addition to these core services, the program will also include two 6-week series of parent education modules offered to parents of children in EC-PBS sites.**

- ii. Unit measurement: Unit of measure is 1 hour of coaching, training, and related services per site**
- iii. Unit cost: \$36.83/hr**
- iv. Amount requested: \$246,583**
- v. Number of individuals to be served: 180 early childhood professionals**
- vi. Average units of services per individual: On average 37.2 hours of coaching, training, related services/early childhood professional**

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B)**
- ii. Program Budget Worksheet (see Attachment C)**

**b. Budget Narrative:**

- i. Please explain each line of the budget worksheets from Attachments B and C.**

**Attachment C:**

Boone County Project LAUNCH has been fully supporting EC-PBS for the last two years. Although we have not officially received funding for our fifth and final year, we expect to have grant funds available to continue our work in this area on a limited scale from October 1, 2014 until September 30, 2015. This budget is written to fully fund the expanded and enhanced EC-PBS program for two reasons: 1) to enable us to increase capacity and have a greater impact on children and families in the County; and 2) to reflect the actual costs associated with sustaining this program in FY 2016 and beyond. If this proposal is funded and LAUNCH Year 5 is awarded as expected, any grant funds that would be available for EC-PBS could be used to fund other evidence-based programming in the areas described in Section 1.iii. Consequently the total amount requested for FY15 could be negotiated upon receipt of award.

**Program Expenses: Personnel**

<b>Position</b>	<b>Hourly Rate</b>	<b>Level of Effort (FTE)</b>	<b>Cost</b>	<b>Fringe</b>	<b>Total</b>
Coach 1	\$25.65	.55	\$25,671.34	\$8,140.38	\$33,811.72
Coach 2	\$25.65	.50	\$23,337.58	\$1,785.32	\$25,122.90
Coach 3	\$25.65	.478	\$23,310.73	\$1,706.77	\$24,017.50
Coach 4	\$25.65	.466	\$21,750.62	\$1,663.92	\$23,414.55
Coach 5	\$25.65	.466	\$21,750.62	\$1,663.92	\$23,414.55
Coordinator	\$31.22	.20	\$12,989.19	\$4,118.87	\$17,108.06
ASQ Trainer 1	\$31.22	.0115	\$746.88	\$57.14	\$804.01
ASQ Trainer 2	\$42.37	.017	\$1,498.23	\$114.61	\$1,612.85
Evaluator	\$26.33	.25	\$13,692.25	\$4,341.81	\$18,034.06
Data Collector	\$18.36	.28	\$10,692.64	\$817.99	\$11,510.63
<b>TOTAL</b>					<b>\$178,850.82</b>

\*Fringe calculated at: 31.71% for FT positions and 7.65% for PT positions.

**JUSTIFICATION: Roles and responsibilities of each position.**

- 1. Coach 1: Coaching/behavioral consultation services, 5 sites, EC-PBS training twice/year, co-leading parent education sessions (6 sessions, 2x/year) , and administration of pre-SET (PBS fidelity tool) to all sites, twice/year**
- 2. Coach 2: Coaching/behavioral consultation services, 5 sites, EC-PBS training twice/year, co-leading parent education sessions (6 sessions. 2x/yr)**
- 3. Coach 3: Coaching/behavioral consultation services, 5 sites, EC-PBS training twice/year**
- 4. Coach 4/Coach 5: Coaching/behavioral consultation services, 5 sites**
- 5. Coordinator: Day-to-day oversight, reviewing coaching logs, invoicing, team meetings & communications, writing progress reports**
- 6. ASQ Trainer 1: Organizing and co-leading training to all EC-PBS early childhood professionals, twice/year**
- 7. ASQ Trainer 2: Organizing and co-leading training to all EC-PBS early childhood professionals, twice/year and providing reflective supervision to all coaches monthly**
- 8. Evaluator: Data management, analysis, and reporting**
- 9: Data Collector: Distribution of evaluation instruments and working with sites and coaches to collect data on a timely basis, data entry**

**Program Expenses: Non-Personnel**

<b>Item</b>	<b>Rate</b>	<b>Cost</b>
ASQ kits: ASQ3 and ASQ:SE	\$500/both x20	\$10,000
Food/Beverages for Trainings (ASQ, EC-PBS, Parent Ed)		\$4,880
Facility Rental- Trainings (EC-PBS)	2 x \$300	\$600
Child Care for Parent Ed Sessions	3 child care providers x \$20 x 12 sessions	\$720
Training Supplies		\$650
Subtotal		\$16,850

Indirect Costs	26%	\$50,882.21
<b>TOTAL</b>		<b>\$67,732.21</b>

**JUSTIFICATION:**

- 1. ASQ kits for 20 of 25 sites assuming at least 5 of the sites will already have kits**
- 2. Food/Beverage (est.): EC-PBS, \$1,000 x 2; ASQ, 600 x 2; Parent Ed series, \$840 x 2**
- 3. Elks Lodge rental fees; no fees for ASQ trainings held at Boone Electric**
- 4. Child care as incentive for parents to participate in parent education series**
- 5. Includes folders, paper, pens, ink, etc... associated with training materials**
- 6. Indirect Costs at 26% on total proposed amount.**

**AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A: Program Performance Measures Information Worksheet

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement
EC-PBS Training Workshops (2)	Number of early child professionals trained	Increased social-emotional knowledge/competence	Comparison of pre and post scores with a score of $\geq 80\%$ on post test considered proficient	Pre/post knowledge test
ASQ-3 and ASQ:SE training workshops (2/3)  ASQ screenings on all children, 0-5.5	Number of early child professional trained  Number of screens and referrals	Increased knowledge of developmental and social-emotional screening; ability to administer tool and refer  Increased early identification of developmental delays through universal screening	Pre/post tests scores  Referrals made on a timely basis (within 1 week of screen date)	Pre/post knowledge test  Quarterly reports of # of screens and # of referrals
Coaching/behavioral consultation	Frequency of coaching visits; duration of coaching visits; number of and attendance at team meetings; staff turnover rates across 12 months	Improved program relationships, job satisfaction; positive change in social-emotional health of children	Statistically significant increase in job satisfaction; statistically significant decrease in post scores along internalizing and externalizing behaviors	Teacher-Provider Survey (pre/post); Strengths & Difficulties Questionnaire (pre/post)
EC-PBS parent training modules (CSEFEL)	Number of parents trained	Increased positive relationships; decrease parental stress	Statistically significant decrease in parenting stress, post test	Parental Stress Scale (pre/post)

**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: MU Dept. of Psychiatry

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	0	0	0	0.00%	0.00%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	246,583	4.00%	100.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	316,346	261,935	370,790	6.02%	4.25%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	<b>316,346</b>	<b>261,935</b>	<b>617,373</b>	<b>\$0</b>	
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	6,760,307	6,054,531	5,543,316	89.98%	-8.44%
<b>TOTAL AGENCY REVENUE</b>	<b>\$7,076,653</b>	<b>\$6,316,466</b>	<b>\$6,160,689</b>		<b>-2.47%</b>

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	0	0	0	0.00%	0.00%
Expenses for Management and General	6710853	5861888	5933539	100.00%	1.22%
Expenses for Fundraising	0	0	0	0.00%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	<b>6710853</b>	<b>5861888</b>	<b>5933539</b>		<b>1.22%</b>
% of Management and Fundraising Expenses	100.00%	100.00%	100.00%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$365,800	\$558,441	\$36,562	-93.45%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$365,800	\$558,441	\$36,562	-93.45%

## **Attachment B – Justification Statement**

Agency financial information for the MU Department of Psychiatry was gained using the University of Missouri's accounting system – PeopleSoft and Hyperion. University of Missouri's fiscal year runs July 1 through June 30.

Item 2.H. – State (Purchase of Services, Grants, etc.) figures are the total contract amounts from the State of Missouri, Department of Mental Health – Fulton State Hospital contracted services. Contract amounts vary from year to year depending on the services needed/provided and are revised/updated annually. Current Year and Proposed Year also include the Division of Youth Services telehealth contract.

Item 5. – Other Revenue Items include the Department's total funding and revenue sources for the years provided. Prior year (FY13) are actuals, and Current year (FY14) is revenue as of June 30, 2014. FY14 has not been finalized as of the date this was written. Proposed year (FY15) are those revenues that are expected .

Agency Expenses are those actual total expenses for FY13 and to date for FY14. Expenses for FY15 are those anticipated, budgeted expenses.

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: EC-PBS, Boone County Project LAUNCH**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	0	0	0	0.00%	0.00%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	246,583	100.00%	100.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	0	0	0	0.00%	0.00%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	0	0	0	0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$246,583</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	0	0	178,851	72.53%	#DIV/0!
2. Non-Personnel			67,732	27.47%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$246,583</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	0	0	3.22

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration \_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO Date

Karen M. Geren \_\_\_\_\_  
Signature - Agency Executive Director/President/CEO Date 07-10-14

NA \_\_\_\_\_  
Printed Name - Agency Board Chair Date

NA \_\_\_\_\_  
Signature - Agency Board Chair Date

## ATTACHMENT E

(Please complete and return with Proposal Response)

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

---

Name and Title of Authorized Representative

Karen M. Geren  
Signature

07-10-14  
Date



Company ID Number: 62231

**THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION**

**MEMORANDUM OF UNDERSTANDING**

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (l)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound "foreign", and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..

4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.

2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.

3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

#### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

#### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

***Electronically Signed***

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security – Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*  
\_\_\_\_\_  
Signature

**10/17/2007**  
\_\_\_\_\_  
Date



# Attachment G: Boone County Project LAUNCH: Mission, Vision, Values

**Mission Statement:** Our mission is to develop an accessible, seamless early childhood system for all children, birth-8, and families in Boone County. By harnessing resources and coordinating and integrating evidence-based practices focused on awareness and prevention, we aim to support a continuum of services that will empower all adults to be responsible for young children's health and development.

**Vision Statement:** A nurturing community that enhances the health and wellness of children and families, allowing them to reach their full potential.

**Project Values:**

- We are focused on and responsive to the individual needs of children and families.
- We aim for full community engagement and believe that child wellness is a responsibility shared by families, providers, policymakers, and business leaders.
- We define health and wellness broadly and holistically, encompassing all developmental domains.
- We are inclusive, embrace diversity, and aim for cultural and linguistic competence.
- We strive for universal access to a continuum of services through a collaborative, integrated, team-based approach to prevention, promotion, and treatment.
- We recognize the importance of data, evidence, and outcomes as tools for rational, strategic decision-making and resource allocation.
- We invest in high quality services and manage resources efficiently and effectively by identifying gaps, minimizing duplication, and planning for sustainability.

## **Attachment H: Boone County Project LAUNCH Wellness Council Membership**

Central Missouri Community Action, Family and Community Partnership (Bryon White)  
Family Counseling Center (Linda Graue)  
Thompson Center (Dr. Kristin Sohl, Dr. Tracy Stroud)  
University of Missouri, Department of Child Health (Dr. Ellen Horwitz, Dr. Nathan Beucke)  
Burrell Behavioral Health (Marlene Howser)  
Ellen Thomas, MD, Tiger Pediatrics  
Tom Rose, DVM, School Board  
Parents as Teachers (Belinda Masters)  
Parent Representatives (Jack Dillender, Sara Loveless)

Missouri Department of Mental Health (Patsy Carter, Melissa Smyser)  
Missouri Department of Health & Senior Services (Cindy Reese)  
First Chance for Children (Jack Jensen)  
Boone County Health Department (Mary Martin, Lara Salveter)  
Missouri Institute of Mental Health ( Rachel Kryah, April Ravert)

Columbia Public Schools, Early Childhood Special Education (Bethany Samer)  
Columbia Public Schools, Health Services (Lori Osborne)  
Columbia Public Schools, Chief Academic Officer (Sally Beth Lyon)  
University of Missouri, Missouri Prevention Center (Keith Herman, Melissa Stormont)

First Steps (Niki Clover)  
Family Health Center (Anna Hoskins)  
Child Care Aware of Missouri (Terrie Foltz)  
Missouri Department of Social Services, Children's Division (Michelle Oberlag)  
Rainbow House (Emily Bulejski)  
ParentLink (Carol Mertensmeyer, Meg Ladd)  
Boone County Family Resources (Michele Aylward)

Hallsville Public Schools (Konnie Huisman)  
Southern Boone School District, Nursing Services (Robin Bullard)  
Centralia Public Schools (Mary Ann Sander)  
Juvenile Justice (Liz Magee)  
Alyce Elbern, LPC, Private Practice  
Heart of Missouri United Way (Emily Stuckenschneider)  
Missouri LAUNCH (Julie Allen, Patsy Carter)  
Matt Thullen, University of Missouri, Health Sciences  
Missouri Alliance for Children and Families (Jerrie Jacobs-Kenner)  
University of Missouri Assessment and Consultation Clinic (Connie Brooks)  
True North (Shannon Dietzel)

**Early Childhood - Positive Behavior Support (EC-PBS) Questionnaire  
Follow-up**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Program: \_\_\_\_\_ MOPD ID: \_\_\_\_\_

Please complete this form before you start your training. **If haven't already done so, please provide your MOPD ID and the name of your program in the space above.** This form is double-sided, so when you complete the questions below, please turn this sheet of paper over to answer additional items. Thank you for your participation.

**Instructions:** Please circle the best answer for each question below.

1. I refer to the visual schedule in my classroom. A visual schedule needs to:
  - a. Have pictures or drawing of each activity
  - b. Have movable parts that can be manipulated by children
  - c. Be at child level
  - d. Have words for parents and visitors
  - e. All but d
  
2. I use verbal corrections before each transition. A pre-correction:
  - a. Uses photos or drawing to show children what behavior is expected
  - b. Should be verbally shared with children before an activity occurs
  - c. Is used when a child breaks a rule
  - d. Both a and b
  - e. Both a and c
  
3. I refer to the EC-PBS matrix to remind both myself and the children about what is expected. The EC-PBS Matrix is a tool that:
  - a. Gives examples of appropriate child behaviors
  - b. Gives examples of appropriate teacher behaviors
  - c. Gives examples of appropriate parent behaviors
  - d. All of the above
  - e. Both a and b
  
4. Learning expectations need to be...
  - a. Taught
  - b. Positive
  - c. Age appropriate
  - d. All of the above

5. \_\_\_\_\_ is the ongoing process of observing children to encourage appropriate behaviors.  
(Fill in the blank)
- Redirection
  - Active supervision
  - Rule
  - Transitions
6. Children often display challenging behaviors when they don't have the \_\_\_\_\_ they need to engage in more appropriate interactions. (Fill in the blank)
- Parental support
  - Social and communication skills
  - Toys/resources
  - Money
7. It is important to communicate EC-PBS strategies to parents because:
- The strategies can be used in the home to help guide children's behavior
  - The strategies are developmentally appropriate
  - Consistency between home and child care helps children transition from one environment to the other
  - All of the above
8. What is the best way to communicate EC-PBS strategies to parents?
- Through newsletters
  - Through conversations about the behavior incident report, visual schedule, classroom matrix, solution kit and Tucker Turtle
  - During daily discussions and parent conferences
  - All of the above
9. What things must be included on a behavior incident report (BIR)?
- Description of what happened before the behavior took place
  - Description of the challenging behavior
  - Result of the behavior (consequence)
  - All of the above
  - Both b and c
10. Behavior incident reports (BIR) are important for:
- Determining if the environment is contributing to challenging behaviors
  - Deciding upon appropriate consequences
  - Looking at patterns of behavior for individual children and classroom as a whole
  - All of the above
  - Both a and c

Presented below are a number of statements about possible child care providers' behaviors, attitudes, and practices. The purpose is to gather information regarding the actual attitudes of early childhood professionals concerning these statements. There are no correct or incorrect answers. We are interested only in your frank opinions. Your responses will remain confidential.

Please indicate your personal opinion about each statement by circling the appropriate response.

	Statement	Strongly disagree	Disagree	Neither agree not disagree	Agree	Strongly agree
<b>Partnerships with Families</b>						
1.	I have established an ongoing system for exchanging information about each child with his/her family.	1	2	3	4	5
2.	I invite family members to participate in center activities.	1	2	3	4	5
3.	I provide a daily report to parents about their child's day.	1	2	3	4	5
4.	I help children cope with difficult issues in their lives that may be affecting the student's behavior and/or success at my center.	1	2	3	4	5
5.	<b>Statement</b>	<b>Never</b>	<b>Not very often</b>	<b>Sometimes</b>	<b>Most of the time</b>	<b>Always</b>
<b>Creating a Positive Social Context</b>						
1.	I create opportunities for children to get to know one another.	1	2	3	4	5
2.	My classroom has 3-5 rules that are stated in the positive and are applied consistently.	1	2	3	4	5
3.	I help children understand their own feelings and those of others.	1	2	3	4	5
4.	I teach social and emotional skills and help children to use them.	1	2	3	4	5
5.	I use positive instructional techniques when communicating with children in my care.	1	2	3	4	5
6.	I teach children problem-solving skills and encourage them to use their skills to resolve conflicts.	1	2	3	4	5

	Statement	Never	Not very often	Sometimes	Most of the time	Always
<i>Creating a Caring, Cooperative, and Inclusive Community</i>						
1.	My center atmosphere reflects children's families, cultures, and home languages.	1	2	3	4	5
2.	Activities reflect the culture of the children in my center.	1	2	3	4	5
3.	There is sufficient variety and number of toys so each child can find something to do.	1	2	3	4	5
4.	There are hands on experiences such as play dough, sand, or water play available at all times.	1	2	3	4	5
5.	There is a be-by-myself space that is private, but still visible to teachers.	1	2	3	4	5
	Statement	Never	Not very often	Sometimes	Most of the time	Always
<i>Classroom Management</i>						
1.	I have a structured regular schedule for daily activities like lunch time, snack time, reading, play, etc.	1	2	3	4	5
2.	There are procedures in place for transitions.	1	2	3	4	5
3.	I remind the children of the center's routines and have them practice them regularly.	1	2	3	4	5

**Early Childhood - Positive Behavior Support (EC-PBS) Questionnaire  
Follow-up**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Program: \_\_\_\_\_ MOPD ID: \_\_\_\_\_

Please complete this form before you start your training. **If haven't already done so, please provide your MOPD ID and the name of your program in the space above.** This form is double-sided, so when you complete the questions below, please turn this sheet of paper over to answer additional items. Thank you for your participation.

**Instructions:** Please circle the best answer for each question below.

1. I refer to the visual schedule in my classroom. A visual schedule needs to:
  - a. Have pictures or drawing of each activity
  - b. Have movable parts that can be manipulated by children
  - c. Be at child level
  - d. Have words for parents and visitors
  - e. All but d
  
2. I use verbal corrections before each transition. A pre-correction:
  - a. Uses photos or drawing to show children what behavior is expected
  - b. Should be verbally shared with children before an activity occurs
  - c. Is used when a child breaks a rule
  - d. Both a and b
  - e. Both a and c
  
3. I refer to the EC-PBS matrix to remind both myself and the children about what is expected. The EC-PBS Matrix is a tool that:
  - a. Gives examples of appropriate child behaviors
  - b. Gives examples of appropriate teacher behaviors
  - c. Gives examples of appropriate parent behaviors
  - d. All of the above
  - e. Both a and b
  
4. Learning expectations need to be...
  - a. Taught
  - b. Positive
  - c. Age appropriate
  - d. All of the above

5. \_\_\_\_\_ is the ongoing process of observing children to encourage appropriate behaviors.  
(Fill in the blank)
- Redirection
  - Active supervision
  - Rule
  - Transitions
6. Children often display challenging behaviors when they don't have the \_\_\_\_\_ they need to engage in more appropriate interactions. (Fill in the blank)
- Parental support
  - Social and communication skills
  - Toys/resources
  - Money
7. It is important to communicate EC-PBS strategies to parents because:
- The strategies can be used in the home to help guide children's behavior
  - The strategies are developmentally appropriate
  - Consistency between home and child care helps children transition from one environment to the other
  - All of the above
8. What is the best way to communicate EC-PBS strategies to parents?
- Through newsletters
  - Through conversations about the behavior incident report, visual schedule, classroom matrix, solution kit and Tucker Turtle
  - During daily discussions and parent conferences
  - All of the above
9. What things must be included on a behavior incident report (BIR)?
- Description of what happened before the behavior took place
  - Description of the challenging behavior
  - Result of the behavior (consequence)
  - All of the above
  - Both b and c
10. Behavior incident reports (BIR) are important for:
- Determining if the environment is contributing to challenging behaviors
  - Deciding upon appropriate consequences
  - Looking at patterns of behavior for individual children and classroom as a whole
  - All of the above
  - Both a and c

Presented below are a number of statements about possible child care providers' behaviors, attitudes, and practices. The purpose is to gather information regarding the actual attitudes of early childhood professionals concerning these statements. There are no correct or incorrect answers. We are interested only in your frank opinions. Your responses will remain confidential.

Please indicate your personal opinion about each statement by circling the appropriate response.

	Statement	Strongly disagree	Disagree	Neither agree not disagree	Agree	Strongly agree
<b>Partnerships with Families</b>						
1.	I have established an ongoing system for exchanging information about each child with his/her family.	1	2	3	4	5
2.	I invite family members to participate in center activities.	1	2	3	4	5
3.	I provide a daily report to parents about their child's day.	1	2	3	4	5
4.	I help children cope with difficult issues in their lives that may be affecting the student's behavior and/or success at my center.	1	2	3	4	5
5.	Statement	Never	Not very often	Sometimes	Most of the time	Always
<b>Creating a Positive Social Context</b>						
1.	I create opportunities for children to get to know one another.	1	2	3	4	5
2.	My classroom has 3-5 rules that are stated in the positive and are applied consistently.	1	2	3	4	5
3.	I help children understand their own feelings and those of others.	1	2	3	4	5
4.	I teach social and emotional skills and help children to use them.	1	2	3	4	5
5.	I use positive instructional techniques when communicating with children in my care.	1	2	3	4	5
6.	I teach children problem-solving skills and encourage them to use their skills to resolve conflicts.	1	2	3	4	5

	Statement	Never	Not very often	Sometimes	Most of the time	Always
<b>Creating a Caring, Cooperative, and Inclusive Community</b>						
1.	My center atmosphere reflects children's families, cultures, and home languages.	1	2	3	4	5
2.	Activities reflect the culture of the children in my center.	1	2	3	4	5
3.	There is sufficient variety and number of toys so each child can find something to do.	1	2	3	4	5
4.	There are hands on experiences such as play dough, sand, or water play available at all times.	1	2	3	4	5
5.	There is a be-by-myself space that is private, but still visible to teachers.	1	2	3	4	5
	Statement	Never	Not very often	Sometimes	Most of the time	Always
<b>Classroom Management</b>						
1.	I have a structured regular schedule for daily activities like lunch time, snack time, reading, play, etc.	1	2	3	4	5
2.	There are procedures in place for transitions.	1	2	3	4	5
3.	I remind the children of the center's routines and have them practice them regularly.	1	2	3	4	5

Date of Training: \_\_\_\_\_

ID: Birth Month: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Initials \_\_\_\_\_

## ASQ-3 Training Questionnaire Post-Test

### Creating an ID:

Please create an individual ID using the following: your birthdate (month/day) and your initials. For example, Mary Smith born on November 27<sup>th</sup> would be 1127MS. Write this ID on the top left corner of the page.

### Completing the Questionnaire:

Please complete these questions at the end of your training. Circle the response that best describes your level of agreement with each statement. Thank you for your participation.

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. Many developmental issues, especially related to social-emotional development & behavioral health, cannot be identified easily without the help of a standardized screening tool.	1	2	3	4	5
2. Most developmental delays are pretty obvious and can be diagnosed by observation.	1	2	3	4	5
3. If a parent has concerns about language or motor development with their child, it is highly likely that there may be an actual delay that requires attention.	1	2	3	4	5
4. Experts have shown that children with developmental delays often have behavioral problems as well.	1	2	3	4	5
5. Many children will grow out of developmental problems, so it is best to wait until school age to screen.	1	2	3	4	5
6. The training prepared me to correctly administer the Ages and Stages Questionnaire.	1	2	3	4	5
7. The training increased my confidence in referring children who's Ages and Stages Questionnaires fall below the cut-off.	1	2	3	4	5
8. The training increased my confidence in addressing the needs of children whose scores fall in the monitoring zone.	1	2	3	4	5

## Early Childhood – Positive Behavioral Support Teacher/Provider Survey

MOPD ID#: \_\_\_\_\_

Today's Date \_\_\_\_\_

Program Name: \_\_\_\_\_

**Directions:** This questionnaire is designed to help us learn more about your background and experiences as a childcare provider. Please answer the questions honestly. Your responses will be kept confidential.

### Demographics

1. What is your gender?      Male    Female
2. How old are you? \_\_\_\_\_
3. What is your ethnicity?
  - Latino or Hispanic
  - Non-Latino or Non-Hispanic
4. What is your race? (check all that apply)
  - African American
  - Asian
  - Caucasian
  - Native American
  - Pacific Islander
  - Other \_\_\_\_\_
5. Employee Type (check all that apply)
  - Director/Administrator                       Teacher                       Assistant Teacher
  - Other \_\_\_\_\_
6. In total, how many years have you been employed as a childcare provider (including *all* children of all ages)?  
Number of years: \_\_\_\_\_
7. In total, how many years have you been employed as childcare provider for children 0 to 8 years?  
Number of years: \_\_\_\_\_
8. What is the highest level of school you have completed? (mark highest level)
  - Some High School
  - High School diploma or GED
  - Some College
  - Associates Degree (2 year degree)
  - Bachelor's Degree (4 year degree)
  - Some Graduate School
  - Graduate Degree, specify \_\_\_\_\_
9. Have you participated in the EC-PBS training conducted by Boone County Project LAUNCH and Child Care Aware® of Central Missouri?
  - Yes                       No                       Don't know

**Instructions: Please circle your response to the following statements.**

	<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>
10. I receive a great deal of support from the center director for the work I do.	1	2	3	4
11. The level of student misbehavior (e.g., disobeying, horseplay or fighting, etc.) in this center interferes with my work.	1	2	3	4
12. I receive a great deal of support from parents for the work I do.	1	2	3	4
13. I have the materials such as books, toys, and art supplies that I need.	1	2	3	4
14. The center director talks with me frequently about my teaching practices.	1	2	3	4
15. I feel committed to my work as a child care provider.	1	2	3	4
16. I intend to leave work in child care in the next 12 months.	1	2	3	4
17. I frequently feel like quitting my current job.	1	2	3	4
18. During the past month, I have felt stressed out by the day-to-day demands of caring for children.	1	2	3	4
19. I have someone I can go to for help when a child in my class is having emotional or behavioral problems.	1	2	3	4
20. Improving my skills as a child care provider is a priority for me.	1	2	3	4
21. Training sessions typically cover information I already know.	1	2	3	4
22. Training sessions are not a good use of my time.	1	2	3	4
23. I wish there were more child care training opportunities available to me.	1	2	3	4

24. Please indicate if any of the following issues have prevented you from attending child care trainings in the past 12 months (mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> I can't take time off work.                           | <input type="checkbox"/> I am not aware of training opportunities nearby. |
| <input type="checkbox"/> The cost of the trainings prevents me from attending. | <input type="checkbox"/> The training times are not convenient for me.    |
| <input type="checkbox"/> I am not interested in the topics offered.            |   |

25. How many hours of child care training have you received in the past 12 months (including workshops attended, child development courses, etc.)? \_\_\_\_\_ hours

26. Based on the child care trainings you attended in the last **12 months**, how much did you change what you do in your work?

- I did not change                       I changed a little                       I changed a lot

# POST ONLY

27. Over the last *12 months*, how many hours of coaching have you received on a weekly basis?

- less than 1 hour a week    
  1-2 hours a week    
  3-4 hours a week    
  more than 4 hours a week

Instructions: Please answer these questions by circling:

- 1 if you strongly agree with the statement
- 2 if you somewhat agree with the statement
- 3 if you somewhat disagree with the statement
- 4 if you strongly disagree with the statement

		<b>Strongly Agree</b>	<b>Somewhat Agree</b>	<b>Somewhat Disagree</b>	<b>Strongly Disagree</b>
28.	I have a good relationship with the EC-PBS coach.	1	2	3	4
29.	The EC-PBS coach works as a partner with me to meet children's mental health needs.	1	2	3	4
30.	The EC-PBS coach seems like another member of the staff, not like an outsider	1	2	3	4
31.	I regularly go to the EC-PBS coach when I need help with particular children or families.	1	2	3	4
32.	When working with non-English speaking children/families my EC-PBS coach is able to provide appropriate support to meet their needs.	1	2	3	4
33.	The EC-PBS coach respects staff's knowledge and perspectives on children's issues.	1	2	3	4
34.	The EC-PBS coach is "part of the team" trying to help families.	1	2	3	4
35.	The EC-PBS coach is available when I need him/her.	1	2	3	4
36.	Our program's EC-PBS coach services have improved the quality of our classroom environments.	1	2	3	4
37.	Our EC-PBS coach services help children with challenging behaviors.	1	2	3	4
38.	Our EC-PBS coach help staff to feel less stress.	1	2	3	4
39.	Our EC-PBS coach services and approach are in need of improvement.	1	2	3	4

## Strengths and Difficulties Questionnaire

FOLLOW-UP **T** 4-10

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last month.

Today's Date \_\_\_\_\_

MOPD ID# \_\_\_\_\_

Child's name \_\_\_\_\_ Male / Female \_\_\_\_\_ Date of birth \_\_\_\_\_

1. How long has this child been at this site?  
 Less than a month     1-2 months     3-6 months     7-11 months     12 months or more
2. How long has this child been in your classroom?  
 Less than a month     1-2 months     3-6 months     7-11 months     12 months or more
3. Have you participated in the EC-PBS training conducted by Boone County Project LAUNCH and Child Care Aware®?  
 Yes     No     Don't know    Not True    Somewhat True    Certainly True

		Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Do you have any other comments or concerns?

**Please turn over – there are a few more questions on the other side**

Since being in a classroom participating in EC-PBS, are this child's problems:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>				

Has participating in EC-PBS been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last month, has the child had difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your help**

## Strengths and Difficulties Questionnaire

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior for as long as they have been in your classroom.

Today's Date \_\_\_\_\_

MOPD ID# \_\_\_\_\_

Child's name \_\_\_\_\_ Male / Female \_\_\_\_\_ Date of birth \_\_\_\_\_

1. How long has this child been at this site?  
 Less than a month       1-2 months       3-6 months       7-11 months       12 months or more
2. How long has this child been in your classroom?  
 Less than a month       1-2 months       3-6 months       7-11 months       12 months or more
3. Have you participated in the EC-PBS training conducted by Boone County Project LAUNCH and Child Care Aware®?  
 Yes       No       Don't know      Not True      Somewhat True      Certainly True

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over – there are a few more questions on the other side**

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered “Yes”, please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child’s everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your help**

# Strengths and Difficulties Questionnaire

FOLLOW-UP **T** <sup>3/4</sup>

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior **over the last month**.

Today's Date \_\_\_\_\_

MOPD ID# \_\_\_\_\_

Child's name \_\_\_\_\_ Male / Female Date of birth \_\_\_\_\_

1. How long has this child been at this site?  
 Less than a month       1-2 months       3-6 months       7-11 months       12 months or more
2. How long has this child been in your classroom?  
 Less than a month       1-2 months       3-6 months       7-11 months       12 months or more
3. Have you participated in the EC-PBS training conducted by Boone County Project LAUNCH and Child Care Aware®?  
 Yes       No       Don't know

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over – there are a few more questions on the other side**

Since being in a classroom participating in EC-PBS, are this child's problems:

Much worse	A bit worse	About the same	A bit better	Much better
<input type="checkbox"/>				

Has participating in EC-PBS been helpful in other ways, e.g. providing information or making the problems more bearable?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Over the last month, has the child had difficulties in one or more of the following areas: emotions, concentration, behavior or being able to get on with other people?

No	Yes-minor difficulties	Yes-definite difficulties	Yes-severe difficulties
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Thank you very much for your help**

## Strengths and Difficulties Questionnaire

T 3/4

For each item, please mark the box for Not True, Somewhat True or Certainly True. It would help us if you answered all items as best you can even if you are not absolutely certain. Please give your answers on the basis of the child's behavior over the last six months or this school year.

Today's Date \_\_\_\_\_

MOPD ID# \_\_\_\_\_

Child's name \_\_\_\_\_ Male / Female Date of birth \_\_\_\_\_

1. How long has this child been at this site?  
 Less than a month       1-2 months       3-6 months       7-11 months       12 months or more
2. How long has this child been in your classroom?  
 Less than a month       1-2 months       3-6 months       7-11 months       12 months or more
3. Have you participated in the EC-PBS training conducted by Boone County Project LAUNCH and Child Care Aware@?  
 Yes       No       Don't know      Not True      Somewhat True      Certainly True

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often offers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any other comments or concerns?

**Please turn over – there are a few more questions on the other side**

Overall, do you think that this child has difficulties in any of the following areas: emotions, concentration, behavior or being able to get on with other people?

	Yes- minor difficulties	Yes- definite difficulties	Yes- severe difficulties
No			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you have answered "Yes", please answer the following questions about these difficulties:

- How long have these difficulties been present?

Less than a month	1-5 months	6-12 months	Over a year
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties upset or distress the child?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties interfere with the child's everyday life in the following areas?

	Not at all	Only a little	Quite a lot	A great deal
PEER RELATIONSHIPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM LEARNING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Do the difficulties put a burden on you or the class as a whole?

Not at all	Only a little	Quite a lot	A great deal
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Thank you very much for your help**

ID: Birth Month: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Initials \_\_\_\_\_

### Parental Stress Scale

The following statements describe feelings and perceptions about the experience of being a parent. Think of each of the items in terms of how your relationship with your child or children typically is. Please indicate the degree to which you agree or disagree with the following items by placing the appropriate number in the space provided.

1 = Strongly disagree 2 = Disagree 3 = Undecided 4 = Agree 5 = Strongly agree

- \_\_\_\_ 1. I am happy in my role as a parent.
- \_\_\_\_ 2. There is little or nothing I wouldn't do for my child(ren) if it was necessary.
- \_\_\_\_ 3. Caring for my child(ren) sometimes takes more time and energy than I have to give.
- \_\_\_\_ 4. I sometimes worry whether I am doing enough for my child(ren).
- \_\_\_\_ 5. I feel close to my child(ren).
- \_\_\_\_ 6. I enjoy spending time with my child(ren).
- \_\_\_\_ 7. My child(ren) is an important source of affection for me.
- \_\_\_\_ 8. Having child(ren) gives me a more certain and optimistic view for the future.
- \_\_\_\_ 9. The major source of stress in my life is my child(ren).
- \_\_\_\_ 10. Having child(ren) leaves little time and flexibility in my life.
- \_\_\_\_ 11. Having child(ren) has been a financial burden.
- \_\_\_\_ 12. It is difficult to balance different responsibilities because of my child(ren).
- \_\_\_\_ 13. The behavior of my child(ren) is often embarrassing or stressful to me.
- \_\_\_\_ 14. If I had it to do over again, I might decide not to have child(ren).
- \_\_\_\_ 15. I feel overwhelmed by the responsibility of being a parent.
- \_\_\_\_ 16. Having child(ren) has meant having too few choices and too little control over my life.
- \_\_\_\_ 17. I am satisfied as a parent.
- \_\_\_\_ 18. I find my child(ren) enjoyable.

Reference: Berry, J. O., & Jones, W. H. (1995). The Parental Stress Scale: Initial psychometric evidence. *Journal of Social and Personal Relationships*, 12, 463-472.

# WHO ARE WE?



# WHAT WE DO ...

## Community Partnership

A cornerstone of Project LAUNCH is the forging of relationships across providers and agencies that serve children and families in ways that foster coordination and collaboration. The Boone County Project LAUNCH Wellness Council brings together parents and professionals dedicated to improving outcomes for young children. The Council's primary function is to develop a shared vision and create a plan for making that vision a reality. Council activities include identifying gaps and barriers in services and setting priorities for the implementation of LAUNCH strategies.

## Workforce Development

Education, primary care, and mental health professionals report that their educational training has not adequately prepared them for the challenges presented by the children in their care. Boone County Project LAUNCH addresses this issue in a number of ways:

1. Inviting national experts to present evidence-based training programs focused on healthy development
2. Partnering with local experts to provide ongoing coaching and support to County caregivers, including home-based child care providers
3. Raising social-emotional health awareness through the Wellness Council and other community groups
4. Imbedding Project LAUNCH staff in child care and primary care settings to provide peer-peer consultation on screening, assessment, and early intervention strategies.

## Prevention/Early Intervention

Boone County Project LAUNCH seeks to ensure that *all* children are able to reach developmental milestones in order to succeed in school and in life. For Project LAUNCH to positively affect children's social-emotional wellness, resources and activities must be focused not only on children but also on their families and on the environments that most directly impact them. To this end we strive to:

- ◆ Promote community-wide developmental and social-emotional screening
- ◆ Ensure that all providers are well-informed regarding appropriate referrals resources throughout the County
- ◆ Develop public awareness campaign that promotes understanding of the needs of young children

## Family Strengthening

Promoting healthy environments for children through family support and strengthening is a key component of Boone County Project LAUNCH. One example of this is parent/caregiver skills training through evidence-based programs which build upon existing family strengths and take into account culture, language and values. To better inform our parent education efforts, we are conducting focus groups throughout the County to identify needs, concerns, experiences, etc...

Another example is supporting families by enhancing and expanding established home visiting programs.

*Helping children soar.*



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*Helping children soar*



BOONE COUNTY

**PROJECT LAUNCH**

Boone County Project LAUNCH  
 1000 1st Street, Suite 100  
 Boone, NC 28601  
 Phone: 828.261.1234  
 Fax: 828.261.1235  
 Email: [info@boonecountyprojectlaunch.org](mailto:info@boonecountyprojectlaunch.org)  
 Website: [www.boonecountyprojectlaunch.org](http://www.boonecountyprojectlaunch.org)





**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

Response: **Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

Response: **There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

Response: **Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

Response: **Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

Response: **No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

Response: **For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

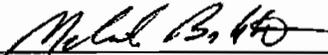
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB** *AR*  
Director of Purchasing

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Coliumbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

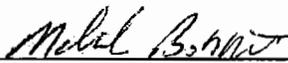
14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificate\$ evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

Response: **No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a-i)
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

Response: **These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

Response: **There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

Response: **Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

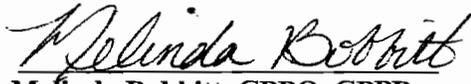
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
Director of Purchasing 

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

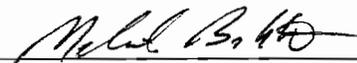
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbohbitt@boonecountymo.org](mailto:mbohbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

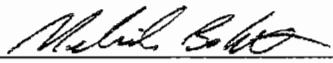
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - *Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

#### BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:

*To improve the lives of children, youth and families in Boone County by strategically investing in the creation and maintenance of integrated systems that deliver effective and quality services for children and families in need.*

#### RFP TIMELINE:

Important Events	Location	Dates
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	May 9, 2014
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymmo.org">mbobbitt@boonecountymmo.org</a>	May 21, 2014 12:00 p.m. Central Time
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	May 23, 2014. 10:00 a.m. Central Time
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	June 10, 2014 9:15 a.m. Central Time
Proposal Opening - Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	June 10, 2014 9:30 a.m. Central Time

#### CONTACT INFORMATION:

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390  
Email: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work. and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

### **Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

**c. Service Need:**

- i. Provide a detailed description of the unmet need in Boone County for your agency's services.
- ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
- iii. State the purpose of your proposed service.
- iv. State the goals of your proposed service.
- v. Describe the anticipated outcomes of your proposed service.
- vi. Identify other providers of this proposed service in Boone County.
- vii. What agencies do you receive referrals from and to what agencies do you make referrals?
- viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe your service outcomes (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure your service outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcomes.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

- e. **Input**
  - i. **Clinical Expertise:**
    1. Discuss the capacity of your agency to deliver the proposed service.
  - ii. **Service Activity:**
    1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
    2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
    3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.
  
- f. **Output:**
  - i. Service to be provided
  - ii. Unit measurement
  - iii. Unit cost
  - iv. Amount requested
  - v. Number of individuals to be served
  - vi. Average units of services per individual

### 3. **BUDGET**

- a. **Budget Worksheets to be Attached:**
  - i. Agency Financial Worksheet (see Attachment B)
  - ii. Program Budget Worksheet (see Attachment C)
  
- b. **Budget Narrative**
  - i. Please explain each line of the budget worksheets from Attachments B and C.

### 4. **AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
TOTAL DIRECT SUPPORT (sub-totals)					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED	
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children’s Services Board (BCCSB) and any of the Boone County Children’s Services Fund’s conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

\_\_\_\_\_  
Printed Name - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Executive Director/President/CEO \_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name - Agency Board Chair \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature - Agency Board Chair \_\_\_\_\_  
Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

---

Date





**AGREEMENT FOR PURCHASE OF SERVICES  
Psychiatric Visits and Nurse Case Management**

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**THIS AGREEMENT** dated the 11<sup>th</sup> day of December 2014 is made between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, on behalf of the Boone County Children's Services Board, herein "BCCSB" and **The Curators of the University of Missouri (on behalf of the Department of Psychiatry, within the School of Medicine)**, a tax-exempt, not organized for profit agency or governmental entity, hereinafter referred to as "UMCDP".

**WHEREAS**, the BCCSB, under the provisions of 67.1775 and 210.861 of the Revised Statutes of Missouri, has the right to expend monies from the Children's Services Fund (CSF) for the purposes of funding services to children and youth 19 years of age and younger, and their families residing in Boone County; and

**WHEREAS**, the UMCDP has submitted a complete Request for Funding Proposal Application to the BCCSB detailing the services and other supports to be provided along with the expected cost to UMCDP thereof; and

**WHEREAS**, the BCCSB has approved the Request for Funding Proposal in whole or in part as hereinafter set forth,

**IN CONSIDERATION** of the parties performance of the respective obligations contained herein, the parties agree as follows:

**FUNDING ALLOCATION FOR SERVICES RENDERED BY UMCDP**

UMCDP is expected to the greatest extent possible to maximize funding from all other sources. UMCDP shall periodically, upon request, furnish to the BCCSB information as to its efforts to obtain such other sources of funding. UMCDP shall only request reimbursement for services not reimbursable by any other source. UMCDP shall provide documentation and assurance to the BCCSB that requests for reimbursement from the CSF is not a duplication of reimbursement from any other source of funding.

1. **BCCSB Funding Policy.** The BCCSB Funding Policy is to be taken as part of this formal contract. UMCDP will perform the services and carry out the activities as set forth in the Request for Funding Proposal Application. UMCDP agrees to, and understands that services performed under this agreement are limited to the Request for Funding Proposal Application.

2. **Contract Documents.** This agreement shall consist of the Request for Proposal #27-10JUN14 (Purchase of Services) and UMCDP's response to the County of Boone's Request for Proposal, Requests for Additional Information, and Best and Final Offer Responses. All such documents shall constitute the contract documents, which are attached hereto and incorporated herein for reference. In the event of conflict between any of the foregoing documents, the terms, conditions, provisions, and requirements contained in this Agreement shall prevail and control over the UMCDP's Proposal, Requests for Additional Information, and Best and Final Offer Responses.

3. **Purchase.** The BCCSB agrees to purchase from the UMCDP and the UMCDP agrees to furnish **Psychiatric Visits and Nurse Case Management** for children and youth nineteen years of age or less and their families, as described and in compliance with the original Request for Proposal and as presented in the UMCDP's response. Services/deliverables shall be provided as outlined in the attached proposal response(s). The total allowable compensation under this agreement shall not exceed **\$488,163.20** unless compensation for specific identified additional services is authorized and approved by BCCSB in writing in advance of rendition of such services for which additional compensation is requested.

4. **Contract Duration.** This agreement shall commence on the date of contract execution and extend through **December 31, 2015** subject to the provisions for termination specified below. This contract may at the sole discretion of the BCCSB and with the agreement of UMCDP be renewed for an **additional two (2) one-year periods**. UMCDP agrees and understands that the BCCSB may require supplemental information to be submitted by UMCDP prior to any renewal of this agreement.

5. **Billing and Payment.** For the Purchase of Service (POS) Contract, the unit cost for **psychiatric services and nurse case management** is the mutually agreed upon rate of **\$44.86 per 15 minutes of psychiatric services, \$15.98 per 15 minutes for nurse case management, and 17.10 per 15 minutes for administration**. All billing shall be invoiced to BCCSB monthly by the 20<sup>th</sup> of the month following the month for which services were provided. The BCCSB agrees to pay all monthly statements within thirty days of receipt of a correct and valid invoice/monthly statement. In the event of a billing dispute, the BCCSB reserves the right to withhold payment on the disputed amount; in the event the billing dispute is resolved in favor of the UMCDP, the BCCSB agrees to pay interest at a rate of 9% per annum on disputed amounts withheld commencing from the last date that payment was due.

6. **Availability of Funds.** Payments under this contract are dependent upon the availability of funds or as otherwise determined by the BCCSB. This contract can be terminated if funding becomes unavailable in whole or in part for cause shown, and the BCCSB shall have no obligation to continue payment.

## REPORTING, MONITORING, AND MODIFICATION

7. **Reporting.** The BCCSB shall utilize the Request for Funding Proposal Application and the Responses to Requests for Additional Information, as submitted by UMCDP to monitor service delivery and program expenditures. UMCDP agrees to submit to the BCCSB a mid-year service report by July 30, 2015 for the period beginning with the date of contract execution to June 30, 2015 and an annual service report by January 29, 2016, for the period of July 1, 2015 to December 31, 2015. Variations on this date may be requested by UMCDP and, if so stipulated, are noted on this contract document. Payments may be withheld from UMCDP if reports designated here are not submitted on time, until such time as the reports are filed. Reporting requirements will include but are not limited to information regarding agencies' outcomes and indicators, client demographic information, and other information and data deemed appropriate by the BCCSB. UMCDP agrees to submit its reports through an on-line reporting system if requested.

8. **Audits.** UMCDP also agrees to make available to the BCCSB a copy of its annual audit within nine months after the close of UMCDP's fiscal year. The audit must be performed by an independent individual or firm licensed by the Missouri State Board of Accountancy. The audit is to include a complete accounting for funds covered by this agreement in accordance with generally accepted accounting principles. In addition, the BCCSB requires that the management report of any audit as it relates to BCCSB program activities be made available to BCCSB as part of the required audit. Payment may be withheld from UMCDP, if reports designated here are not made available upon request.

9. **Monitoring.** UMCDP agrees to permit the BCCSB, the Director of the Community Services Department and any staff of the Community Services Department, or designee of the BCCSB to monitor, survey and inspect UMCDP's services, activities, programs and client records, to determine compliance and performance with this contract, except as prohibited by laws protecting client confidentiality. In addition, UMCDP hereby agrees that, upon notice of forty-eight (48) hours, it will make available to the BCCSB or its designee(s) all records, facilities, and personnel, for auditing, inspection, and interviewing, to determine the status of service, activities and programs covered hereunder, expenditure of CSF funds and all other matters set forth in the contract.

10. **Modification or Amendment.** In the event UMCDP requests to make any change, modification, or an amendment to funded services, one-time items, activities and/or programs covered by this contract, a request of the proposed modification or amendment must be submitted in writing to the Director of Community Services to share with the BCCSB for approval. A board resolution from UMCDP must be included with the request. Requests to the BCCSB must be submitted in writing at least two weeks prior to the BCCSB meeting.

## OTHER TERMS OF THIS CONTRACT

11. **Violation of Client Rights.** Any alleged case of a violation of a client's rights in a program funded by the Commission/BCCSB shall be investigated in accordance with UMCDP's policies and procedures and in accordance with any local/state/federal regulations. UMCDP agrees to notify the BCCSB through the Director of Community Services of any such incidents that have been reported to the appropriate governmental body and must also authorize the governmental body to notify the BCCSB of any substantiated allegations. UMCDP must comply with Missouri law regarding confidentiality of client records.

12. **Discrimination.** UMCDP will refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with applicable provisions of federal and state laws, county or municipal statutes or ordinances, which prohibit discrimination in employment and the delivery of services.

13. **CSF to be used for Services Provided.** UMCDP agrees that the CSF funds shall be used exclusively for the services provided to children and youth 19 years of age or less and their families and for administrative costs directly related to UMCDP's provision of such services.

14. **Accreditation/Licensure/Certifications.** All agencies must comply with all state/federal certification and licensing requirements and all applicable federal, state, and local laws and must remain in "good standing".

15. **Conflict of Interest.** UMCDP agrees that any conflicts of interest between its Board of Curators and/or employees and UMCDP shall be appropriately identified and managed.

16. **Subcontracts.** UMCDP may enter into subcontracts for components of the contracted service as UMCDP deems necessary within the terms of the contract. All such subcontracts require the written approval of the BCCSB or their designated representative. In performing all services under the resulting contract agreement, the UMCDP shall comply with all local, state, and federal laws. Any subcontractor shall be subject to the audit/monitoring requirements stated herein and all other conditions and requirements of this contract agreement.

17. **Employment of Unauthorized Aliens Prohibited.** UMCDP agrees to comply with Missouri State Statute section 285.530 in that they shall not knowingly employ, hire for employment, or continue to employ an unauthorized alien to perform work within the state of Missouri. UMCDP shall require each subcontractor to affirmatively state in its Agreement with the UMCDP that the subcontractor shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri.

18. **Litigation.** UMCDP agrees that there is no litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding pending or threatened

against UMCDP or any individual acting on the UMCDP's behalf, including subcontractors, which seek to enjoin or prohibit UMCDP from entering into this contract agreement of performing its obligations under this agreement.

19. **Board Ownership.** If UMCDP ceases to be funded by the BCCSB or ceases to provide programs and services for Boone County children, youth and their families, all capital equipment, materials, and buildings purchased with CSF funds shall be returned to Boone County unless so otherwise approved by a majority vote of the BCCSB. In addition, if UMCDP no longer used capital equipment, materials, and building purchased with CSF funds for its original intent, UMCDP will need BCCSB approval to re-direct.

20. **Failure to Perform/Default.** In the event UMCDP, at anytime, fails or refuses to perform according to the terms of this contract, as determined by the BCCSB, such failure or refusal shall constitute a default hereunder, and the BCCSB will be relieved of any further obligation to make payments to UMCDP as set out herein. This contract will be terminated at the option of the BCCSB.

21. **Termination.** This agreement may be terminated, with or without cause, by either party upon 30 days written notice to the other party. In addition, BCCSB may terminate this agreement upon 15 days advance written notice for any of the following reasons or under any of the following circumstances:

a. BCCSB may terminate this agreement due to material breach of any term or condition of this agreement, or

b. BCCSB may terminate this agreement if key personnel providing services are changed such that in the opinion of the BCCSB delivery of services are or will be delayed or impaired, or if services are otherwise not in conformity with proposal specification, or if services are deficient in quality in the sole judgment of BCCSB, or

c. BCCSB may terminate this agreement with 15 days of prior written notice should the UMCDP fail substantially to perform in accordance with its terms through no fault of the party initiating the termination, or

d. If appropriations are not made available and budgeted for any calendar year to fund this agreement.

Upon receipt of notice of termination, the UMCDP shall make every effort to reduce or cancel outstanding commitments and shall incur no additional expenses. BCCSB shall reimburse the UMCDP for outstanding expenses incurred up to the date of termination, including uncancellable obligations and reasonable termination costs, but in no event will such costs exceed the total funds presently allocated to this agreement.

22. **Indemnification.** To the extent permitted under Missouri law, UMCDP agrees to hold harmless, defend and indemnify the BCCSB, the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of **The Curators of the University of Missouri (on behalf of the Department of Psychiatry, within the School of Medicine)**, (meaning anyone, including but not limited to consultants having a contract with the UMCDP or subcontractor for part of the services), or anyone directly or indirectly employed by UMCDP, or of anyone for whose acts UMCDP may be liable in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its negligence.

23. **Publicity by the Agency.** UMCDP shall notify the BCCSB of contact with the media regarding CSF funded programs or profiles of participants in CSF funded programs. UMCDP will acknowledge the BCCSB as a funding source whenever publicizing CSF funded programs. UMCDP will collaborate with the BCCSB to inform the community about the ways its tax dollars are being invested in services and supports. UMCDP agrees to acknowledge the Children's Services Fund as a funding source on all written and electronic publications including brochures, letterhead, annual reports and newsletters.

24. **Independence.** This contract does not create a partnership, joint venture or any other form of joint relationship between the BCCSB and UMCDP. The BCCSB does not recognize any of the UMCDP's employees, agents or volunteers as those of the BCCSB.

25. **Binding Effect.** This agreement shall be binding upon the parties hereto and their successors and assigns for so long as this agreement remains in full force and effect.

26. **Entire Agreement.** This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and other proposal or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

27. **Record Retention Clause.** UMCDP shall keep and maintain all records relating to this contract agreement sufficient to verify the delivery of services in accordance with the terms of the this agreement for a period of three (3) years following expiration of this agreement and any applicable renewal.

28. **Notice.** Any written notice or communication to the BCCSB shall be mailed or delivered to:

Boone County Community Services  
605 E. Walnut, Ste. A  
Columbia, MO 65201

Any written notice or communication to the UMCDP shall be mailed or delivered to:

University of Missouri - Columbia  
Karen Geren, Authorized Signer, Grants and Contracts  
310 Jesse Hall  
Columbia, MO 65211

**IN WITNESS WHEREOF** the parties through their duly authorize representatives have executed this agreement on the day and year first above written.

**The Curators of the University of Missouri  
(on behalf of the Department of Psychiatry,  
within the School of Medicine)**

**Boone County, Missouri**

By: Karen M. Geren  
Signature 12-4-2014

By: Boone County Commission

Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

By: Karen M. Geren, Authorized Signer  
Printed Name/ Title  
MV Project # 00047373

By: Boone County Children's Services Board  
Les Wagner  
Les Wagner, Board Chair

APPROVED AS TO FORM:

J. B. Bleas  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION: In accordance with RSMo. §50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification of this contract is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Pitchford by pp 12-08-14  
Signature Date

2161/71106/\$488,163.20

Appropriation Account



RE: University of Missouri Self-Funded Auto/General Liability/Self-Insured Workers' Compensation

To Whom It May Concern:

The Curators of the University of Missouri has a Self-funded Retention Program for its auto and general liability losses. The Self-funded Retention Program is used to provide payment for exposures and claims arising from the negligence of the University, its officers, agents and employees and for which the University, its officers, agents and employees are found to be liable.

The self-funded auto/general liability retention program has a limit of \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Reserves for the program are determined annually and set aside by the University for the Self-funded Retention Program.

The Curators of the University of Missouri is an approved Missouri self-insurer for Workers' Compensation coverage. All employees, including some student employees, part-time employees and some volunteers are covered by Worker's Compensation. A specific fund is maintained, based on actuarial determination, to cover obligations arising from the Workers' Compensation Exposure.

Should you require additional information, please advise.

Sincerely,

*Ed Knollmeyer*

Ed Knollmeyer  
Director, Risk & Insurance Management

EK

**REQUEST FOR ADDITIONAL INFORMATION FORM #4**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #4 is issued and incorporated into and made a part of the Request for Proposal Documents.

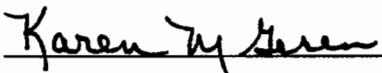
Company Name: Curators of the University of Missouri

Address: Office of Sponsored Programs, University of Missouri  
310 Jesse Hall, Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature:  Date: 11-12-2014

E-mail: grantsdc@missouri.edu

University of Missouri Department of Psychiatry (Dr. Young-Walker)

- a. Please provide an adjusted total amount requested and an updated output section.

We are requesting a total amount of \$488,163.20. Please see attached for the updated output section.

**School Based Mental Health**

**TOTAL BUDGET/COST-- \$ 488,163.20**

	<b>UNIT COST/15 minute</b>	<b>UNITS EXPECTED TO BILL (Annually)</b>
Psychiatry	44.86	6020
Nurse case managers	15.98 per nurse	12,600
Administrative	17.10	980

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

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November 7, 2014

UMC – Department of Psychiatry  
Dr. Laine Young-Walker, MD  
Associate Professor of Psychiatry  
E-mail: [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu)

RE: Request for Additional Information #4 – 27-10JUN14 – *Purchase of Service Contracts for Boone County Children's Services Fund*

Dear Dr. Young-Walker:

Attached is a *Request for Additional Information #4*. Please return as soon as possible by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

A handwritten signature in cursive script that reads "Melinda Bobbitt".

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #4**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #4 is issued and incorporated into and made a part of the Request for Proposal Documents.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

University of Missouri Department of Psychiatry (Dr. Young-Walker)

- a. Please provide an adjusted total amount requested and an updated output section.

**REQUEST FOR ADDITIONAL INFORMATION FORM #3**

**PROPOSAL:** 27-10JUN14 – *Purchase of Service Contracts for Children's Services Fund*

This Request for Additional Information #3 is issued and incorporated into and made a part of the Request for Proposal Documents.

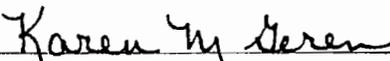
Company Name: Curators of the University of Missouri

Address: Office of Sponsored Programs, University of Missouri  
310 Jesse Hall, Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature:  Date: 10/29/2014

E-mail: grantsdc@missouri.edu

University of Missouri Department of Psychiatry (Dr. Young-Walker)

- a. The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rational is given for charging a different amount. Please provide an updated Unit price for the psychiatric and case management services.

*The Children's Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publicly available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rationale is given for charging a different amount. Please provide an updated Unit price for the psychiatric and case management services.*

**Psychiatrist**

Proposed psychiatric costs are consistent with the University of Missouri charges for the services rendered. We are basing our unit costs on total salary, fringe, and indirect costs.

\$34.33 per 15 minute unit

**Nurse Case Management Unit Cost**

Neither the Department of Mental Health nor the University of Missouri have a unit cost for nurse case management. The Department of Mental Health has nurse case management in their home health model only. They bill at a per-member per month rate, not unit cost. We are unable to do a comparison.

\$15.61 per 15 minute unit per nurse

**Administrative Unit Cost**

Administrative unit costs includes administrative support, data analysis and all costs incurred in implementation of the program except nurse case management and psychiatry time.

\$17.10 per 15 minute unit

We have made reductions in our original submitted budget in the following areas:

**Indirect Costs**

The University of Missouri's Facilities and Administration Rates (indirect costs) applied to modified total direct costs for this proposal are based upon federally negotiated rates with the Department of Health and Human Services. The indirect costs for this project are 26% as was originally proposed. However, the University of Missouri agreed to cut these costs by 11% in order to satisfy Boone County Children's Services Fund guidelines. This reduced percentage of 15% will be applied to the full proposed amount.

**Administrative Support**

The administrative support costs were reduced to a lower support staff salary, although amount of support will remain the same.

**Laptop computers**

Individual cost was reduced to units with fewer options.

**Supplies**

Quantities have been reduced.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 24, 2014

UMC – Department of Psychiatry  
Dr. Laine Young-Walker, MD  
Associate Professor of Psychiatry  
E-mail: [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu)

RE: Request for Additional Information #3 – 27-10JUN14 – *Purchase of Service Contracts for Boone County Children's Services Fund*

Dear Dr. Young-Walker:

Attached is a *Request for Additional Information #3*. Please return as soon as possible by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #3**

**PROPOSAL:** 27-10JUN14 – *Purchase of Service Contracts for Children’s Services Fund*

This Request for Additional Information #3 is issued and incorporated into and made a part of the Request for Proposal Documents.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

University of Missouri Department of Psychiatry (Dr. Young-Walker)

- a. The Children’s Services Board is requesting that organizations limit their reimbursement rates, when appropriate, to an established public funding unit price or rate, such as the Missouri Department of Mental Health or other publically available established amounts. The Board will consider funding a program with a unit price or rate not consistent with a publicly available established unit price or rate provided a justification and rationale is given for charging a different amount. Please provide an updated Unit price for the psychiatric and case management services.

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents.

Company Name: Curators of the University of Missouri

Address: Office of Sponsored Programs, University of Missouri  
310 Jesse Hall, Columbia, MO 65211-1230

Telephone: 573-882-7560 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 43-6003859

Print Name: Karen M. Geren Title: Pre-Award Manager, OSPA

Signature: *Karen M. Geren* Date: 10/22/2014

E-mail: grantsdc@missouri.edu

**Missouri Department of Psychiatry (Dr. Young-Walker)**

- a. Please discuss sustainability of this program in future years if the Children's Services Board is unable to continue to fund such a large portion.
- b. Please explain and justify the RN Case Manager's proposed salaries in your budget.
- c. We received multiple proposals offering similar services from Burrell Behavioral Health, Inc, University of Missouri Psychiatric Department and University of Missouri – School of Social Work. Please communicate with Burrell and UMC – School of Social Work regarding the proposals they submitted. If all are funded, how would we move forward in not duplicating services and what process will be used between the entities?

**Contact Information:**

Burrell, Inc.  
Dr. Julie Arment  
Director of School Based Services  
E-mail: [Julie.Arment@burrellcenter.com](mailto:Julie.Arment@burrellcenter.com)  
Phone: (573) 777-8397

University of Missouri – School of Social Work  
Training for school-age staff in Boone County  
Dr. Wendy Reinke  
Associate Professor  
Department of Education, School, & Counseling Psychology  
E-mail: [reinkew@missouri.edu](mailto:reinkew@missouri.edu)  
Phone Number for Megan White, Senior grants and Contracts Administrator:  
573-882-4223. E-mail: [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

**1) *Please discuss sustainability of this program in future years if the Children's Services Board is unable to continue to fund such a large portion.***

Our plan is to seek outside funding in order to successfully sustain the program in the future. We plan to seek funding through a variety of sources. These include the Boone County Public Schools, as well as outside grant funding. Currently, the consortium of superintendents from the Boone County Public schools has sought grant funding to help support the projects that are taking place in the schools. We have been in communication with a representative from the consortium who believes that our program would be supported if the grant funding is obtained. Should the grant funding not be obtained, we plan to work with each of the Boone County Schools to determine what level of support they are able to give the program.

**2) *Please explain and justify the RN Case Manager's proposed salaries in your budget.***

The role of the psychiatric nurses in this program is much more than case management. Case management is one of their responsibilities. In addition, there is a significant administrative function which includes: program development; consistent review and adjustment of the program to ensure positive outcomes for children, families, and the Boone County Public Schools; and case management duties. Our school based mental health program is a comprehensive program that relies heavily on expertise of psychiatric nurses. It is critical that these nurses understand the process of psychiatric treatment and have skills in dealing with children and adolescents who have emotional and behavioral concerns. Also, a critical component is the coordination and collaboration with the schools, families, and the community providers. In addition to the importance of a solid clinical foundation in psychiatry, the psychiatric nurses must have experience and success in program development and implementation. The current psychiatric nurses have years of clinical experience, work in developing programs, and significant skills in management. Their administrative, program development and management skills will be critical to the success of this program.

**Administrative Duties:**

- Program development, management, and implementation
  - Establishing a system for seeing all children in the Boone County Schools who participate in the program
  - Develop required documents to communicate effectively with the schools, families and outside providers
  - Work with other programs to coordinate care for children seen
  - Oversee data collection
  - Routine meetings with the Boone County Schools to assess the successes and challenges of implementation
  - Adjust the program to ensure successful outcomes

- Marketing
- Budgetary oversight
- Program Expansion and training
- Consultation with outside agencies/entities

**Psychiatric RN Case Management duties:**

- Consult with schools and other community providers for student referrals
- Manage master scheduling at all schools
- Coordinate with outreach counselors for completion of program forms and releases (one year, three-way communication between schools, community and school-based providers, and the Department of Psychiatry School-based Program).
- Attendance at all onsite student psychiatric appointments for nursing assessment.
- Relationship-building with parents/guardians, students, and school staff.
- Promote adherence to treatment goals thru use of motivational interviewing and thru coaching the parents/guardians and students.
- Schedule appointments with community psychiatrists and other providers.
- Forward medical records at the end of the school-based treatment to include a nursing handoff of strengths and challenges.
- Coordination of pharmacy, lab services, and students' transportation needs.
- Coordinate with school nurses as needed to ensure medication compliance
- Weekly follow-up calls to parents/caregivers
- Document students' behaviors and mood
- Medication compliance, side effects, and efficacy
- Coach and answer questions
- Educate about diagnoses and treatment
- Discuss treatment challenges
- Attend scheduled meetings with school staff and other school-based providers to collaborate, refer, and share students' progress.
- On-call access via pager, Monday-Friday 8-5PM, and will alert psychiatrist as needed.

**3) *We received multiple proposals offering similar services from University of Missouri on behalf of the Boone County Schools Mental Health Coalition, University of Missouri Psychiatric Department and Burrell Behavioral Health. Please communicate with UMC - Psychiatric Department and Burrell Behavioral Health regarding the proposals they submitted. If all are funded, how would we move forward in not duplicating services and efforts and what process would be used between the entities?***

Following several informal discussions and a formal meeting which occurred on October 16, 2014 between Boone County Schools Mental Health Coalition (BCSMHC), MU Department of Psychiatry, and Burrell, this document reflects the understanding that the three separate

proposals do not duplicate services but are indeed complimentary. That is, should all three proposals be funded, there would be no overlap in the types of services offered to Boone County youth and families who received them. Furthermore, upon closer examination, the objectives of the three proposals dovetail in a way that meet the ideal requirements of a three tiered public health model of service.

\*The BCSMHC and MU Department of Psychiatry have read and edited the following document. Burrell is still in the process of reflecting on the plan and making edits accordingly. However, to keep the process in motion BCSMHC and MU Department of Psychiatry have decided to share this draft document as evidence of how the proposals can be coordinated.

The three tiered public health model is often used to conceptualize comprehensive school-based approaches to deploying a variety of interventions to address a variety of behavioral and mental health issues. The tiered public health model addresses the varying needs of youth by integrating interventions characterized by differing levels or degrees of implementation intensity. Briefly, a properly developed, school-based tiered model of prevention and intervention rely on several features, including universal screening data, trained school-based decision-making teams, and ongoing indicators of performance to guide decisions regarding the allocation of more intensive interventions. Using the screening and ongoing data, school-based teams are able to promptly provide students with appropriate levels of support while avoiding the premature referral of students for expensive and lengthy evaluations and unnecessary services.

With screening data, trained school based teams, and ongoing data to evaluate student responses to intervention efforts, the tiered models of support integrate a continuum of intervention supports, including:

- universal prevention targeting services or strategies to all regardless of risk status;
- selective intervention targeting specific subgroups of youth based on the presence of some risk of developing more severe problems; and
- indicated interventions targeting youth exhibiting signs and symptoms of an ongoing problem.

The following narrative attempts to describe how our three proposals will provide complimentary and coordinated care to the youth of Boone County. To clearly explain how our proposals will compliment and collaborate with each other while avoiding the duplication of services—we will use the three tiers of support as a guiding framework.

### **Universal Prevention**

First, the Boone County Schools Mental Health Coalition (BCSMHC) plans to train all school staff to recognize and respond appropriately to students with signs and symptoms of mental health concerns (i.e., training in Mental Health First Aid). In addition, all school staff will be trained in culturally responsive practices in working with youth (i.e., training Restorative Justice Practices). There were no concerns with regard overlap among the proposals in training school staff in universal practices.

Second, the BCSMHC will train all schools to implement universal screening using a common data across the county. In fact, an application with the U.S. Department of Education has been submitted to support this component of the BCSMHC proposal. This screening system will allow for identification of youth in need of services that have not previously been identified and monitoring of the impact of the continuum of interventions across all youth, including those at risk and in risk throughout the county.

There was no overlap between the proposals with regard to universal services.

### **Selective Interventions**

All three of the proposals intend to provide selective intervention services. However, the services are complimentary and without overlap as described below:

At the Selective level, the BCSMHC proposes to train school-based teams (6-8 individuals within each school building). These teams will use screening data to identify students in need of supports. Students who are at risk, but not severe enough to warrant individualized supports, will receive evidence-based small group supports. The school-based teams and the Boone County coordinated care team (i.e., mental health professionals in BCSMHC working across school districts) will identify evidence-based interventions, implement interventions, and monitor the success of those interventions using data that reflect the impact of the supports on the youth. On occasion youth receiving services at the selective level will benefit from referral for medication consultation and/or outside community supports.

The MU Department of Psychiatry plan to provide an initial psychiatric evaluation by a child psychiatrist, as well as up to three additional follow-up visits in the school setting for students who cannot wait the 6-8 weeks for an appointment with a community psychiatrist. Throughout the course of treatment, psychiatric RN case management services will focus on medication compliance, side effects, and efficacy, assisting parents/guardians in accessing or applying for insurance, and liaison efforts. In addition to case management services, the two RN's in the MU model will serve as managers for the MU Department of Psychiatry School-based Program. The psychiatric RN managers will direct and manage the program, which will include program development and expansion, marketing, team-building and performance improvement.

One overarching goal for the psychiatric RN managers is to build relationships by interfacing with students and their families, school staff and community providers to promote adherence to treatment goals. Thus, the Psychiatric RN managers would meet with the school-based teams to ensure effective communication and share data with regard to youth progress. The school-based teams would continue to implement and monitor additional support for the youth as needed. The BCSMHC school-based teams would work as both a referral source, an ongoing partner in meeting the needs of youth receiving services from the MU Department of Psychiatry School Based Mental Health Program, and a referral source for the Psychiatric RN managers at termination of services.

Burrell CPR case management services coordinate community supports and provide direct services to parents and youth. Thus, for some youth who are receiving selective intervention services in the school, referral to community providers may be warranted. For instance, a youth showing early signs of emotional or behavior issues may benefit from supports at school and home. The Burrell CPR case managers would be able to link services to the home by providing direct services to parents (e.g., parenting strategies), support coordination of services across home and school (e.g., support parents in implementing a system of reinforcement for meeting shared home-school goals), and attend BCSMHC school-based team meetings to share information to build stronger school-home connections and improve outcomes for youth.

Any coordination of services across agencies will only be conducted with the explicit expressed agreement from the families using school and agency based documentation.

### **Indicated Interventions**

Due to the individualized and intensive nature of services at this level, services are likely to interact across all agencies. However, as described in the Selective Intervention sections the services will be completely complimentary without overlap.

As described, the BCSMHC school-based teams and county coordinating teams will use data to identify youth in need of indicated individualized services. These teams will be trained in the school-base wrap around process to enhance school-based each team's understanding of intensive case-based management, to improve awareness of community-based services, and to increase the ability of each team to aptly participate in the development of a care plan for a student. However, school-based teams are responsible for participating in the development of a treatment plan and for monitoring the success of a treatment plan—their aim will not be to provide direct service to fulfill the goals of a treatment plan. That is, the school-based teams will engage the student and key school, family and community personnel—including MU Department of Psychiatry and Burrell Behavioral Health specialists trained in CPR. Dependent upon the needs of the youth, the school-based wrap around team will work collaboratively with the aforementioned entities to develop measureable goals, identify existing CPR and other community-based interventions to meet these goals, identify appropriate progress monitoring data, schedule regular meetings to examine progress monitoring data, and revise the plan as needed.

More specifically, students at the tertiary level of intervention will be referred as needed for additional services, including community-based services with Burrell Behavioral Health and psychiatric consultation through MU Department of Psychiatry. As noted above, given the expressed interest and consent from parents, the Burrell CPR case managers and Psychiatric RN managers would be active participants and partners in the school-based wrap around teams. Further, both Burrell and MU Department of Psychiatry may refer youth they are serving to the school-based teams for school-based wrap around services and coordination. We feel that the services are complimentary in nature offering a comprehensive approach to service delivery, particularly to at-risk and in-risk youth and their families, not currently available in the county. We look forward to working together to support the youth of Boone County.

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

---

October 16, 2014

UMC – Department of Psychiatry  
Dr. Laine Young-Walker, MD  
Associate Professor of Psychiatry  
E-mail: [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu)

RE: Request for Additional Information #2 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children’s Services Fund

Dear Dr. Young-Walker:

Attached is a *Request for Additional Information #2*. Please return by e-mail to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org) as soon as possible.

If you have any questions regarding this request, please call (573) 886-4391 or e-mail [Mbobbitt@boonecountymo.org](mailto:Mbobbitt@boonecountymo.org). I sincerely appreciate your efforts in working with Boone County, MO to ensure a thorough evaluation of your proposal.

Sincerely,



Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File

Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #2**

**PROPOSAL:** 27-10JUN14 – *Purchase of Service Contracts for Children’s Services Fund*

This Request for Additional Information #2 is issued and incorporated into and made a part of the Request for Proposal Documents.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Dr. Young-Walker)**

- a. Please discuss sustainability of this program in future years if the Children’s Services Board is unable to continue to fund such a large portion.
- b. Please explain and justify the RN Case Manager’s proposed salaries in your budget.
- c. We received multiple proposals offering similar services from Burrell Behavioral Health, Inc, University of Missouri Psychiatric Department and University of Missouri – School of Social Work. Please communicate with Burrell and UMC – School of Social Work regarding the proposals they submitted. If all are funded, how would we move forward in not duplicating services and what process will be used between the entities?

**Contact Information:**

Burrell, Inc.  
Dr. Julie Arment  
Director of School Based Services  
E-mail: [Julie.Arment@burrellcenter.com](mailto:Julie.Arment@burrellcenter.com)  
Phone: (573) 777-8397

University of Missouri – School of Social Work  
Training for school-age staff in Boone County  
Dr. Wendy Reinke  
Associate Professor  
Department of Education, School, & Counseling Psychology  
E-mail: [reinkew@missouri.edu](mailto:reinkew@missouri.edu)  
Phone Number for Megan White, Senior grants and Contracts Administrator:  
573-882-4223. E-mail: [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 Purchase of Service Contracts for Children's Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before 9:00 a.m. Tuesday, October 14, 2014.

Company Name: Faculty of the University of Missouri

Address: Office of Sponsored Programs University of Missouri  
410 Jesse Hall, Columbia, MO 65211-1200

Telephone: 573-884-7507 Fax: 573-884-4078

Federal Tax ID (or Social Security #): 47-6603858

Print Name: Karen M. Gezen Title: Proc Award Lead, CSPA

Signature: Karen M Gezen Date: 10-13-2014

E-mail: grant.sdc@missouri.edu

**[REDACTED]** (Outpatient Psychiatric Services)

- a. Why aren't insurance claims being filed for these services?
- b. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- c. Has the agency approached any of the Boone County schools to request assistance in funding this opportunity?
- d. Describe the work duties and expectations of the data analysis manager.
- e. Please provide the unit cost for psychiatric visits and justification for this cost.
- f. Please provide the unit cost for case management.
- g. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is the agency able to comply with this policy? Yes.

**A. Why aren't insurance claims being filed for these services?**

One of the barriers to accessing outpatient child psychiatric services which the Putting Kids First in Boone County: Children's Mental Health Services Assessment (2011) identified was lack of insurance and underinsurance. This program is established similarly to an EAP program. Each child is able to get 3-4 visits (which includes a psychiatric evaluation and 2-3 follow-up visits), establish care, and work with the psychiatric care team to acquire psychiatric care regardless of ability to pay. This provides invaluable time to stabilize the patient and work to acquire insurance coverage for their ongoing care. The nurse case managers will work with the families to establish Medicaid, access private insurance (if it is available and not being accessed) or to establish care with the family health center. We can utilize the time that the patients are being seen and treated to navigate the insurance hurdles and therefore not have children going untreated.

**B. Are any of these services in the proposal being administered by students? If so, are these at the same rate as professionals?**

All services will be administered by child and adolescent psychiatrists and Registered Nurses. None of the services will be administered by students, residents or fellows.

**C. Has the agency approached any of the Boone County Schools to request assistance in funding this opportunity?**

Prior to the creation of our pilot project (February to May 2014), we worked extensively to create this program with the Columbia Public schools. We planned for an entire year (2012-2013) and were planning for implementation in 2013. We were not able to implement because it became apparent that there was no funding to support it. Therefore, we had to end the plans to implement fully in CPS and initiated the pilot instead. We have met with Ashland, Sturgeon and Hallsville schools to discuss the pilot project and results. At this point we have not been able to secure funding to move it forward.

**D. Describe the work duties and expectations of the data analysis manager?**

We want to ensure that our efforts within the Boone County Public Schools show positive outcomes. The data analysis manager will work with the psychiatric team, schools, and families to measure outcomes related to decreased anxiety and depression symptoms, and a decrease in aggressive behaviors and disruptions in the classroom causing impairment in classroom functioning. In addition we want to validate school/parent/patient satisfaction with the program. We collected data from the short pilot project we did in the spring of 2014 and had very positive outcomes. Our hope is that compelling data will allow us to seek additional funding in the future (from grants or other funding sources) in order to decrease the needed money from the Children's Services Board to fund the program

**E. Please provide the unit costs for psychiatric visits and justification for this cost**

\$246.13 per unit.

This cost is calculated using Year 1 Psychiatrist salary/benefits and one-third of the cost for the budgeted items of mileage, statistical analyst, administrative support, equipment and medical supplies. Indirect costs were calculated at the allowable 15% rather than the 26% as was originally budgeted. The total cost of \$258,440.33 was then divided by the 1050 estimated Year 1 visits for a unit cost of \$246.13.

**F. Please provide the unit cost for case management**

\$180.52 per unit.

**G. The Boone County Children's Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children's Services Fund. Is agency able to comply with this?**

Yes, we will comply with the allowable 15% indirect expense policy.  
(15% of total direct costs)

**Melinda Bobbitt - Additional Info Form from The Curators of the University of Missouri and Dr. Laine Young Walker**

---

**From:** "White, Megan" <whiteme@missouri.edu>  
**To:** "mbobbitt@boonecountymo.org" <mbobbitt@boonecountymo.org>  
**Date:** 10/13/2014 10:46 AM  
**Subject:** Additional Info Form from The Curators of the University of Missouri and Dr. Laine Young Walker  
**CC:** "Carter, Marty M." <cartermm@health.missouri.edu>, "Young Walker, LaineM...  
**Attachments:** Young Walker--Outpatient Psych--Request for Additional Info 1.pdf; Young Walker--ECPBS--Request for Additional Info 1.pdf

---

**Please Confirm Receipt**

Dear Ms. Bobbitt,

Attached please find both of the **Request for Additional Information Forms** from The Curators of the University of Missouri on behalf of **Dr. Laine Young Walker**. Should you require any additional information or have any questions, please contact me at 573-882-4223 or [whiteme@missouri.edu](mailto:whiteme@missouri.edu).

All the best,

**Megan White**

Senior Grants and Contracts Administrator

Office of Sponsored Programs Administration

University of Missouri | 310 Jesse Hall | Columbia, MO 65211

Voice: (573)-882-4223 | Fax: (573)-884-4078 | [whiteme@missouri.edu](mailto:whiteme@missouri.edu)

***Office of Sponsored Programs Administration: Promoting Collaboration in Research***

**Melinda Bobbitt - Re: Interview for the RFP that you submitted for Children's Services Board funding**

---

**From:** Melinda Bobbitt  
**To:** Lane Young Walker  
**Subject:** Re: Interview for the RFP that you submitted for Children's Services Board funding  
**CC:** LotvenJ@missouri.edu

*CC morgensence health.missouri.edu*

Dr. Young-Walker:

Yes that would be great to bring your nurse case manager.

Attached is the confirmed interview time as well as some additional clarification questions that are due back by October 14, 9:00 a.m. (and sooner would be even better).

Thanks,  
Melinda

>>> "Young Walker, Laine M." <YoungWalkerL@health.missouri.edu> 10/3/2014 5:32 PM >>>  
Do you want me alone or would you like our nurse case manager come as well?

**Laine Young-Walker, MD**  
**Associate Professor of Psychiatry**  
**Division Chief and Training Director, Child and Adolescent Psychiatry**  
**Vice Chair, Department of Psychiatry**



On Oct 3, 2014, at 5:30 PM, Melinda Bobbitt <[MBobbitt@boonecountymo.org](mailto:MBobbitt@boonecountymo.org)> wrote:

Dr. Young-Walker,

Let's plan on 2:00 - 3:00 p.m. on Tuesday, October 14.

Location: Boone County Annex Building, Conference Room, 613 E. Ash Street, Columbia, MO 65201

Thanks,  
Melinda

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Purchasing  
Annex Building

# Boone County Purchasing

Melinda Bobbitt, CPPO, CPPB  
Director



613 E. Ash St. Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390  
[mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

---

October 3, 2014

Dr. Laine Young-Walker, M.D.  
Associate Professor of Psychiatry; Division Chief and Training Director, Child and  
Adolescent Psychiatry; Vice Chair, Department of Psychiatry  
Department of Psychiatry - University of MO  
310 Jesse Hall  
Columbia, MO 65211  
E-mail: [YoungWalkerL@health.missouri.edu](mailto:YoungWalkerL@health.missouri.edu) cc: [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu)

RE: Request for Additional Information #1 – 27-10JUN14 – Purchase of Service Contracts  
for Boone County Children's Services Fund

Dear Dr. Young-Walker:

Attached is a *Request for Additional Information #1*. Please complete the attached form,  
sign and submit with the requested information by 9:00 a.m., Tuesday, October 14, 2014 by  
email to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).

Your **interview** has been scheduled for:

October 14, 2014

Time: 2:00 – 3:00 p.m.

Location: Boone County Annex, 613 E. Ash Street, Columbia, MO 65201

Conference Room (come in the building and turn left directly into the conference room)

County Attendees:

Kelly Wallis, Director, Community Services

JoAnne Nelson, Program Manager, Community Services

Melinda Bobbitt, Director of Purchasing

If you have any questions regarding this request, please call (573) 886-4391 or e-mail  
[Mbobbitt@boonecountymmo.org](mailto:Mbobbitt@boonecountymmo.org). I sincerely appreciate your efforts in working with Boone  
County, MO to ensure a thorough evaluation of your proposal.

Sincerely,

Melinda Bobbitt, CPPO, CPPB, Director of Purchasing

cc: Proposal File / Attachment: Request for Additional Information

**REQUEST FOR ADDITIONAL INFORMATION FORM #1**

**PROPOSAL: 27-10JUN14 – Purchase of Service Contracts for Children’s Services Fund**

This Request for Additional Information #1 is issued and incorporated into and made a part of the Request for Proposal Documents. Offeror is reminded that receipt of this form must be acknowledged and submitted on or before **9:00 a.m. Tuesday, October 14, 2014.**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID (or Social Security #): \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

E-mail: \_\_\_\_\_

**\_\_\_\_\_ (Outpatient Psychiatric Services)**

- a. Why aren’t insurance claims being filed for these services?
- b. Are any of the services mentioned in the proposal delivered by students? If so, are these at the same rate as professionals?
- c. Has the agency approached any of the Boone County schools to request assistance in funding this opportunity?
- d. Describe the work duties and expectations of the data analysis manager.
- e. Please provide the unit cost for psychiatric visits and justification for this cost.
- f. Please provide the unit cost for case management.
- g. The Boone County Children’s Services Board has adopted a policy limiting indirect expenses to 15% for services funded by Children’s Services Fund. Is the agency able to comply with this policy?

# UNIVERSITY of MISSOURI

OFFICE OF RESEARCH  
SPONSORED PROGRAMS ADMINISTRATION

27 August  
Important +  
Outdated  
Psychiatric  
Services

July 9, 2014

Melinda Bobbitt  
Director of Purchasing  
Boone County Purchasing Department  
Boone County Annex  
613 E. Ash, Rm 110  
Columbia, MO 65201

RE: University of Missouri-Columbia Project No. 00047373

Enclosed please find the above-referenced proposal which is being submitted on behalf of The Curators of the University of Missouri. The project director is Laine Young-Walker in the Department of Psychiatry at the University of Missouri-Columbia.

If our proposal is favorably received, we respectfully request the opportunity to negotiate the terms and conditions of any agreement forthcoming. In anticipation, we have reviewed the RFP's proposed terms and conditions. Our concerns include, but are not limited to, the following (proposed additions are underlined):

### ***Boone County Insurance Requirements***

*The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide, or Contractor may provide evidence of a self-funded program of coverage.*

**Reasoning:** It is not possible to add an additional insured to the self-insurance plan and the University is not willing to obtain separate insurance for any specific project. The University is partially immune from tort liability since it is an instrumentality of the State of Missouri and the University carries insurance (commercial and/or self insurance) as permitted by State statute 537.610 RSMo., 1994. The University is qualified as a self-insurer under the Workers Compensation law of the State of Missouri. In addition, the University is also self-insured for general liability and for automobile liability insurance. These University self-insurance programs shall be used to cover any applicable claims concerning this project.

### ***Indemnity Agreement***

*To the fullest extent permitted by law and without waiving sovereign immunity, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for*



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

SPONSORED PROGRAMS ADMINISTRATION

*part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.*

**Reasoning:** The University is a governmental entity of the State of Missouri. As such, it has sovereign immunity from most tort actions and cannot agree to indemnify and hold harmless others in situations in which the legislature has provided such sovereign immunity (Article VI, Section 26a, Missouri Constitution Sect. 172.250, RSMo., 1994)

## **Attachment D—2014 Agency Assurance Sheet**

- *Proof of 501(c)(3)*
- *Certificate of Corporate Good Standing*

**Reasoning:** We will be unable to provide proof of 501(c)(3) or a Certificate of Corporate Good Standing. RPR Section III Minimum Eligibility Criteria states “any tax-exempt, not organized for profit agency or governmental entity” should be eligible. We are a public corporation per the statute below:

172.020. Pursuant to sections 9(a) and 9(b) of article IX of the Missouri Constitution, the state university is hereby incorporated and created as a body politic and shall be known by the name of "The Curators of the University of Missouri", and by that name shall have perpetual succession, power to sue and be sued, complain and defend in all courts; to make and use a common seal, and to alter the same at pleasure; to take, purchase and to sell, convey and otherwise dispose of lands and chattels, except that the curators shall not have the power to subdivide, sell or convey title to any land contained within a university campus or to subdivide, sell or convey title to any portion of any parcel of land containing in excess of twenty-five hundred contiguous acres unless such transaction is approved by the general assembly by passage of a concurrent resolution signed by the governor. The curators shall not sell, trade or otherwise convey or permit the severance of timber, minerals or other natural resources, unless the curators comply with bidding procedures established by rule that mandate notice of the transaction be provided in a manner reasonably calculated to apprise prospective purchasers. Such rule or rules must at a minimum require at least one notice of the transaction be published in a newspaper of general circulation where the resources are located. The curators may act as trustee in all cases in which there be a gift of property or property left by will to the university or for its benefit or for the benefit of students of the university; to condemn an appropriate real estate or other property, or any interest therein, for any public purpose within the scope of its organization, in the same manner and with like effect as is provided in chapter 523 relating to the appropriation and valuation of lands taken for telegraph, telephone, gravel and plank or railroad purposes; provided, that if the curators so elect, no assessment of damages or compensation under this law shall be payable and no execution shall issue before the expiration of sixty days after the adjournment of the next regular session of the legislature held after such assessment is made, but the same shall bear interest at the rate of six percent per annum from its



# UNIVERSITY *of* MISSOURI

OFFICE OF RESEARCH

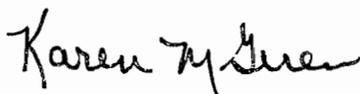
SPONSORED PROGRAMS ADMINISTRATION

date until paid; and provided further, that the curators may, at any time, elect to abandon the proposed appropriation of property by an instrument of writing to that effect, to be filed with the clerk of the court and entered on the minutes of the court, and as to so much as is thus abandoned, the assessment of damages or compensation shall be void.

Please contact Jeremiah Lotven at 573-884-5059 or [LotvenJ@missouri.edu](mailto:LotvenJ@missouri.edu) for any administrative questions and/or negotiations. You may contact the PI directly for technical questions.

We appreciate your consideration of this proposal.

Sincerely,



Karen M. Geren

Authorized Signer and Pre-Award Lead

Office of Sponsored Programs Administration

University of Missouri | 310 Jesse Hall | Columbia, MO 65211

Phone: 573.882.4451 | Fax: 573.884.4078 | [gerenk@missouri.edu](mailto:gerenk@missouri.edu)



**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:** The Curators of the University of Missouri

**Agency Address:** Office of Sponsored Programs  
University of Missouri  
310 Jesse Hall  
Columbia, MO 65211-1230

**Agency Phone Number:** 573-882-7560

**Primary Agency Contact (include title):** Karen M. Geren, Pre-Award Lead, OSPA

**Email Address:** grantsdc@missouri.edu

**Contact Phone Number:** 573-882-4451

**Amount Requested:** \$2,297,344.00

**Federal Tax ID:** 43-6003859

**Signature:** Karen M. Geren **Date:** 07-10-14

MU PROJECT NO. 00047373

## 1. AGENCY AND PROGRAM INFORMATION

### a. Background Information:

- i. See attachment.
- ii. See attachment.
- iii. The Department of Psychiatry is within the School of Medicine at the University of Missouri-Columbia. The Department provides inpatient/outpatient psychiatric services for children, adolescents and adults from every county in Missouri. The outpatient services for children/adolescents include psychotherapy, psychological testing and psychiatric evaluations/follow up appointments with a child/adolescent psychiatrist. In fiscal year 2013 the Department provided outpatient care for 3,665 children and adolescents. In fiscal year 2014 (end of May), 3,693 children/adolescents received care through the outpatient clinic.
- iv. See attachment.

### b. Target Population:

- i. Our target population: Children in mid-Missouri and outlying areas in Missouri, who are in need of inpatient and outpatient psychiatric services.
- ii. The statutorily eligible service includes outpatient psychiatric treatment programs, crisis intervention services, and mental health screenings.
- iii. Within our current outpatient target population, we are not able to serve:
  - Children without insurance. The uninsured and underinsured populations are not able to access outpatient services within our current system.
  - Children in need of treatment, but parents do not access services

iv. The challenge that we face in serving children/adolescents in our current target population is the delay in access to outpatient psychiatric services. Often the wait time for a new patient appointment is 6-8 weeks. This delay is due to limited child and adolescent psychiatrists in Boone County.

c. **Service Need:**

i. The unmet need in Boone County for outpatient child and adolescent psychiatric services exists for those school-age children/adolescents who are unable to access services. Some reasons include a lack of insurance and long waits for appointments due to a limited number of providers. In addition, some parents/guardians fail to access available services for their children even though they are in need of psychiatric treatment.

ii. The Putting Kids First Steering Committee reported that a primary reason for lack of mental health, outpatient treatment in children is due to no healthcare coverage (p. 22-23).

The School Based Mental Health Report (CPS SBMH) stated that 12 to 22% of school-age children are undiagnosed with a mental illness, serious emotional disturbances (SED), or behavioral conditions (Ducharme & Schecter, 2011 *in* CPS SBMH, 2013, p. 5). The Report further stated that when children with these conditions are not diagnosed and treated early, their social, emotional, and academic lives are interrupted. As they grow into adults, their illnesses can become more chronic and severe; and co-occurring disorders can also develop (Forness et al., 2000 *in* CPS SBMH, 2013, p. 5). The Report talked about the negative impact on classmates of

children with behavioral disorders, and how their grades and relationships can also be affected (CPS SBMH, 2013, p. 6).

The Report recommended "Intense, individualized service" for students with mental/behavioral health and SED needs who fall into the "Tier 2-3" level of support (CPS SBMH, 2013, p. 10-13). Treatment with medication is one of the most difficult services to obtain for students (CPS SBMH, 2013, p. 54). As well, there is a need for better communication and shared insights between teachers and parents (CPS SBMH, 2013, p. 4). The Putting Kids First Steering Committee recommended an estimated \$477,000.00 be allocated for additional outpatient, psychiatric clinicians to decrease shortfalls due to service delays (p. 25).

- iii.** The purpose of this proposed program is to provide outpatient psychiatric services and care coordination for school-age children in Boone County who are in need of psychiatric help, but have not been able to access services due to: Inability to pay, uninsured or underinsured, delays in obtaining an appointment, and the failure of some parents/guardians to access services for their children. This bridge program will provide services onsite at public schools (Columbia, Southern Boone County, Sturgeon, Centralia, Harrisburg, and Hallsville), and private/parochial schools will be included. School counselors will identify and refer children to the program for an initial psychiatric evaluation and to 2-3 follow-up appointments. Children will not be accepted if they're already seeing a community-based psychiatrist. No insurance claims will be filed,

and there will be no out-of-pocket costs for the program participants. Children can be seen within 10 business days of the counselors' referrals. Care coordination by psychiatric RN's will help to ensure effective engagement in psychiatric services by children and parents/guardians. RN case managers will support, coach, and educate parents and children. They will also act as liaisons between the children and parents/guardians, school staff, and outpatient providers in the community. After the initial evaluation, a referral to an outpatient provider will be made (if continued care is deemed necessary). For children without insurance, the RN's can assist by helping them apply for MO HealthNet. In an attempt to maintain clinical links, releases for school counselors will be forwarded to the community providers upon transfers of care. The psychiatrist and RN case managers will be available M-F during business hours to respond to questions or concerns from parents/guardians, children, or school staff.

#### **CPS/MUPC Demonstration Project**

From February thru May 2014, the Department of Psychiatry, University of Missouri-Columbia (MUPC) and the Columbia Public School District (CPS) collaborated on the CPS/MUPC Demonstration Project, to pilot the proposed program. Seventeen children experiencing behavioral and/or emotional disturbances that interfered in classroom and social functioning were referred. The child-participants captured an accurate representation of our "Tier 2-3" (CPS SBMH, 2013, pg. 10-13) target population.

A child psychiatrist and two psychiatric RN case managers worked part-time to engage, assess, provide treatment and make follow up referrals for these youth and parents. Four out of the seventeen children referred did not have medical insurance and few had prior experience with mental health treatment. Pre- and Post- Vanderbilt Assessment Scales and parent/teacher surveys were collected and analyzed for the seven student/parent dyads that completed the program. Results indicated that this service yielded positive results for the involved classrooms, students, and families.

- iv. The goals of the school-based outpatient, psychiatric program:
1. To provide cost-free, interim, psychiatric treatment and care coordination to school-age children onsite at their Boone County schools. This program will be reserved for children who have been identified as needing the Tier 2-3 level of support, who have not been able to access treatment, or who are uninsured/underinsured.
  2. Through a case management model, our program will provide: coaching, support, and education to child-participants and parents/guardians about treatment and resources; help in applying for MO HealthNet; and help in adhering to follow-up treatment in the community.
  3. Our program will provide an integrated psychiatric treatment model for school-age children in Boone County to include liaison coordination between the psychiatric team, school professionals, children/parents/guardians, and medical/behavioral health providers in the community.

4. 1.5 years after start-up, our program will become an integrated model of mental health resources and service delivery for children in Boone Co.
- v. The anticipated (long-term, overarching) outcomes of our proposed service in Boone County are as follows:
    1. Our target population will experience improved mental health.
    2. Our target population will experience less crisis and psychiatric hospitalizations, and less severe mental illness, SED's, or behavioral disorders as they grow and develop into adulthood.
    3. School districts and private schools will have improved academic settings in the classrooms of students who have completed our program.
  - vi. There are no known providers in Boone County that offer onsite psychiatric treatment and care coordination in a school setting.
  - vii. During the pilot, referrals came from the school counselors. As the program expands, referrals will come from other Boone Co. school districts, private/parochial schools, and other child-centered facilities. The Demonstration Project referred students to: Family Health Center, MUPC, Burrell Behavioral, Compass, and Family Counseling Center.
  - viii. The Department of Psychiatry has no current MOU relevant to this proposal but MOU's could be developed. Enclosed is a letter of support from CPS. Boone Co. school superintend-ants have met and agreed the program could be valuable for their students.

## 2. EVALUATION

- a. **Performance Information: (Attachment A).**

**b. Outcomes** (Participants may be referred to as child, children, or adult-child.)

1. During the 2014-15 school year, 90% of children will have entered the program within two weeks of referral.
2. By the end of 2014-15 school year, 75% of children and their parent/guardians will have complied with the school-based treatment.
3. By the end of the 2014-15 school year, 75% of children who complete the program, and keep their initial appointment with a community provider(s), will demonstrate improved mental/behavioral health.
4. By the end of the 2014-15 school year, 75% of the classroom environments of program participants will improve due to decreases in disruptive behaviors.
5. Children will be supported by an integrated, collaborative team: Psychiatrist, RN's, parents/guardians, school counselors, teachers, and school nurses.

**c. Indicators, i. and ii.**

1. 90% of children referred by school counselors will have attended at least the initial session with the psychiatrist and RN.
2.
  - A. At least 75% of children will attend follow-up appointments with the program psychiatrist.
  - B. At least 75% of children will take medication(s) as prescribed.
  - C. RN case managers will establish a working relationship with at least 75% of children/parents/guardians with the goal of increasing their understanding of, and compliance with, the treatment process.
  - D. 75% of children will have attended the initial appointment with a community provider after completing this program.

3. More than 50% of children who complete the program will demonstrate improved scores on a measure of mood and/or attention, behavior, and activity level. In addition, more than 50% will demonstrate improved school attendance (if attendance before treatment was affected by mood/behavior).
4. Within 3 months of treatment compliance, teachers will report improved environments in 75% of classrooms of program participants related to a decrease in disruptive and aggressive behaviors.
5. At the end of each student's school-based mental health program, parent/teacher/individual satisfaction surveys will score at or above a 4 on a five-point Likert scale.

**d. Measurement i-iii.**

1. The RN case manager will track the number of children who are referred to the program and the number that attend at least the initial evaluation. Data will be analyzed at the end of each semester by a data manager.
2. A. The RN case manager will track each child's attendance at follow-up sessions with the program psychiatrist.  
B. The RN case manager will follow-up with parent/guardian within 3 business days after medication(s) are prescribed or changed to track if child is taking the medication(s), and if he/she is experiencing side effects.  
C. RN case manager will document and track ongoing communication with children/ parents/guardians, as well as RN and psychiatrist's responses to calls/pages from parents/guardians/adult-children.

The Vanderbilt Assessment Scale will be administered to adult-children/parents /guardians at the beginning/end of the program.

Satisfaction surveys will be administered at program completion.

D. Medical records will be forwarded and RN case manager will track if the child attended the appointment with the community provider.

Data will be analyzed at the end of each semester by a data manager.

3. The psychiatrist's clinical notes will be used to track children's progress.

The RN case manager and school liaison will collect school attendance and disciplinary data (OSS, ISS) pre and post treatment, and whether a higher level of intervention was needed (emergency visit or inpatient).

Vanderbilt Assessment Scale will be administered to adult-children/parents /teachers at the beginning/end of the program.

Satisfaction surveys will be administered at program completion.

Data will be analyzed at the end of each semester by a data manager.

4. RN case manager and school liaison will collect school attendance and disciplinary data pre and post treatment until the child attends the outpatient community provider appointment.

Teachers will completed Vanderbilt Scales pre and post treatment.

Data will be analyzed at the end of each semester by a data manager.

5. Satisfaction surveys will be analyzed at the end of each semester.

Children will be referred to specialized outpatient community providers based on need, and this information will be tracked by RN case manager.

iv. The Teacher/Parent/Adult Vanderbilt Assessment Scale was selected as our primary screening tool because it is widely used by professionals to assess ADHD, anxiety, depression, academic and social functioning. Parent and School Likert surveys were created to obtain opinions from parents/guardians and school staff as to how the program performed and to help us make changes on areas that need improvement. (See attached)

e. **Input**

i. The Department of Psychiatry at the University of Missouri-Columbia, MUPC, provides inpatient/outpatient psychiatric services for children, adolescents and adults from every county in Missouri. From February-May, 2014, MUPC collaborated with the CPS on a pilot project, the CPS/MUPC Demonstration Project to provide psychiatric treatment and care coordination services for children onsite in schools. The program we are proposing would follow the Demonstration Project model with expansion into all Boone County school districts. Year one of the program would include a child psychiatrist and the same RN's who assisted in developing the pilot and performing the case management duties.

ii. 1. There is an unmet need in Boone Co. for accessible, outpatient psychiatric services for children and adolescents. The wait time to see a child psychiatrist can be 6-8 weeks; many children are underinsured or uninsured; and some parents/guardians fail to access services for their children even though they are in need of psychiatric treatment. An outpatient, bridge program onsite at Boone Co. schools will make services

accessible, and will allow children to receive prompt psychiatric treatment regardless of insurance or cost. A case management model will coordinate care and transfers of treatment to community providers, and help to engage children/families in treatment compliance.

2-3. Rationales for activities/interventions are based on MUPC's outpatient clinical experiences, as well as gaining knowledge and awareness from corroborations with parents/guardians, school professionals, and other community providers. (See c. ii. of this RFP)

**f. Output**

- i. Any school-age child attending school in Boone County can be referred by the school counselors. Acceptance will be based on a need for a psychiatric evaluation, and if he/she is not already seeing a psychiatrist. RN case managers will work with the schools and parents to obtain referral information and set-up an appointment with the child psychiatrist. The RN's will provide support, education and coaching to parents and children. The psychiatrist will provide evaluations and two to three follow-up appointments in the schools. At the initial appointment a referral to a community provider will be made. If the child has no insurance, the RN case manager will work with the family to obtain MO HealthNet, if eligible. We anticipate serving 300 children in year one, 450 children in year two and 600 children in year three.
- ii. Unit measurement: Each child will have 3-4 visits with the psychiatrist and will work with the RN's thru case management. Averaging 3.5 visits

and 300 children, the unit measurement for year one will be 1050 visits, year two - 1575 visits, and year three - 2100 visits. (Exclude school holidays, summer, and clinic on Wed. afternoons.) (Include benefit pkgs.)

- iii. Unit cost: Year one - \$1457 per unit, year two - \$1368, year three - \$1284.
- iv. We are requesting \$ 437,114 for year one, \$615,664 for year two, and \$770,511 for year 3. (See attached budget for details)
- v. Anticipated number of individuals to be served: Year one - 300 children, year two - 450 children, Year three - 600 children
- vi. Average units of services per child is 3.5 visits with 10-15 hours of case management work

### **3. BUDGET**

- i. Agency Financial Worksheet (Attachment B)
- ii. Program Budget Worksheet (Attachment C)

### **4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS.**

## References

Columbia Public Schools, Report of the School-Based Mental Health Committee, June 2013. 4-6, 10-13, 54

Ducharme, J. & Schecter, C. (2011). Bridging the gap between clinical and classroom intervention: keystone approaches for students with challenging behavior. *School Psychology Review*, 40(2), 257-274.

Forness, S., Serna, L., Nielsen, E., Lambros, K., Hale, M., & Kavale, K. (2000). A model for early detection and primary prevention of emotional behavioral disorders. *Education & Treatment of Children*, 23, 325-346.

Putting Kids First in Boone County, Children's Mental Health Service Assessment, August 2011, 22-23, 25.

**Attachment 1.a.ii.**

**University of Missouri Mission Statement**

The mission of the University of Missouri, as a land-grant university and Missouri's only public research and doctoral-level institution, is to discover, disseminate, preserve, and apply knowledge. The university promotes learning by its students and lifelong learning by Missouri's citizens, fosters innovation to support economic development, and advances the health, cultural, and social interests of the people of Missouri, the nation, and the world.

**University of Missouri Board of Curators**

David R. Bradley, District 6, St. Joseph

Ann K. Covington, District 4, Columbia

Donald L. Cupps, District 7, Cassville

Don M. Downing, District 2, Webster Groves

Wayne Goode, District 1, St. Louis

Pamela Quigg Henrickson, District 3, Jefferson City

John R. Phillips, District 5, Kansas City

David L. Steward, District 1, St. Louis



The Missouri Psychiatric Center (MUPC) offers short-term, intensive inpatient treatment services for children, adolescents and adults at our facility next to University Hospital in Columbia, Mo. The MU Psychiatric Center also offers an emergency room assessment unit to help with crisis stabilization, intake and discharge planning for patients.

#### Outpatient treatment

The MUPC Child and Adolescent Outpatient Clinic is located next to University Hospital. Children and adolescents are evaluated and treated by an attending child and adolescent psychiatrist. Primary treatment includes medication management. Psychological testing is available and performed by a licensed psychologist. Psychotherapy is available in the clinic or from community providers. To contact the outpatient clinic, please call (573) 884-1130.

#### Inpatient treatment

Our facility is designed for children and adolescents ages 5 to 17 who cannot be safely treated in a less-restrictive environment. Our goal is to provide a comprehensive evaluation, stabilization, short-term treatment and to make arrangements for ongoing treatment after discharge.

We serve children and adolescents who are in crisis and who pose a serious danger to themselves or others.

#### Treatment team

The patient's attending physician is a child psychiatrist who is a medical doctor. Other team members include a child psychiatrist who is completing additional fellowship training and a resident who is a medical doctor completing specialized training in child psychiatry. Nursing staff will monitor and document the patient's basic health needs, and assist with medications. A social worker can provide counseling and education. A psychologist provides counseling and may administer psychological tests. Occupational therapists, special education teachers and therapeutic recreation specialists are also part of the team.

#### Treatment program

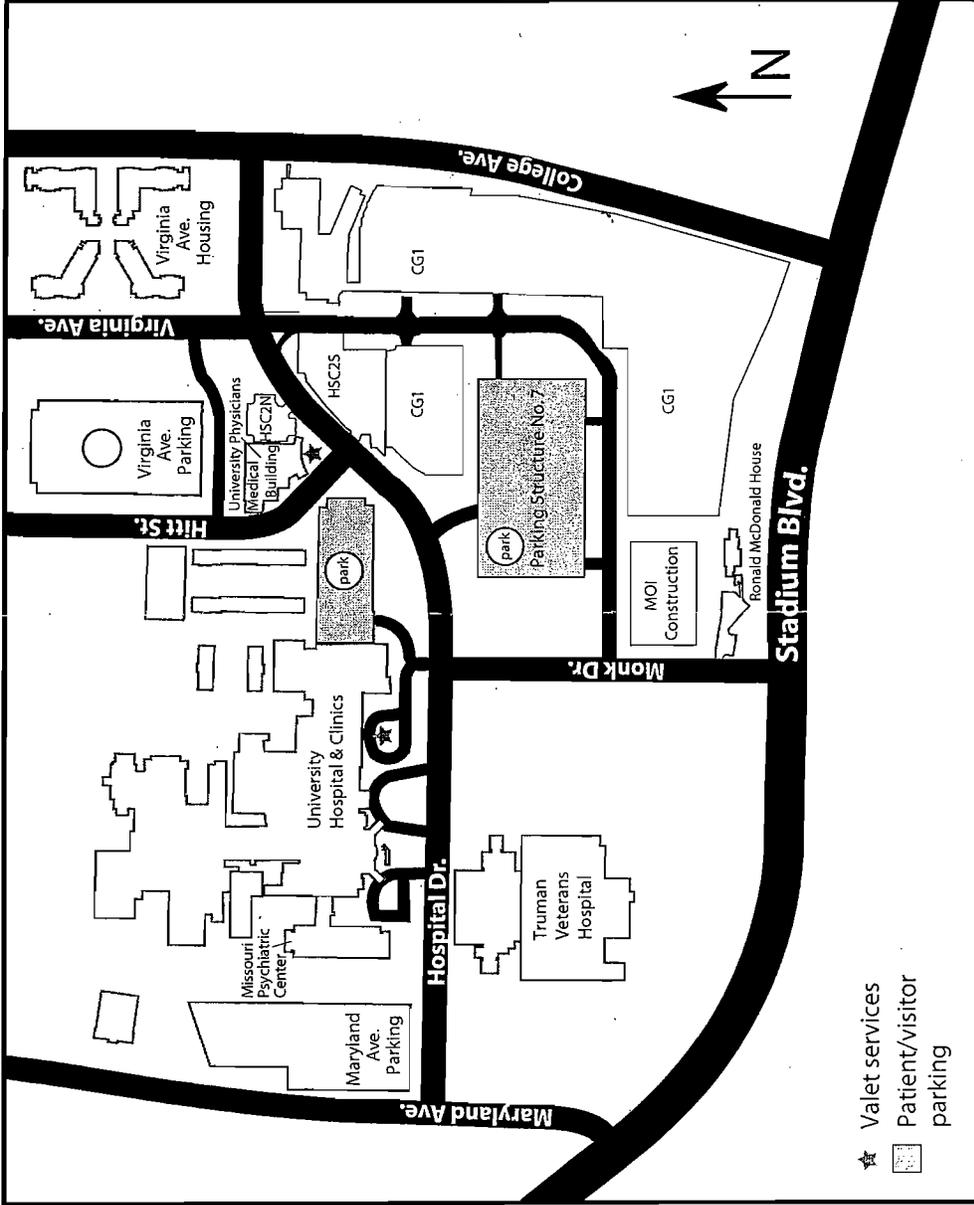
Children and adolescents are evaluated when they are admitted and throughout their stay. Information may be gathered from the child, parents, other agencies working with the child and the child's school. Informal observation of the child as well as formal questionnaires or tests may be used. Each day's structured schedule includes planned activities, free time, hygiene time, meals, visiting times and sleep time.

Depending on the individual's needs, treatment options may include medication management, group therapy, individual therapy and family therapy. Youth have opportunities for recreation and physical activities daily. They also receive daily educational instruction from teachers at our facility who work with the child's home school. When a child or adolescent is discharged, our team provides an aftercare plan to parents or guardians.

The adolescent program has adapted dialectic behavior therapy (DBT) as the framework for treatment, including the core strategies of validation and problem solving, and teaching mindfulness and distress tolerance skills. DBT is an evidence-based behavioral therapy that is effective with emotionally dysregulated, behaviorally dysregulated and suicidal individuals.

#### VISITING HOURS:

4 to 8 p.m. Monday - Friday  
1 to 5 p.m. Weekends & Holidays



- ★ Valet services
- ☐ Patient/visitor parking

6/09

**Contact us**  
 Missouri Psychiatric Center  
 One Hospital Drive  
 Columbia, MO 65212  
 (573) 884-1300

MUPC Child and Adolescent  
 Outpatient Clinic  
 (573) 884-1130

**Missouri Psychiatric Center**  
 University of Missouri Health System  
[www.muhealth.org/mpc](http://www.muhealth.org/mpc)

# Missouri Psychiatric Center

Child and Adolescent Services

## ATTACHMENT A

### Input

#### **Resources Needed**

**Staff:** One child psychiatrist; two psychiatric RN's (providing case management, program administration and development), one data analysis manager for year one.

**Equipment:** 3 cell phones, 3 pagers, 3 laptops, use of personal vehicles or university vehicles; office and/or remote access

**Collaboration:** Boone County School Districts, private schools, University of Missouri Department of Psychiatry

### Activity

A school-based child psychiatric treatment and case management bridge program will provide one psychiatric evaluation and up to three follow-up sessions (a 2-4 month duration) until the child-patient can attend a psychiatric appointment in the community.

A child psychiatrist and a psychiatric RN case manager (1 of 2) will travel to schools throughout Boone County to evaluate and provide treatment to children with psychiatric needs. Children will be referred to the program by school counselors. Acceptance into the program will be based on need.

### Output

Each week, 30 hours of psychiatric services for up to 30 children will be provided by a team of 1 psychiatrist and 2 RN case managers (30 hours/week for psychiatrist and 15 hours/week for each RN). An additional 10 hours per week for the psychiatrist will allow dictation time and for responding to pager questions/concerns. An additional 25 hours/week/RN will be spent in: 1) active case management, including obtaining collateral information, scheduling, follow-up calls, and connecting children to services in the community; 2) administrative, program development and data collection; 3) review of referral packets; 4) travel time to schools; and 5) responding to pager for patient questions/concerns.

**Note:** In the table below program participants may also be referred to as child, children or adult-child.

<b>Outcome</b>	<b>Indicator</b>	<b>Method/Measurement</b>
<b>1)</b> During the 2014-15 school year, 90% of children referred will have entered the program within 2 weeks of referral.	<b>1)</b> 90% of children referred by school counselors will have attended at least the initial session with the psychiatrist and RN.	<b>1)</b> The RN case manager will track the number of children who are referred to the program and the number that attend at least the initial evaluation.  Data will be compiled and analyzed at completion of each semester by a data analysis manager.

**ATTACHMENT A**

<p><b>2)</b> By the end of 2014-15 school year, 75% of children and their parent/guardians will have complied with the school-based treatment.</p>	<p><b>2)</b> A. At least 75% of children will attend follow-up appointments with the program psychiatrist.</p> <p>B. At least 75% of children will be taking medication as prescribed.</p> <p>C. RN case manager will establish a working relationship with at least 75% of children/ parents /guardians with the goal of increasing their understanding of, and compliance with, the treatment process.</p> <p>D. 75% of children will have attended the initial appointment with a community provider after completing this program.</p>	<p><b>2)</b> A. The RN case manager will track each child's attendance at follow-up sessions with the program psychiatrist.</p> <p>B. The RN case manager will follow-up with parent/guardian within 3 business days after medication(s) are prescribed or changed, to track if prescription(s) has been filled, if child is taking the medication(s), and if he/she is experiencing side effects.</p> <p>C. RN case manager will document ongoing communication with children/ parents/guardians to develop supporting relationships, to educate and collect status updates. RN case manager will document the RN and psychiatrist's responses to messages from parents/guardians/adult-children. The number of times the psychiatric team communicates with the child/parent/guardian/school/community provider will be tracked.</p> <p>The Vanderbilt Assessment Scale will be administered to adult children/parents /guardians at the beginning and end of the program. Satisfaction surveys will be administered at the end of each child's program.</p> <p>D. At the end of a child's participation in the program, a handoff will occur with the outpatient provider. This handoff will include an outpatient appointment date, a copy of the psychiatric evaluation and psychiatrist's progress notes. RN case manager will track if the child attended the appointment with the community provider.</p> <p>Data will be compiled and analyzed at completion of each semester by a data analysis manager.</p>
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## ATTACHMENT A

<p><b>3)</b> By the end of the 2014-2015 school year, 75% of children who complete the program and keep their initial appointment with a community provider(s) will demonstrate improved mental/behavioral health.</p>	<p><b>3)</b> More than 50% of children who complete the program will demonstrate improved scores on a measure of mood and/or attention, behavior and activity level. In addition, more than 50% will demonstrate improved school attendance (if attendance before treatment was affected by mood/behavior).</p>	<p><b>3)</b> The child psychiatrist's clinical notes will be used to track children's progress.</p> <p>The RN case manager and school liaison will collect school attendance and disciplinary data pre and post treatment until the child transitions to the outpatient provider.</p> <p>During the course of school-based treatment, parents/guardian/school staff will be queried about child's medication compliance, classroom attendance, and whether a higher level of intervention was needed (e.g., OSS, ISS, hospitalization or emergency room treatment, or adjudication).</p> <p>Vanderbilt Assessment Scale will be administered to teachers/parents/guardians/adult-children at the beginning and end of each child's program. At the completion of each child's program, satisfaction surveys will be administered to adult-children/teachers /parents /guardians.</p> <p>Data will be compiled and analyzed at completion of each semester by a data analysis manager.</p>
<p><b>4)</b> By the end of the 2014-2015 school year, 75% of the classroom environments of program participants will improve due to decreases in disruptive and aggressive behaviors.</p>	<p><b>4)</b> Within 3 months of treatment compliance, teachers will report improved environments in 75% of classrooms of program participants related to a decrease in disruptive and aggressive behaviors.</p>	<p><b>4)</b> RN case manager and school liaison will collect school attendance and disciplinary data pre- and post treatment until the child attends the outpatient community provider appointment.</p> <p>Vanderbilt Assessment Scale to be administered to teachers pre and post treatment.</p> <p>Data will be compiled and analyzed at completion of each semester by a data analysis manager.</p>

**ATTACHMENT A**

<p><b>5)</b> Children will be supported by an integrated, collaborative team: a child psychiatrist, psychiatric RN's, parents/guardians, school counselors, teachers, and school nurses.</p>	<p><b>5)</b> At the end of each child's school-based mental health program, parent/teacher/individual satisfaction surveys will score at or above a 4 on a 5 point Likert scale.</p>	<p><b>5)</b> School satisfaction surveys will be obtained after each child completes the program, and data will be compiled and analyzed at completion of each semester.</p> <p>Children will be referred to specific outpatient community providers based on need and specialty, and this information will be tracked by RN case manager.</p>
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**ATTACHMENT B**

**AGENCY FINANCIAL INFORMATION**

AGENCY NAME: MU Dept. of Psychiatry

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	0	0	0	0.00%	0.00%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>	0	0	0	0	
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	246,583	4.00%	100.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	316,346	261,935	370,790	6.02%	4.25%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>	316,346	261,935	617,373	\$0	
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	6,760,307	6,054,531	5,543,316	89.98%	-8.44%
<b>TOTAL AGENCY REVENUE</b>	<b>\$7,076,653</b>	<b>\$6,316,466</b>	<b>\$6,160,689</b>		-2.47%

AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services	0	0	0	0.00%	0.00%
Expenses for Management and General	6710853	5861888	5933539	100.00%	1.22%
Expenses for Fundraising	0	0	0	0.00%	0.00%
<b>TOTAL AGENCY EXPENSES</b>	6710853	5861888	5933539		1.22%
% of Management and Fundraising Expenses	100.00%	100.00%	100.00%		#DIV/0!

NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year	\$365,800	\$558,441	\$36,562	-93.45%

CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% CHANGE CURRENT TO PROPOSED
Cash, End of Year	\$365,800	\$558,441	\$36,562	-93.45%

**Attachment B – Justification Statement**

Agency financial information for the MU Department of Psychiatry was gained using the University of Missouri's accounting system – PeopleSoft and Hyperion. University of Missouri's fiscal year runs July 1 through June 30.

Item 2.H. – State (Purchase of Services, Grants, etc.) figures are the total contract amounts from the State of Missouri, Department of Mental Health – Fulton State Hospital contracted services. Contract amounts vary from year to year depending on the services needed/provided and are revised/updated annually. Current Year and Proposed Year also include the Division of Youth Services telehealth contract.

Item 5. – Other Revenue Items include the Department's total funding and revenue sources for the years provided. Prior year (FY13) are actuals, and Current year (FY14) is revenue as of June 30, 2014. FY14 has not been finalized as of the date this was written. Proposed year (FY15) are those revenues that are expected .

Agency Expenses are those actual total expenses for FY13 and to date for FY14. Expenses for FY15 are those anticipated, budgeted expenses.

**ATTACHMENT C**

**PROGRAM BUDGET WORKSHEET**

**PROGRAM NAME: MU- Department of Psychiatry**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way	0	0	0	0.00%	0.00%
B. Other United Ways	0	0	0	0.00%	0.00%
C. Capital Campaigns	0	0	0	0.00%	0.00%
D. Grants (non-governmental)	0	0	0	0.00%	0.00%
E. Fund Raising & Other Direct Support	0	0	0	0.00%	0.00%
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding	0	0	0	0.00%	0.00%
B. Boone County - Other	0	0	550,764	100.00%	100.00%
C. Other Counties	0	0	0	0.00%	0.00%
D. City of Columbia - Social Service Funding	0	0	0	0.00%	0.00%
E. City of Columbia - Other	0	0	0	0.00%	0.00%
F. Other Cities	0	0	0	0.00%	0.00%
G. Federal (Medicaid, Title III, etc.)	0	0	0	0.00%	0.00%
H. State (Purchase of Services, Grants, etc.)	0	0	0	0.00%	0.00%
I. Other (Schools, Courts, etc.)	0	0	0	0.00%	0.00%
3. Program Service Fees	0	0	0	0.00%	0.00%
4. Investment Income (realized & unrealized)	0	0	0	0.00%	0.00%
5. Other Revenue Items	0	0	0	0.00%	0.00%
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$550,764</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel	0	0	426,372	77.41%	#DIV/0!
2. Non-Personnel	0	0	124,392	22.59%	#DIV/0!
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$550,764</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>	0	0	3.11

**Budget Narrative**

Personnel	Year	FTE	Salary	Fringe	Total
Psychiatric Staff Physician	1	1	\$ 165,000.00	\$ 52,321.50	\$ 217,321.50
Psychiatric Staff Nurses	1	2	\$ 150,000.00	\$ 47,565.00	\$ 197,565.00
Statistical Analyst @ \$24/hr for 120 hrs.	1	120 hrs.	\$ 3,000.00	\$ 951.30	\$ 3,951.30
Administrative Support	1	0.5	\$ 5,720.00	\$ 1,813.81	\$ 7,533.81
Equipment	1				\$ 3,390.00
Medical Supplies	1				\$ 2,099.20
Travel-mileage	1				\$ 5,253.36
					\$ 437,114.17
Indirect Costs at 26%					113,649.98
<b>TOTAL - YEAR 1</b>					<b>\$ 550,764.15</b>
<b>TOTAL - YEAR 2</b>					<b>\$ 775,736.48</b>
<b>TOTAL - YEAR 3</b>					<b>\$ 970,844.14</b>
<b>TOTAL AMOUNT REQUESTED</b>					<b>\$ 2,297,344.48</b>

Years 2 and 3 will incur the costs of an additional .5 FTE each for a Psychiatric Staff Physician and a Psychiatric Staff Nurse. Years 2 and 3 are also *budgeted* for 2% annual increases. Fringe rates are calculated at 31.71% for full time personnel in Year 1, and 7.65% for all Years for part-time. Full time fringe is *budgeted* at 32.66% and 33.64% for Years 2 and 3 respectively.

Year 3 will increase another .5 FTE each for the Psychiatric Staff Physician and Psychiatric Staff Nurse, bringing the total to 2 full time Psychiatric Staff Physicians and 3 full time Psychiatric Staff Nurses. This increase is needed in order to serve the increased amount of children needing services.

Equipment needed will be 3 laptop computers over three years for medical record entry and scheduling purposes. Cell phones will be used for contact between the schools, parents and nurses.

Medical supplies such as thermometers, scales and blood pressure cuffs will be needed as well as educational materials for the schools and the necessary supplies needed to put together informational packets.

Mileage will be reimbursed for staff travel to and from the schools services and will not be used for any patient/student transportation.

**ATTACHMENT D**

**2014 AGENCY ASSURANCE SHEET**

**(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

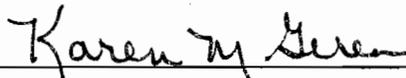
I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3) \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Certificate of Corporate Good Standing \*NA, The Curators of the University of Missouri is a governmental entity of the State of Missouri.
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

Karen M. Geren, Authorized Official/Pre-Award Lead, Office of Sponsored Programs Administration

Printed Name - Agency Executive Director/President/CEO

Date



Signature - Agency Executive Director/President/CEO

07-10-14

Date

NA

Printed Name - Agency Board Chair

Date

NA

Signature - Agency Board Chair

Date

## ATTACHMENT E

(Please complete and return with Proposal Response)

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Karen M. Geren, Pre-Award Lead, OSPA

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Name and Title of Authorized Representative

*Karen M. Geren*

Signature

07-10-14

Date



Company ID Number: 62231

THE E-VERIFY PROGRAM FOR EMPLOYMENT VERIFICATION

MEMORANDUM OF UNDERSTANDING

**ARTICLE I**

**PURPOSE AND AUTHORITY**

This Memorandum of Understanding (MOU) sets forth the points of agreement between the Social Security Administration (SSA), the Department of Homeland Security (DHS) and **The Curators of the University of Missouri** (Employer) regarding the Employer's participation in the Employment Eligibility Verification Program (E-Verify). E-Verify is a program in which the employment eligibility of all newly hired employees will be confirmed after the Employment Eligibility Verification Form (Form I-9) has been completed.

Authority for the E-Verify program is found in Title IV, Subtitle A, of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 (IIRIRA), Pub. L. 104-208, 110 Stat. 3009, as amended (8 U.S.C. § 1324a note).

**ARTICLE II**

**FUNCTIONS TO BE PERFORMED**

**A. RESPONSIBILITIES OF THE SSA**

1. Upon completion of the Form I-9 by the employee and the Employer, and provided the Employer complies with the requirements of this MOU, SSA agrees to provide the Employer with available information that allows the Employer to confirm the accuracy of Social Security Numbers provided by all newly hired employees and the employment authorization of U.S. citizens.
2. The SSA agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. The SSA agrees to provide the Employer with names, titles, addresses, and telephone numbers of SSA representatives to be contacted during the E-Verify process.
3. The SSA agrees to safeguard the information provided by the Employer through the E-Verify program procedures, and to limit access to such information, as is appropriate by law, to individuals responsible for the verification of Social Security Numbers and for evaluation of the E-Verify program or such other persons or entities who may be authorized by the SSA as governed by the Privacy Act (5 U.S.C. § 552a), the Social Security Act (42 U.S.C. 1306(a)), and SSA regulations (20 CFR Part 401).
4. SSA agrees to establish a means of automated verification that is designed (in conjunction with DHS's automated system if necessary) to provide confirmation or tentative nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

5. SSA agrees to establish a means of secondary verification (including updating SSA records as may be necessary) for employees who contest SSA tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of U.S. citizens' employment eligibility and accuracy of SSA records for both citizens and aliens within 10 Federal Government work days of the date of referral to SSA, unless SSA determines that more than 10 days may be necessary. In such cases, SSA will provide additional verification instructions.

## **B. RESPONSIBILITIES OF THE DEPARTMENT OF HOMELAND SECURITY**

1. Upon completion of the Form I-9 by the employee and the Employer and after SSA verifies the accuracy of SSA records for aliens through E-Verify, DHS agrees to provide the Employer access to selected data from DHS's database to enable the Employer to conduct:

- Automated verification checks on newly hired alien employees by electronic means, and
- Photo verification checks (when available) on newly hired alien employees.

2. DHS agrees to provide to the Employer appropriate assistance with operational problems that may arise during the Employer's participation in the E-Verify program. DHS agrees to provide the Employer names, titles, addresses, and telephone numbers of DHS representatives to be contacted during the E-Verify process.

3. DHS agrees to provide to the Employer a manual (the E-Verify Manual) containing instructions on E-Verify policies, procedures and requirements for both SSA and DHS, including restrictions on the use of E-Verify.. DHS agrees to provide training materials on E-Verify.

4. DHS agrees to provide to the Employer a notice, which indicates the Employer's participation in the E-Verify program. DHS also agrees to provide to the Employer anti-discrimination notices issued by the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC), Civil Rights Division, and U.S. Department of Justice.

5. DHS agrees to issue the Employer a user identification number and password that permits the Employer to verify information provided by alien employees with DHS's database.

6. DHS agrees to safeguard the information provided to DHS by the Employer, and to limit access to such information to individuals responsible for the verification of alien employment eligibility and for evaluation of the E-Verify program, or to such other persons or entities as may be authorized by applicable law. Information will be used only to verify the accuracy of Social Security Numbers and employment eligibility, to enforce the Immigration and Nationality Act and federal criminal laws, and to ensure accurate wage reports to the SSA.

7. DHS agrees to establish a means of automated verification that is designed (in conjunction with SSA verification procedures) to provide confirmation or tentative nonconfirmation of employees' employment eligibility within 3 Federal Government work days of the initial inquiry.

Company ID Number: 62231

8. DHS agrees to establish a means of secondary verification (including updating DHS records as may be necessary) for employees who contest DHS tentative nonconfirmations and photo non-match tentative nonconfirmations that is designed to provide final confirmation or nonconfirmation of the employees' employment eligibility within 10 Federal Government work days of the date of referral to DHS, unless DHS determines that more than 10 days may be necessary. In such cases, DHS will provide additional verification instructions.

### **C. RESPONSIBILITIES OF THE EMPLOYER**

1. The Employer agrees to display the notices supplied by DHS in a prominent place that is clearly visible to prospective employees.

2. The Employer agrees to provide to the SSA and DHS the names, titles, addresses, and telephone numbers of the Employer representatives to be contacted regarding E-Verify.

3. The Employer agrees to become familiar with and comply with the E-Verify Manual.

4. The Employer agrees that any Employer Representative who will perform employment verification queries will complete the E-Verify Tutorial before that individual initiates any queries.

A. The employer agrees that all employer representatives will take the refresher tutorials initiated by the E-Verify program as a condition of continued use of E-Verify.

B. Failure to complete a refresher tutorial will prevent the employer from continued use of the program.

5. The Employer agrees to comply with established Form I-9 procedures, with two exceptions:

- If an employee presents a "List B" identity document, the Employer agrees to only accept "List B" documents that contain a photo. (List B documents identified in 8 C.F.R. § 274a.2 (b) (1) (B)) can be presented during the Form I-9 process to establish identity).
- If an employee presents a DHS Form I-551 (Permanent Resident Card) or Form I-766 (Employment Authorization Document) to complete the Form I-9, the Employer agrees to make a photocopy of the document and to retain the photocopy with the employee's Form I-9. The employer will use the photocopy to verify the photo and to assist the Department with its review of photo non-matches that are contested by employees. Note that employees retain the right to present any List A, or List B and List C, documentation to complete the Form I-9. DHS may in the future designate other documents that activate the photo screening tool.

6. The Employer understands that participation in E-Verify does not exempt the Employer from the responsibility to complete, retain, and make available for inspection Forms I-9 that relate to its employees, or from other requirements of applicable regulations or laws, except for the following modified requirements applicable by reason of the Employer's participation in E-Verify: (1) identity documents must have photos, as described in paragraph 5 above; (2) a

Company ID Number: 62231

rebuttable presumption is established that the Employer has not violated section 274A(a)(1)(A) of the Immigration and Nationality Act (INA) with respect to the hiring of any individual if it obtains confirmation of the identity and employment eligibility of the individual in compliance with the terms and conditions of E-Verify ; (3) the Employer must notify DHS if it continues to employ any employee after receiving a final nonconfirmation, and is subject to a civil money penalty between \$500 and \$1,000 for each failure to notify DHS of continued employment following a final nonconfirmation; (4) the Employer is subject to a rebuttable presumption that it has knowingly employed an unauthorized alien in violation of section 274A(a)(1)(A) if the Employer continues to employ any employee after receiving a final nonconfirmation; and (5) no person or entity participating in E-Verify is civilly or criminally liable under any law for any action taken in good faith on information provided through the confirmation system. DHS reserves the right to conduct Form I-9 compliance inspections during the course of E-Verify, as well as to conduct any other enforcement activity authorized by law.

7. The Employer agrees to initiate E-Verify verification procedures within 3 Employer business days after each employee has been hired (but after both sections 1 and 2 of the Form I-9 have been completed), and to complete as many (but only as many) steps of the E-Verify process as are necessary according to the E-Verify Manual. The Employer is prohibited from initiating verification procedures before the employee has been hired and the Form I-9 completed. If the automated system to be queried is temporarily unavailable, the 3-day time period is extended until it is again operational in order to accommodate the Employer's attempting, in good faith, to make inquiries during the period of unavailability. In all cases, the Employer must use the SSA verification procedures first, and use DHS verification procedures and photo screening tool only after the the SSA verification response has been given.

8. The Employer agrees not to use E-Verify procedures for pre-employment screening of job applicants, support for any unlawful employment practice, or any other use not authorized by this MOU. The Employer must use E-Verify for all new employees and will not verify only certain employees selectively. The Employer agrees not to use E-Verify procedures for re-verification, or for employees hired before the date this MOU is in effect. The Employer understands that if the Employer uses E-Verify procedures for any purpose other than as authorized by this MOU, the Employer may be subject to appropriate legal action and the immediate termination of its access to SSA and DHS information pursuant to this MOU.

9. The Employer agrees to follow appropriate procedures (see Article III.B. below) regarding tentative nonconfirmations, including notifying employees of the finding, providing written referral instructions to employees, allowing employees to contest the finding, and not taking adverse action against employees if they choose to contest the finding. Further, when employees contest a tentative nonconfirmation based upon a photo non-match, the Employer is required to take affirmative steps (see Article III.B. below) to contact DHS with information necessary to resolve the challenge.

10. The Employer agrees not to take any adverse action against an employee based upon the employee's employment eligibility status while SSA or DHS is processing the verification request unless the Employer obtains knowledge (as defined in 8 C.F.R. § 274a.1 (1)) that the employee is not work authorized. The Employer understands that an initial inability of the SSA or DHS automated verification to verify work authorization, a tentative nonconfirmation, or the finding of

Company ID Number: 62231

a photo non-match, does not mean, and should not be interpreted as, an indication that the employee is not work authorized. In any of the cases listed above, the employee must be provided the opportunity to contest the finding, and if he or she does so, may not be terminated or suffer any adverse employment consequences until and unless secondary verification by SSA or DHS has been completed and a final nonconfirmation has been issued. If the employee does not choose to contest a tentative nonconfirmation or a photo non-match, then the Employer can find the employee is not work authorized and take the appropriate action.

11. The Employer agrees to comply with section 274B of the INA by not discriminating unlawfully against any individual in hiring, firing, or recruitment or referral practices because of his or her national origin or, in the case of a protected individual as defined in section 274B(a)(3) of the INA, because of his or her citizenship status. The Employer understands that such illegal practices can include selective verification or use of E-Verify, discharging or refusing to hire eligible employees because they appear or sound “foreign”, and premature termination of employees based upon tentative nonconfirmations, and that any violation of the unfair immigration-related employment practices provisions of the INA could subject the Employer to civil penalties pursuant to section 274B of the INA and the termination of its participation in E-Verify. If the Employer has any questions relating to the anti-discrimination provision, it should contact OSC at 1-800-255-7688 or 1-800-237-2515 (TDD).

12. The Employer agrees to record the case verification number on the employee's Form I-9 or to print the screen containing the case verification number and attach it to the employee's Form I-9.

13. The Employer agrees that it will use the information it receives from the SSA or DHS pursuant to E-Verify and this MOU only to confirm the employment eligibility of newly-hired employees after completion of the Form I-9. The Employer agrees that it will safeguard this information, and means of access to it (such as PINS and passwords) to ensure that it is not used for any other purpose and as necessary to protect its confidentiality, including ensuring that it is not disseminated to any person other than employees of the Employer who are authorized to perform the Employer's responsibilities under this MOU.

14. The Employer acknowledges that the information which it receives from SSA is governed by the Privacy Act (5 U.S.C. § 552a (i) (1) and (3)) and the Social Security Act (42 U.S.C. 1306(a)), and that any person who obtains this information under false pretenses or uses it for any purpose other than as provided for in this MOU may be subject to criminal penalties.

15. The Employer agrees to allow DHS and SSA, or their authorized agents or designees, to make periodic visits to the Employer for the purpose of reviewing E-Verify -related records, i.e., Forms I-9, SSA Transaction Records, and DHS verification records, which were created during the Employer's participation in the E-Verify Program. In addition, for the purpose of evaluating E-Verify, the Employer agrees to allow DHS and SSA or their authorized agents or designees, to interview it regarding its experience with E-Verify, to interview employees hired during E-Verify use concerning their experience with the pilot, and to make employment and E-Verify related records available to DHS and the SSA, or their designated agents or designees. Failure to comply with the terms of this paragraph may lead DHS to terminate the Employer's access to E-Verify.

Company ID Number: 62231

### **ARTICLE III**

#### **REFERRAL OF INDIVIDUALS TO THE SSA AND THE DEPARTMENT OF HOMELAND SECURITY**

##### **A. REFERRAL TO THE SSA**

1. If the Employer receives a tentative nonconfirmation issued by SSA, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. The Employer will refer employees to SSA field offices only as directed by the automated system based on a tentative nonconfirmation, and only after the Employer records the case verification number, reviews the input to detect any transaction errors, and determines that the employee contests the tentative nonconfirmation. The Employer will transmit the Social Security Number to SSA for verification again if this review indicates a need to do so. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.
3. If the employee contests an SSA tentative nonconfirmation, the Employer will provide the employee with a referral letter and instruct the employee to visit an SSA office to resolve the discrepancy within 8 Federal Government work days. The Employer will make a second inquiry to the SSA database using E-Verify procedures on the date that is 10 Federal Government work days after the date of the referral in order to obtain confirmation, or final nonconfirmation, unless otherwise instructed by SSA or unless SSA determines that more than 10 days is necessary to resolve the tentative nonconfirmation..
4. The Employer agrees not to ask the employee to obtain a printout from the Social Security Number database (the Numident) or other written verification of the Social Security Number from the SSA.

##### **B. REFERRAL TO THE DEPARTMENT OF HOMELAND SECURITY**

1. If the Employer receives a tentative nonconfirmation issued by DHS, the Employer must print the tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the tentative nonconfirmation.
2. If the Employer finds a photo non-match for an alien who provides a document for which the automated system has transmitted a photo, the employer must print the photo non-match tentative nonconfirmation notice as directed by the automated system and provide it to the employee so that the employee may determine whether he or she will contest the finding.
3. The Employer agrees to refer individuals to DHS only when the employee chooses to contest a tentative nonconfirmation received from DHS automated verification process or when

Company ID Number: 62231

the Employer issues a tentative nonconfirmation based upon a photo non-match. The Employer will determine whether the employee contests the tentative nonconfirmation as soon as possible after the Employer receives it.

4. If the employee contests a tentative nonconfirmation issued by DHS, the Employer will provide the employee with a referral letter and instruct the employee to contact the Department through its toll-free hotline within 8 Federal Government work days.

5. If the employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will provide the employee with a referral letter to DHS. DHS will electronically transmit the result of the referral to the Employer within 10 Federal Government work days of the referral unless it determines that more than 10 days is necessary.

6. The Employer agrees that if an employee contests a tentative nonconfirmation based upon a photo non-match, the Employer will send a copy of the employee's Form I-551 or Form I-766 to DHS for review by:

- Scanning and uploading the document, or
- Sending a photocopy of the document by an express mail account (furnished and paid for by DHS).

7. The Employer understands that if it cannot determine whether there is a photo match/non-match, the Employer is required to forward the employee's documentation to DHS by scanning and uploading, or by sending the document as described in the preceding paragraph, and resolving the case as specified by the Immigration Services Verifier at DHS who will determine the photo match or non-match.

#### **ARTICLE IV**

##### **SERVICE PROVISIONS**

The SSA and DHS will not charge the Employer for verification services performed under this MOU. The Employer is responsible for providing equipment needed to make inquiries. To access the E-Verify System, an Employer will need a personal computer with Internet access.

#### **ARTICLE V**

##### **PARTIES**

This MOU is effective upon the signature of all parties, and shall continue in effect for as long as the SSA and DHS conduct the E-Verify program unless modified in writing by the mutual consent of all parties, or terminated by any party upon 30 days prior written notice to the others. Any and all system enhancements to the E-Verify program by DHS or SSA, including but not limited to the E-Verify checking against additional data sources and instituting new verification procedures, will be covered under this MOU and will not cause the need for a supplemental MOU that outlines these changes. DHS agrees to train employers on all changes made to E-Verify through the use of mandatory refresher tutorials and updates to the E-Verify manual. Even

Company ID Number: 62231

without changes to E-Verify, the Department reserves the right to require employers to take mandatory refresher tutorials.

Termination by any party shall terminate the MOU as to all parties. The SSA or DHS may terminate this MOU without prior notice if deemed necessary because of the requirements of law or policy, or upon a determination by SSA or DHS that there has been a breach of system integrity or security by the Employer, or a failure on the part of the Employer to comply with established procedures or legal requirements. Some or all SSA and DHS responsibilities under this MOU may be performed by contractor(s), and SSA and DHS may adjust verification responsibilities between each other as they may determine.

Nothing in this MOU is intended, or should be construed, to create any right or benefit, substantive or procedural, enforceable at law by any third party against the United States, its agencies, officers, or employees, or against the Employer, its agents, officers, or employees.

Each party shall be solely responsible for defending any claim or action against it arising out of or related to E-Verify or this MOU, whether civil or criminal, and for any liability wherefrom, including (but not limited to) any dispute between the Employer and any other person or entity regarding the applicability of Section 403(d) of IIRIRA to any action taken or allegedly taken by the Employer.

The employer understands that the fact of its participation in E-Verify is not confidential information and may be disclosed as authorized or required by law and DHS or SSA policy, including but not limited to, Congressional oversight, E-Verify publicity and media inquiries, and responses to inquiries under the Freedom of Information Act (FOIA).

The foregoing constitutes the full agreement on this subject between the SSA, DHS, and the Employer.

The individuals whose signatures appear below represent that they are authorized to enter into this MOU on behalf of the Employer and DHS respectively.

**To be accepted as a participant in E-Verify, you should only sign the Employer's Section of the signature page. If you have any questions, contact E-Verify Operations at 888-464-4218.**

**Employer The Curators of the University of Missouri**

**Dona R McKinney**

\_\_\_\_\_  
Name (Please type or print)

\_\_\_\_\_  
Title

*Electronically Signed*

**10/17/2007**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Department of Homeland Security -- Verification Division**

Company ID Number: 62231

**USCIS Verification Division**

Name (Please type or print)

Title

*Electronically Signed*

**10/17/2007**

Signature

Date





COLUMBIA PUBLIC SCHOOLS

ADMINISTRATION BUILDING

Dr. Peter Stiepleman  
Superintendent

1818 W. Worley (573) 214-3462

Columbia, Missouri 65203

Fax: (573) 214-3402

Dr. Lou Ann Tanner-Jones  
Director of Special Services

Dr. Young-Walker,

7/1/2014

Please accept this letter of strong support from the Columbia MO Public Schools for the pilot program you conducted this spring semester in our schools. You provided on-site psychiatric services and case management for students in selected schools and our students benefitted from this pilot program. We would like to see this program expand to serve more students in CPS.

We understand you and your team desire to apply to the Children's Services Board for a portion of the county sales tax which provides for mental health services for students, ages 0-19. You plan to expand this on-site service to provide psychiatric services to county schools.

We write this letter of strong support for your application to the Board for funds for this important project.

Lou Ann Tanner-Jones, Ph.D., NCSP  
Director of Special Services  
Section 504 Coordinator  
Columbia MO Public Schools

# CPS/MUPC Demonstration Project - PARENT

## Satisfaction Survey

Please Respond to the Survey by Selecting a Number from the Following Scale:

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

1. This school-based, psychiatric service made it easier for my child to get the help he/she needed. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

2. The doctor and nurses listened to me and helped me to understand my child's condition. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

3. The doctor and nurses helped me understand the treatment that was given to my child. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

4. I knew who to call when I had questions or concerns. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

5. I believe that my child will get better as he/she continues treatment with a new doctor. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

6. MUPC team's coordination of care made transition to outpatient treatment easy and more accessible. \_\_\_\_\_

### Overall Satisfaction

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

I would recommend having school-based treatment in all schools. \_\_\_\_\_

# CPS/MUPC Demonstration Project – SCHOOL Satisfaction Survey

Please Respond to the Survey by Selecting a Number from the Following Scale:

5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree

1. Having a school-based service made psychiatric treatment more accessible for children. \_\_\_\_\_

5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree

2. Communication by the MUPC team to parents and school staff was consistent and timely. \_\_\_\_\_

5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree

3. MUPC team's coordination of care made transition to outpatient treatment easy and more accessible. \_\_\_\_\_

5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree

4. I am optimistic that this child's condition will improve as he/she continues with outpatient treatment by a psychiatrist in the community. \_\_\_\_\_

## Overall Satisfaction

5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree

I would recommend having school-based treatment in all schools.  
\_\_\_\_\_

**CPS/MUPC Demonstration Project – INDIVIDUAL**  
**Satisfaction Survey**

**Please Respond to the Survey by Selecting a Number from the Following Scale:**

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

1. This school-based, psychiatric service made it easier for me to get the help I needed. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

2. The doctor and nurses listened to me and helped me to understand my condition.  
\_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

3. The doctor and nurses helped me understand the treatment that was given to me.  
\_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

4. I knew who to call when I had questions or concerns. \_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

5. I believe that I will get better as I continue treatment with a new doctor.  
\_\_\_\_\_

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

6. MUPC teams' coordination of care made transition to outpatient treatment easy and more accessible. \_\_\_\_\_

**Overall Satisfaction**

**5=Strongly Agree; 4=Agree; 3=Neutral or No Opinion; 2=Disagree; 1=Strongly Disagree**

I would recommend having school-based treatment in all schools. \_\_\_\_\_

**Percentage of Students Meeting Diagnostic Criteria Pre- and Post-Intervention Based on Self- and Parent-Report Vanderbilt Questionnaires (N=6-7)**

	<b>Pre-Intervention</b>	<b>Post-Intervention</b>
<b>Inattention</b>	<b>71.43%</b>	<b>14.29%</b>
<b>Hyperactivity/Impulsivity</b>	<b>42.86%</b>	<b>14.29%</b>
<b>Attention-Deficit/Hyperactivity Disorder</b>	<b>57.14%</b>	<b>28.57%</b>
<b>Oppositional Defiant Disorder</b>	<b>85.71%</b>	<b>42.86%</b>
<b>Conduct Disorder*</b>	<b>33.33%</b>	<b>16.67%</b>
<b>Anxiety/Depression</b>	<b>71.43%</b>	<b>28.57%</b>

\*Not included on Self-Report Questionnaire.

**Percentage of Students Meeting Diagnostic Criteria Pre- and Post-Intervention Based on Teacher-Report Vanderbilt Questionnaires (N=6-7)**

	<b>Pre-Intervention</b>	<b>Post-Intervention</b>
<b>Inattention</b>	<b>28.57%</b>	<b>33.33%</b>
<b>Hyperactivity/Impulsivity</b>	<b>28.57%</b>	<b>0%</b>
<b>Attention-Deficit/Hyperactivity Disorder</b>	<b>14.29%</b>	<b>0%</b>
<b>Oppositional Defiant Disorder</b>	<b>42.86%</b>	<b>16.67%</b>
<b>Anxiety/Depression</b>	<b>42.86%</b>	<b>16.67%</b>

### Mean Self-Reported Satisfaction (N=2)

	Mean
Made it easier for me to get the help I needed.	4.5
Listened to me and helped me to understand my condition.	4
Helped me understand the treatment that was given to me.	4.5
Knew who to call when I had questions or concerns	4
Will get better as I continue treatment with a new doctor.	4.5
Made transition to outpatient treatment easy and more accessible.	3.5
Would recommend having school-based treatment in all schools.	5

5=Strongly Agree, 4=Agree, 3=Neutral or No Opinion, 2=Disagree, 1=Strongly Disagree

### Mean Parent-Reported Satisfaction (N=6)

	Mean
Made it easier for my child to get the help he/she needed.	4.5
Listened to me and helped me to understand my child's condition.	4.7
Helped me understand the treatment that was given to my child.	4.6
Knew who to call when I had questions or concerns	4.6
Will get better as he/she continue treatment with a new doctor.	4.6
Made transition to outpatient treatment easy and more accessible.	4.6
Would recommend having school-based treatment in all schools.	4.9

5=Strongly Agree, 4=Agree, 3=Neutral or No Opinion, 2=Disagree, 1=Strongly Disagree

### Mean School-Reported Satisfaction (N=7)

	Mean
Made psychiatric treatment more accessible for children.	4.85
Communication was consistent and timely.	4.85
Made transition to outpatient treatment easy and more accessible.	4.54
Optimistic that this child's condition will improve as he/she continues with outpatient treatment.	4.38
Would recommend having school-based treatment in all schools.	5

5=Strongly Agree, 4=Agree, 3=Neutral or No Opinion, 2=Disagree, 1=Strongly Disagree

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of the child you are rating and should reflect that child's behavior since the beginning of the school year. Please indicate the number of weeks or months you have been able to evaluate the behaviors: \_\_\_\_\_.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Fails to give attention to details or makes careless mistakes in schoolwork	0	1	2	3
2. Has difficulty sustaining attention to tasks or activities	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through on instructions and fails to finish schoolwork (not due to oppositional behavior or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (school assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by extraneous stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat in classroom or in other situations in which remaining seated is expected	0	1	2	3
12. Runs about or climbs excessively in situations in which remaining seated is expected	0	1	2	3
13. Has difficulty playing or engaging in leisure activities quietly	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks excessively	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting in line	0	1	2	3
18. Interrupts or intrudes on others (eg, butts into conversations/games)	0	1	2	3
19. Loses temper	0	1	2	3
20. Actively defies or refuses to comply with adult's requests or rules	0	1	2	3
21. Is angry or resentful	0	1	2	3
22. Is spiteful and vindictive	0	1	2	3
23. Bullies, threatens, or intimidates others	0	1	2	3
24. Initiates physical fights	0	1	2	3
25. Lies to obtain goods for favors or to avoid obligations (eg, "cons" others)	0	1	2	3
26. Is physically cruel to people	0	1	2	3
27. Has stolen items of nontrivial value	0	1	2	3
28. Deliberately destroys others' property	0	1	2	3
29. Is fearful, anxious, or worried	0	1	2	3
30. Is self-conscious or easily embarrassed	0	1	2	3
31. Is afraid to try new things for fear of making mistakes	0	1	2	3

The recommendations in this publication do not indicate an exclusive course of treatment or serve as a standard of medical care. Variations, taking into account individual circumstances, may be appropriate.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

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HE0351

Teacher's Name: \_\_\_\_\_ Class Time: \_\_\_\_\_ Class Name/Period: \_\_\_\_\_

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
32. Feels worthless or inferior	0	1	2	3
33. Blames self for problems; feels guilty	0	1	2	3
34. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
35. Is sad, unhappy, or depressed	0	1	2	3

Performance <i>Academic Performance</i>	Excellent	Above Average	Somewhat of a		
			Average	Problem	Problematic
36. Reading	1	2	3	4	5
37. Mathematics	1	2	3	4	5
38. Written expression	1	2	3	4	5

<i>Classroom Behavioral Performance</i>	Excellent	Above Average	Somewhat of a		
			Average	Problem	Problematic
39. Relationship with peers	1	2	3	4	5
40. Following directions	1	2	3	4	5
41. Disrupting class	1	2	3	4	5
42. Assignment completion	1	2	3	4	5
43. Organizational skills	1	2	3	4	5

Comments: \_\_\_\_\_

Please return this form to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Fax number: \_\_\_\_\_

**For Office Use Only**

Total number of questions scored 2 or 3 in questions 1–9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10–18: \_\_\_\_\_

Total Symptom Score for questions 1–18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19–28: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 29–35: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 36–43: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

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11-20/rev0303

NICHQ

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## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

**Directions:** Each rating should be considered in the context of what is appropriate for the age of your child.  
When completing this form, please think about your child's behaviors in the past 6 months.

Is this evaluation based on a time when the child  was on medication  was not on medication  not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3
28. Starts physical fights	0	1	2	3
29. Lies to get out of trouble or to avoid obligations (ie, "cons" others)	0	1	2	3
30. Is truant from school (skips school) without permission	0	1	2	3
31. Is physically cruel to people	0	1	2	3
32. Has stolen things that have value	0	1	2	3

The information contained in this publication should not be used as a substitute for the medical care and advice of your pediatrician. There may be variations in treatment that your pediatrician may recommend based on individual facts and circumstances.

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Adapted from the Vanderbilt Rating Scales developed by Mark L. Wolraich, MD.

Revised - 1102

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## NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: \_\_\_\_\_ Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Parent's Phone Number: \_\_\_\_\_

Symptoms (continued)	Never	Occasionally	Often	Very Often
33. Deliberately destroys others' property	0	1	2	3
34. Has used a weapon that can cause serious harm (bat, knife, brick, gun)	0	1	2	3
35. Is physically cruel to animals	0	1	2	3
36. Has deliberately set fires to cause damage	0	1	2	3
37. Has broken into someone else's home, business, or car	0	1	2	3
38. Has stayed out at night without permission	0	1	2	3
39. Has run away from home overnight	0	1	2	3
40. Has forced someone into sexual activity	0	1	2	3
41. Is fearful, anxious, or worried	0	1	2	3
42. Is afraid to try new things for fear of making mistakes	0	1	2	3
43. Feels worthless or inferior	0	1	2	3
44. Blames self for problems, feels guilty	0	1	2	3
45. Feels lonely, unwanted, or unloved; complains that "no one loves him or her"	0	1	2	3
46. Is sad, unhappy, or depressed	0	1	2	3
47. Is self-conscious or easily embarrassed	0	1	2	3

Performance	Excellent	Above Average	Average	Somewhat of a Problem	
				Problematic	Problematic
48. Overall school performance	1	2	3	4	5
49. Reading	1	2	3	4	5
50. Writing	1	2	3	4	5
51. Mathematics	1	2	3	4	5
52. Relationship with parents	1	2	3	4	5
53. Relationship with siblings	1	2	3	4	5
54. Relationship with peers	1	2	3	4	5
55. Participation in organized activities (eg, teams)	1	2	3	4	5

Comments: \_\_\_\_\_

### For Office Use Only

Total number of questions scored 2 or 3 in questions 1-9: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 10-18: \_\_\_\_\_

Total Symptom Score for questions 1-18: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 19-26: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 27-40: \_\_\_\_\_

Total number of questions scored 2 or 3 in questions 41-47: \_\_\_\_\_

Total number of questions scored 4 or 5 in questions 48-55: \_\_\_\_\_

Average Performance Score: \_\_\_\_\_

American Academy  
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**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

**Response: Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

**Response: Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

**Response: There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

**Response: Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

**Response: All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

**Response: Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

Response: **There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

Response: **Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

Response: **Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

Response: **Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

Response: **The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, “Prior Actual Year”, “Current Year”, and “Proposed Year”. An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children’s Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB’s Funding Policy. The BCCSB’s Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family’s cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled “Maximization of Funding,” in the BCCSB’s Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

**Response: For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

**Response: Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

**Response: Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

**Response: Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

**Response: Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Proposal *27-10JUN14 - Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

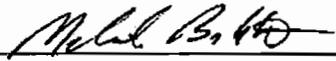
6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

**Response: Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

**Response: All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

**Response: Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

**Response: If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

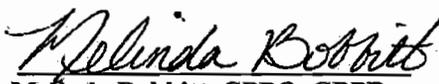
9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:

  
**Melinda Bobbitt, CPPO, CPPB** *AR*  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal **27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application** receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Coliumbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

**Response: References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

**Response: Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

**Response: The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

**Response: The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

**Response: A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

**Response: A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

**Response: Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

**Response: If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

**Response: Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

**Response: The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

**Response: All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

**Response: The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

**Response: Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

**Response: The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone**  
**County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: The Curators of the University of Missouri

Address: 310 Jesse Hall, Columbia, MO 65211-1230

Phone Number: 573-882-7560 Fax Number: 573-884-4078

E-mail: grantsdc@missouri.edu

Authorized Representative Signature: Karen M. Geren Date: 07-10-14

Authorized Representative Printed Name: Karen M. Geren, Pre-Award Lead, OSPA

**Percentage of Students Meeting Diagnostic Criteria Pre- and Post-  
Intervention Based on Self- and Parent-Report Vanderbilt  
Questionnaires (N=6-7)**

	<b>Pre-Intervention</b>	<b>Post-Intervention</b>
<b>Inattention</b>	71.43%	14.29%
<b>Hyperactivity/Impulsivity</b>	42.86%	14.29%
<b>Attention-Deficit/Hyperactivity Disorder</b>	57.14%	28.57%
<b>Oppositional Defiant Disorder</b>	85.71%	42.86%
<b>Conduct Disorder*</b>	33.33%	16.67%
<b>Anxiety/Depression</b>	71.43%	28.57%

**\*Not included on Self-Report Questionnaire.**

**Percentage of Students Meeting Diagnostic Criteria Pre- and Post-  
Intervention Based on Teacher-Report Vanderbilt Questionnaires  
(N=6-7)**

	<b>Pre-Intervention</b>	<b>Post-Intervention</b>
<b>Inattention</b>	28.57%	33.33%
<b>Hyperactivity/Impulsivity</b>	28.57%	0%
<b>Attention-Deficit/Hyperactivity Disorder</b>	14.29%	0%
<b>Oppositional Defiant Disorder</b>	42.86%	16.67%
<b>Anxiety/Depression</b>	42.86%	16.67%

### Mean Self-Reported Satisfaction (N=2)

	Mean
Made it easier for me to get the help I needed.	4.5
Listened to me and helped me to understand my condition.	4
Helped me understand the treatment that was given to me.	4.5
Knew who to call when I had questions or concerns	4
Will get better as I continue treatment with a new doctor.	4.5
Made transition to outpatient treatment easy and more accessible.	3.5
Would recommend having school-based treatment in all schools.	5

5=Strongly Agree, 4=Agree, 3=Neutral or No Opinion, 2=Disagree, 1=Strongly Disagree

### Mean Parent-Reported Satisfaction (N=6)

	Mean
<b>Made it easier for my child to get the help he/she needed.</b>	4.5
<b>Listened to me and helped me to understand my child's condition.</b>	4.7
<b>Helped me understand the treatment that was given to my child.</b>	4.6
<b>Knew who to call when I had questions or concerns</b>	4.6
<b>Will get better as he/she continue treatment with a new doctor.</b>	4.6
<b>Made transition to outpatient treatment easy and more accessible.</b>	4.6
<b>Would recommend having school-based treatment in all schools.</b>	4.9

5=Strongly Agree, 4=Agree, 3=Neutral or No Opinion, 2=Disagree, 1=Strongly Disagree

### **Mean School-Reported Satisfaction (N=7)**

	<b>Mean</b>
<b>Made psychiatric treatment more accessible for children.</b>	4.85
<b>Communication was consistent and timely.</b>	4.85
<b>Made transition to outpatient treatment easy and more accessible.</b>	4.54
<b>Optimistic that this child's condition will improve as he/she continues with outpatient treatment.</b>	4.38
<b>Would recommend having school-based treatment in all schools.</b>	5

**5=Strongly Agree, 4=Agree, 3=Neutral or No Opinion, 2=Disagree, 1=Strongly Disagree**



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #6 - Issued June 27, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. We have not found within the BCCSB Funding Policy a specific reference to income eligibility. Are there income guidelines regarding the provision of service to individuals or families? Are the dollars intended to support services specifically for low-income children/youth?

**Response: The Maximization of Funding in the BCCSB Funding Policy encourages agencies, to the greatest extent possible, to maximize funding from all sources before utilizing the Children’s Services Fund. This may include, but is not limited to private insurance, Medicaid, and all other funders listed in the Maximization of Funding section. The BCCSB Funding Policy states that, “funding decisions for children, youth and families are made in a fair and equitable way,” and “to provide meaningful services to children, youth and families.” Support services may be provided to all Boone County eligible children, youth and families.**

2. Can “sample” mou’s with partnering agencies be included in the proposal rather than actual signed MOU’s? It speaks to what the partner plans to contribute to the project without binding them legally. I have done that in the past on State grants. It just prevents having a signed MOU for something that is unfunded. It also allows more time to hammer out each organization’s legal requirements.

**Response: Letters of Support/Agreement may be used in place of a formal MOU. This letter can then show support for the project and how the agencies plan to collaborate.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #6 to Request for Proposal *27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #5 - Issued June 24, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

I. The County has received the following questions and is providing a response:

1. Attachments B and C ask for information on our funding sources (agency wide) and our revenues spent on programs respectively, but I see no options for submitting a budget breakdown for the project we are proposing. In # 3 BUDGET, I see request for information about proposed salaries related to the proposed project. I do not see an option to submit a detailed budget for the project -- is this correct?

**Response: Attachment C should include information on the budget for the project. Please provide detailed information in the Budget Narrative that explains the Budget Worksheet (Attachment C).**

2. Am I correct in understanding staffing for the proposed project may not exceed 15 % of the total project request? For example, if the total project were \$1000, \$150 would be the maximum allowable for personnel.

**Response: The Purchase of Service RFP will be evaluated by unit cost. Personnel cost should be figured into the Unit Cost.**

3. The question is in regards to measurement in both RFP’s. “Include copies of any evaluation tools you will be using”. Some of the materials we will be proposing have not been purchased, some are quite lengthy and several use multiple methods. How should we approach these issues? We can easily include why we are using these tools as opposed to others and if it would be satisfactory I would be happy to put together a description of any evaluation tool we have not purchased or is overwhelming in length. And just to verify these evaluation tools do NOT count towards are page limit, correct?

**Response: Copies of the evaluation tools do not count towards the page limit. If there are no examples of the evaluation tools, please just provide a description of the evaluation tool and why it will be utilized.**

4. In a fee for service contract, payment is reimbursed based upon the bid price for a unit of service. How will start-up costs be reimbursed? Do we need to build start-up costs into

the unit price and explain any costs in the budget narrative? Will we be unable to be paid until we have completed our first unit of service?

Response: **Start up costs should be built into the Unit Cost with a detailed description included in the Budget Narrative. Invoicing will be determined during contract negotiation.**

5. We were planning to submit a 3 year budget. The first year our unit rate would be more because of the startup costs. Year 2 is where you truly see things fully operational and “cheaper” because you don’t have the startup costs. How should we show this on the budget sheets?

Response: **The budget worksheets should only reflect the proposed Year One unit cost. Please provide detailed information on the Year One unit cost and then provide information on the Year 2 and Year 3 unit cost in the Budget Narrative.**

6. In both of the above referenced RFPs there is a statement “Revenues collected and deposited in the children’s services fund **may not be expended** . . . or, for transportation services”.

While we do not intend to propose a transportation service per se in serving youth in the County’s bedroom communities there will be expenses incurred in staff reaching out to them and transporting participants to proposed services and activities. Are these costs in anyway allowable? Can expenses incurred while using existing vehicles for gas, insurance and maintenance be included in the unit cost? How about mileage reimbursement for proposed staff?

Response: **All expenses incurred by staff in providing services are allowed and should be included in the unit cost. However, the costs of transporting participants cannot be reimbursed through the Children’s Services Fund.**

7. Will the 15% administration percentage be based on the “Personnel Costs” line on the budget or strictly just the salary portion of that line?

Response: **The 15% administration percentage does not apply to the Purchase of Service RFP.**

8. What is included in Personnel expenses? Wages, payroll taxes, health insurance, and retirement are included but how about unemployment, work comp, and staff training?

Response: **Personnel expenses should include wages, payroll taxes, health insurance, retirement, unemployment, worker’s comp and staff training when figuring out the unit cost. Please provide a detailed explanation in the Budget Narrative.**

9. On 1cV of the RFP do the anticipated outcomes of the “service to be delivered” need to be measurable or are they overarching long term outcomes?

Response: **The Service Need section (1.c.) of the RFP should be a narrative description of what will be offered and the overarching long term outcomes, if appropriate. In the Outcomes section (2.b.), the outcomes need to be measurable and time specific.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #5 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #4 - Issued June 16, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Last date to submit questions is June 27, 2014 at 12:00 p.m.
- II. The County has received the following questions and is providing a response:
  1. Can you provide more of a definition for what is considered a “prevention” program?

**Response: The Board will evaluate proposals for prevention programs based on the information and description of the Offeror. The offerer should define what they consider “prevention” to be in their proposal. It is expected that agencies provide meaningful services to children, youth, and families.**

2. RFP Section 1. *Agency and Service Information, Item C. viii.* States, “Please provide a copy of any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.” If contractors are currently operating without any formal agreement (MOU) with other agencies, should they ignore this request or should they formalize any verbal agreements and include them with the proposal?

**Response: Memorandums of Understanding (MOU) between agencies are used as a reference when showing collaboration. Agencies are encouraged to either develop a MOU with collaborating agencies or a letter of support may be used in lieu of the MOU. As stated in the RFP, preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

3. We do not propose to use funding for residential treatment services (consistent with the RFP), but we do propose to provide an additional service to youth in residential treatment. Youth in residential treatment are enrolled in Boone County schools for the duration of their care. Does the tax board consider those youth “residents” of the County for the duration of their treatment; or, is residency based on their parents’/guardians’ address?

**Response: In general, the board will follow the statutory guidelines set forth in RSMo §1.020 (14) which defines “Place of residence” as the place where the family of any person permanently resides in this state, and the place where any person having no family generally lodges.**

4. The RFP indicates that the County may check the offeror's references, yet I do not see a place where these are requested. Should the offeror include a references page?

Response: **References are not required to be submitted with the proposal, references may be requested during contract negotiation. Offerer's references will not be checked until the contract negotiation portion of awarding funds.**

5. If agencies are submitting more than one proposal in response to an RFP, does the agency need to submit Attachments D-F with each proposal?

Response: **Yes, please provide Attachments D-F for each program proposal.**

6. We carry Comprehensive General Liability Insurance for \$1,000,000. To increase our coverage to \$2,000,000.00, would be an increase in our annual budget. Is this a non-negotiable requirement?

Response: **The Commercial General Liability Insurance requirements have been reduced to \$1,000,000.000. Please be replace the Insurance Requirements that were in the original RFP with the attached.**

7. We carry Commercial Automobile Liability for \$1,000,000.00. To increase our coverage to \$2,000,000.00 would be an increase to our annual budget. Is this a non-negotiable requirement?

Response: **The Business Automobile Liability Insurance requirements have been reduced to \$1,000,000.000. Please replace the Insurance Requirements that were in the original RFP with the attached.**

8. For the MOUs that we have in place--should they be addressed to our organization or to Kelly Wallis?

Response: **A Memorandum of Understanding (MOU) should be between the agencies that are entering into the MOU. The Purchase of Service RFP requires a copy of any MOU's that may have any relevance to the proposal.**

9. One of the required attachments is a Certificate of Good Standing from the Missouri Secretary of State's office. May we attach a screen shot of the MO SOS webpage that shows our organization's standing or are you requiring an official Certificate?

Response: **A Certificate of Good Standing is not a required attachment; please do not attach it to your proposal. Attachment D, 2014 Agency Assurance Sheet, states: "I, the undersigned, further certify I have and will make available, upon request, of the following documents...."**

10. Our 501 (c) 3 status is for more than one entity in mid Missouri. Is it alright to have a DBA as well as our official nonprofit legal entity?

Response: **Yes**

11. Our A-133 audit is for our entire system – 18 hospitals across four states. Is this alright? Our 990s are independent.

Response: **If an entity has a single audit, then it is likely the entity is getting a financial statement audit as well. The offerer should ensure that their single audit is in conjunction**

**with a full financial statement audit which is a minimum eligibility requirement to receive funding.**

12. On page 3 it states Agencies must refrain from "discrimination" on, among other things, sexual orientation. The Boy Scouts of America serves all youth under the age of 19 without regard to sexual orientation. So there is no discrimination with who we provide services to. However, for our Adult volunteers there is a leadership standard that does not allow avowed homosexuals to serve as Leaders. Do we meet the minimum criteria to be eligible for funding?

**Response: No, agencies must refrain from discrimination on the basis of sexual orientation to meet minimum eligibility requirements.**

13. Do the following count towards the 15 page limit:
- o Copy of Mission Statement (1a- i )
  - o List of Board of Directors (1a-ii)
  - o Brochures (1a-iv)
  - o Copies of the evaluation tools (2d-iv)

**Response: These items do not count towards the 15 page limit.**

14. Is there a limit of funding you can request?

**Response: There is no limit of funding that may be requested at this time for the Purchase of Service contracts.**

15. Can funding for staff position (ex. 2 Full Time Program FTE and .5 program support position (clerical) be included?

**Response: Purchase of Service proposals expenses will be evaluated by the overall unit cost. The costs for the staff positions should be included in the overall unit cost for the Purchase of Services proposals. The Budget Narrative should provide a detailed explanation of the overall unit cost for service.**

By: Melinda Bobbitt  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #4 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_

**Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County,

nor shall the Contractor allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The Contractor shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor. Workers Compensation coverage shall meet Missouri statutory limits or provide evidence of monopolistic state coverage. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the Contractor shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The Contractor shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect them and any subcontractor performing work covered by this contract, from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 combined single limit for any one occurrence covering both bodily injury and property damage, including accidental death. If the Contract involves any underground/digging operations, the general liability certificate shall include X, C, and U (Explosion, Collapse, and Underground) coverage. If providing Commercial General Liability Insurance, then the Proof of Coverage of Insurance shall also be included.

Contractor may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. Contractor agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** - The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** Contractor shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of Owner. Contractor shall provide to Owner copies of certificates evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name Owner as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The

Certificate of Insurance shall provide that there will be no cancellation or reduction of coverage without 30 days prior written notice to the Owner. In addition, such insurance shall be on occurrence basis and shall remain in effect until such time as the County has made final acceptance of the facility contracted.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of Contractor, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with contractor or a subcontract for part of the services), of anyone directly or indirectly employed by contractor or by any subcontractor, or of anyone for whose acts the contractor or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #3 - Issued June 2, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

The County has received the following questions and is providing a response:

1. If "payment" is after services are rendered on a reimbursement basis, how will billing be handled and how frequently will these transactions occur? With what sort of delay in receipt of funds?

Response: **Billing frequency will be determined as part of the RFP negotiation process. It is anticipated that receipt of funds will occur not more than 30 days after invoicing.**

2. Some of the documents listed in the attachments seem to be irrelevant. For example, we are not expending federal money and my organization does not otherwise receive any federal money, so why should we have to provide the certification indicated in the attachment? Additionally, I am informed by our accountant (who prepares our 990) that a full audit is not required by the IRS for organizations with annual budgets less than \$50,000; do you really expect us to conduct an audit for BCCBS purposes?

Response: **All attachments are relevant; if an attachment does not apply to your organization, please explain this in the Application Narrative. Additionally, if your organization is not required or is exempt from conducting an annual independent financial audit, please explain this in your Application Narrative as well.**

3. Please define "purchase of service" and "pilot project" as intended for this RFP.

Response: **Please reference the “Examples of Types of Funding Classifications Envisioned” section of the BCCSB’s Funding Policy. This section further defines the Purchase of Services and Pilot Project programs. The BCCSB’s Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

4. I do not think our organization is required to have any sort of accreditation, so do we need some sort of paperwork stating same?

Response: **If your organization is not required to have any sort of accreditation, please explain this in your Application Narrative.**

5. If the extended deadlines are July 10 at 1:15 for hard copy – when would you like electronic submissions?

Response: **Please submit the electronic copy after 1:30 p.m. and before 5:00 p.m. on July 10.**

6. If a proposal expands a present program in order to serve a population that cannot access services due to federal eligibility requirements, how should Attachment C be completed? For example, if additional staff will be required does that go under Program Expenses on Form C or does that information go into the Budget Narrative?

Response: **The proposed program expenses should be included on Attachment C under Program Expenses. Each line of Attachment C should be explained in the Budget Narrative as requested in section 3.b. of the Application Narrative.**

7. Given your answer to the above question #6, please answer the question below. Also how is #1 and #2 in Program Expenses different from Number of Direct Program Staff?

Response: **Personnel and Non-Personnel under Program Expenses are costs for personnel and non-personnel – this would be a dollar figure. The figures to include in the Number of Direct Program Staff are the number of full/part time staff the budget supports.**

8. Regarding the format of vendor responses, may a cover letter be attached and if so, does that count towards the page limit?

Response: **A cover letter may be attached and will count toward the page limit.**

9. Regarding the format of vendor responses, is the budget narrative considered an attachment to the vendor response or is it also included in the page limit?

Response: **The Budget Narrative is part of the Application Narrative and is included in the page limitation.**

10. Regarding the format of vendor responses, if information is provided in a chart format, must the chart be double spaced?

Response: **A chart included in the body of the Application Narrative does not need to be double-spaced.**

By:   
**Melinda Bobbitt, CPPO, CPPB**   
**Director of Purchasing**

OFFEROR has examined copy of Addendum #3 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone County Community Children’s Services – 2014 Application**

**ADDENDUM #2 - Issued May 28, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. Change Bid Due Date and Opening Date to the following:

**Response Submission Deadline: July 10, 2014, 1:15 p.m. Central Time**  
**Proposal Opening: July 10, 2014, 1:30 p.m. Central Time**

- II. Attached for informational purpose are the pre-proposal conference sign-in sheets from the conferences that were held on May 23, 2014.
- III. Provided for informational purpose is the evaluation weighted criteria that will be used by the Children’s Services Board to evaluate the proposal responses received.

<b>Agency and Service Information</b>	<b>15%</b>
<b>Evaluation</b>	<b>50%</b>
<b>Budget</b>	<b>35%</b>

- IV. The County has received the following questions and is providing a response:

1. May the 15-page limitation on the application narrative be exceeded (under section V. Application)?

**Response: Every effort should be made to stay within the 15-page limitation. Should Offeror have pertinent information that exceeds 15 pages, additional pages may be submitted.**

2. Do you want the entire regional budget within the entire state budget?

**Response: The budget submitted should be consistent with the agency’s annual independent financial audit.**

3. Section IV. Funding Available, in the RFP, states that indirect costs are not allowed. Addendum #1 states indirect costs are allowed. Which is correct?

**Response: The RFP states *additional* indirect costs will not be allowed. As stated in Addendum #1, administrative and indirect costs are allowable; however, for Purchase of**

**Service proposals, expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

4. Is it acceptable to define outcomes as short-term, intermediate, and long term?

Response: **Yes. Please stay within the format of Attachment A.**

5. How will billing occur?

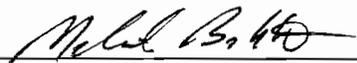
Response: **It is anticipated agencies will be reimbursed for services provided through contract. The agency will provide the service at a unit cost and invoice Children's Services.**

6. Can letters of support be used in lieu of Memorandums of Understanding to demonstrate collaboration with other agencies?

Response: **Yes.**

7. Regarding Attachment B – Agency Financial Information, we do see the “other revenue” line, but we would like for individual lines to be added to this form for private insurance and private pay.

Response: **There will not be additional lines added for private insurance and private pay at this time. Please provide a detailed description of the agency's revenue in the budget narrative.**

By:   
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #2 to Request for Proposal 27-10JUN14 – *Purchase of Service Contracts for Boone County Community Children's Services – 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



**BOONE COUNTY, MISSOURI**  
**Request for Proposal #: 27-10JUN14 – Purchase of Service Contracts for Boone  
County Community Children’s Services – 2014 Application**

**ADDENDUM #1 - Issued May 23, 2014**

This addendum is issued in accordance with the Request for Proposal and is hereby incorporated into and made a part of the Request for Proposal documents. Offerors are reminded that receipt of this addendum should be acknowledged and submitted with Offeror’s Proposal Response.

Scope of Work for the above noted Request for Proposal and the work covered thereby are herein modified as follows, and except as set forth herein, otherwise remain unchanged and in full force and effect:

- I. If any Offeror is interested in obtaining a copy of the RFP in Word format and the Budget Worksheets in Excel, please e-mail request to [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org).
- II. The County has received the following questions and is providing a response:
  1. What is the timeline of the funding? Is it one year? Has a definitive start date and end date of the funding been established yet?

**Response: The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

2. How many times can organizations re-apply? Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

**Response: The renewal periods will be negotiated as part of the RFP process.**

3. Can an organization apply for the pilot program and the purchase for services contracts? Or are you only allowed to submit to one?

**Response: Organizations may apply for both the pilot program and purchase of services contracts.**

4. Can an organization submit more than one pilot program?

**Response: Yes.**

5. What is the funding cap request per proposal for the pilot program? What is the funding cap request for the purchase for services contract? Is it a set amount or is it variable?

**Response: There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

6. If a new non-profit organization has applied for their 501(3)(c) designation but it is still pending by the deadline date of the grant, will some consideration be given to the non-profits as long as they can document their application for 501(3)(c)?

Response: **Consideration may be given to a non-profit organization that has not yet obtained a 501(c)(3) designations; however, an organization must have obtained the 501(c)(3) designations prior to entering into a contract.**

7. Does the general liability insurance requirement and worker's compensation insurance requirement need to be in place before applying for the grant? Can this be an allowed expenditure in the budget of the request for funding proposal or is this at the expense of the organization? Do applicants need to provide an indemnity clause with their application, or only if selected for an award?

Response: **Insurance certificate does not have to be provided to submit a proposal response. It will be required at contract execution. The Offeror has discretion as to whether to itemize this expense or include it in their overall unit pricing. Indemnity clause may be provided with application or after selected for award.**

8. Is there a list of "allowable expenditures" of what can be requested for the proposal? Or a list of things that are "not allowable"? That would be helpful to have if it is available.

Response: **There is not currently a list of "allowable" or "not allowable" expenditures.**

9. For the pilot program, can participants/subjects in the research pilot be paid for their participation for completing surveys, classes, etc. as part of the funding? For example, "each participant who completes the pre- and post surveys and the classes on advocacy will have their name entered into a drawing to win a \$100.00 gift card to \_\_\_\_\_."

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the Boone County Community Services Board's (BCCSB) Funding Policy.**

10. If a new non-profit has just been certified the state and Jason Kander's office sent a letter stating that their independent audit is not due to the state until August of 2015, is this letter allowable to present in lieu of doing an independent audit prior to submission as required by the grant?

Response: **Yes.**

11. Are there stipulations about minimum wage and paying employees in the pilot program hourly? Or can a stipend be paid to them per 3 month intervals?

Response: **All applicable state and federal labor laws must be followed.**

12. Will we be allowed to ask questions at the conference on Friday, May 23?

Response: **Yes.**

13. Can our organization apply as a lead organization with community collaborations as long as MOU's are in place?

**Response: Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies. The contracting agency must comply with terms for entering into subcontracts with other agencies.**

14. Is there a limit on the number of programs our organizations can apply for contracts?

- a. If the answer is more than one program, does our organization need to submit a separate application for each program or can we submit one set of standard uniform information and then separate sections for each individual program?

**Response: There is no limit on the submission of applications. Please submit a separate application for each proposed service your agency is requesting funding, including the standard uniform information.**

- b. If our organization can apply for multiple service contracts for separate programs, are there funding restrictions for each program? Ceiling on how much the organization can ask for total?

**Response: Parameters around level of funding have not been established at this time.**

15. Will evidence-based program training be funded under both of the RFP's?

**Response: Evidence-based program training may be considered for funding, provided the program training complies with the BCCSB's Funding Policy and the parameters established for funding by the Request For Proposal.**

- a. Are there any restrictions on the % of training costs?

**Response: No restrictions have been established at this time.**

- b. Are there any restrictions on the % of administration costs?

**Response: For the Purchase of Service Contract there is not a restriction on the percentage of administrative costs, however, the administrative costs should be included in the overall unit cost to provide the proposed service.**

19. Can funding be used for rent or the purchase of a physical building (i.e. a community center) in either RFP?

**Response: All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy. For Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

20. Can you clarify what specifically you are seeking in the anticipated outcomes, outcomes, indicators, and measurement sections (or how these differ)? Some of this information seems repetitive – is that okay?

**Response: There are excellent resources available on-line that provide detailed explanations of these terms. One resource to find this information is <http://www.cdc.gov/eval/resources/index.htm>.**

21. May we submit letters of support with our proposals?

**Response: Letters of support are not required. Letters of support will be considered as part of the application narrative. Consideration should be given to page limitations outlined in the Request for Proposals.**

22. Are the awarded contracts going to be fee for services (we get reimbursed for the services we provide) or cost-based? If they are fee for service, how are the rates determined?

**Response: Agencies will be reimbursed based on the unit cost provided in the Output section of the Application and detailed in the Budget Narratives.**

23. Attachment B - Our fiscal year runs from July to June. With that in mind, here is how I feel the years should run: Prior Year- July 2012- June 2013, Current Year July 2013-June 2014, and Proposed Year July 2014-June 2015. Is this correct? If so, our July 2013- June 2014 information will be incomplete (missing May and June numbers), should we project those numbers to show 12 months? Our agency wide budget is not completed for the upcoming year (July 2014-June 2015). Should we provide a preliminary budget?

**Response: As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

24. Attachment B - In regards to Attachment B; is this full agency budget or Boone County specific? (we cover 8 counties and our funding isn't designated by County)

**Response: Agencies may use their full agency budget for Attachment B. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

25. Attachment C - Where do we include the funding we are requesting from the Children's Service Funds?

**Response: The amount requested from the Children's Services Fund should not be included on Attachment C.**

26. Attachment C - In the bottom box, what is the difference between "Actual" and "Current"?

Response: **The bottom box should read from left to right, "Prior Actual Year", "Current Year", and "Proposed Year". An amended Attachment C is attached.**

27. Attachment C - I could not find any comments related to administrative or indirect cost. Are such costs allowable costs in the regular services RFP? If so, are there limitations?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

28. Under this funding, can a provider provide contracted services to adult clients if deemed beneficial to their child/ren? For example, when a family starts receiving services from Children's Division if a mental health screening or assessment were completed quickly it may help the child maintain placement in their biological home or return sooner. We often cannot provide services for biological parents of children in care because they lack insurance and funds. We have tried accepting CTS funds but that has not been successful.

Response: **All requests for funds will be considered, provided the request follows statutory guidelines and complies with the BCCSB's Funding Policy. The BCCSB's Funding Policy outlines who the beneficiaries of the fund are and addresses maximization of funding. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

29. If a provider submits a proposal that addresses two of the identified needs on page 2 of the RFP, can the applicant combine both identified service needs in one proposal and are two proposals required?

Response: **Separate applications are required for each proposed service your agency is requesting funding. The proposed service may address one or more statutorily eligible service areas as outlined on page 2 of the Purchase of Service Request for Proposal.**

30. Can funding be used toward offsetting the family's cost of obtaining services? For example, if a family has health insurance with a large deductible (\$2500). If they want us to provide services that cost \$1000, the family will still pay the entire fee out of pocket, due to the high deductible, which is a significant barrier to services for many families. Can funding be used to pay for the services we deliver in this case?

Response: **Please review the section titled "Maximization of Funding," in the BCCSB's Funding Policy.**

31. Attachment D, Agency Assurance Sheet: MU has a different governance structure than most nonprofits. Our authorized research signer always signs assurances on behalf of The Curators of the University of Missouri. We plan to have her sign on the CEO line. Should we just draw through the Agency Board chair line since it does not apply?

Response: **Yes.**

32. Attachment B Agency Financial Information: MU is a large institution with hundreds of different funding streams, departments, and programs. Should we fill out this form at the department or program levels?

Response: **For the University of Missouri, Attachment B should be filled out at the Department level and Attachment C should be filled out at the program level.**

33. Do we receive funding up front or reimbursement?

Response: **Agencies will receive funding through reimbursement.**

34. Reporting requirements, how often and include what? Quantitative vs. Qualitative?

Response: **Reporting requirements will be established during contract negotiation. It is anticipated that reporting terms will be at the most on a quarterly basis and at a minimum a biannual basis. Reporting requirements will include both quantitative and qualitative information depending on how agency outcomes and indicators are measured.**

35. We have a federally negotiated indirect rate. How do we account for this in the application?

Response: **Administrative and indirect costs are allowable, however, for Purchase of Service proposals expenses will be evaluated by the overall unit cost. Budget narratives should provide a detailed explanation of the overall unit cost for service.**

36. Can you elaborate on the local match and preferences given to those offerors?

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. Offerors that provide the Board with an opportunity to match funds will be given preference.**

37. What is the maximum amount of funds that can be requested for each RFP?

Response: **There is no funding cap established at this time for either the pilot program or purchase of services contracts.**

38. Can funding be used to support services, or supportive services/wrap-around services to children and youth who are currently enrolled in a residential chemical dependency program?

Response: **All requests for funds will be considered, provided they follow statutory guidelines and comply with the BCCSB's Funding Policy.**

39. Should all proposals be for a twelve month period? I see that there is the option for negotiation to renew funded proposals, but in our original design for programming, should we limit programming to twelve months?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. Agencies should define proposed program terms in the application and budget narratives.**

40. What will technically be considered a "Collaborative Program"

Response: **"Collaborative Program" is not a term used in the Requests for Proposals. Preference will be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.**

- Will "Collaborative Programs" mentioned be required to provide authentic proof/memorandum of collaborative or partnership agreements with proposal submission.

Response: **Substantive and ongoing collaboration with other agencies must be demonstrated.**

41. Can "match funding" requirements be furthered clarified.

Response: **Further information regarding match funding may be found in the BCCSB's Funding Policy. The BCCSB's Funding Policy may be found at <http://www.showmeboone.com/communityservices/policies.asp>.**

- Which funding sources/agencies will be deemed appropriate for fund matching?

Response: **Consideration will be given to all match funding opportunities.**

- Is there a (minimum or maximum) in which match funds will be restricted.

Response: **No.**

42. Define "healthy lifestyles" and what is expected of prevention programs that fall within this effort.

Response: **The Board will evaluate proposals for prevention programs which promote healthy lifestyles based on the information and description of the Offeror. It is expected that agencies provide meaningful services to children, youth and families.**

- What will be considered "Health"?

Response: **The offeror should define what they consider health to be in their proposal.**

- Will preference be given to single-focused/targeted programs (ex. obesity prevention for children)

Response: **No.**

- Will proposals that focus on multi-faceted prevention efforts be considered as viable candidates?

Response: **Yes.**

43. How many times can organizations re-apply? Is it on an Annual basis? If you receive funding one year, can you submit renewals annually or is there a limit?

Response: **The contract term will be negotiated as part of the RFP process. It is anticipated that contract terms will extend at least 6 months or as long as 3 years after anticipated renewal periods. All contracts will contain a termination for convenience clause in favor of Boone County that allows contracts to terminate upon 30 days written notice.**

44. Section I - Overview:

Must offerors submit proposals providing services throughout Boone County, or may proposals focus on certain geographic areas such as the City of Columbia?

Response: **Please reference the "Beneficiaries and Outcomes" section of the BCCSB's Funding Policy.**

45. Attachment C Program Budget Worksheet

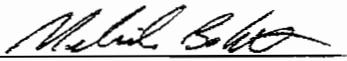
- a. Because Section VII - Term; Termination of Contract Agreement indicates that the initial term of contract will be negotiated, should the offeror assume that the Program Budget Worksheet is to be filled out on a calendar year basis?

Response: **As the contract term has not yet been established, agencies may use the agency's fiscal year budget to fill out the worksheets. Agencies should project for a full fiscal year for the current year. When an agency budget has not been completed for the proposed year a preliminary or anticipated budget should be provided. The Budget Narrative should provide a detailed explanation of the parameters and assumptions used to complete the Budget Worksheets.**

- b. The Worksheet requires Program Revenue and Expenses for Prior (2013), Current (2014), and Proposed Year (2015). Because revenue from certain sources (such as United Way) are contractually committed on calendar year basis, some revenue shown for Current year may not be available for Proposed Year. How should offerors treat this type of revenue on Exhibit C?

Response: **See above.**

By:

  
**Melinda Bobbitt, CPPO, CPPB**  
**Director of Purchasing**

OFFEROR has examined copy of Addendum #1 to Request for Proposal 27-10JUN14 - *Purchase of Service Contracts for Boone County Community Children's Services - 2014 Application* receipt of which is hereby acknowledged:

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Printed Name: \_\_\_\_\_



# COUNTY OF BOONE - MISSOURI

## REQUEST FOR PROPOSAL (RFP) #: 27-10JUN14

### Purchase of Service Contracts

### Boone County Children's Services Fund

### 2014 Application

#### **BOONE COUNTY CHILDREN'S SERVICES BOARD MISSION:**

*To improve the lives of children, youth and families in Boone County  
by strategically investing in the creation and maintenance of integrated systems  
that deliver effective and quality services for children and families in need.*

#### **RFP TIMELINE:**

<b>Important Events</b>	<b>Location</b>	<b>Dates</b>
Issue - Release Date	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>May 9, 2014</b>
Written Questions Due By	<a href="mailto:mbobbitt@boonecountymmo.org">mbobbitt@boonecountymmo.org</a>	<b>May 21, 2014 12:00 p.m. Central Time</b>
Pre-Proposal Conference - Information Session	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>May 23, 2014. 10:00 a.m. Central Time</b>
Response Submission Deadline	Boone County Purchasing 613 E. Ash St, Room 110 Columbia, MO 65201	<b>June 10, 2014 9:15 a.m. Central Time</b>
Proposal Opening – Names of Offerors Read Aloud	Boone County Commission Chambers 801 E. Walnut Columbia, MO 65201	<b>June 10, 2014 9:30 a.m. Central Time</b>

#### **CONTACT INFORMATION:**

Boone County Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110, Columbia, MO 65201

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Phone: (573) 886-4391 Fax: (573) 886-4390

Email: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org)

## I. Overview

On November 6, 2012, the citizens of Boone County passed County of Boone Proposition 1, which created a Children's Services Fund for children and youth nineteen years of age or less in Boone County. The Boone County Children's Services Board (BCCSB) has been appointed by the County Commission and entrusted to oversee this Fund. The Fund is created pursuant to RSMo §67.1775, RSMo §210.861, and the ballot language presented to the voters on November 6, 2012. RSMo §210.861 specifies the types of services that may be funded by the BCCSB. By statute, funds may be invested to address the following needs:

- up to thirty days of temporary shelter for abused, neglected, runaway, homeless or emotionally disturbed youth
- respite care services
- unmarried parent services
- outpatient chemical dependency and psychiatric treatment programs
- counseling and related services as a part of transitional living programs
- home-based and community-based family intervention programs
- prevention programs which promote healthy lifestyles among children and youth and strengthen families
- crisis intervention services, inclusive of telephone hotlines
- individual, group, or family professional counseling and therapy services
- psychological evaluations
- mental health screenings.

Revenues collected and deposited in the community children's services fund **may not** be expended for inpatient medical, psychiatric, and chemical dependency services, or for transportation services.

## II. Funding Goals

The Board believes that it should invest in meaningful services to children, youth and families in a way that utilizes multiple effective strategies. To that end, the Board intends to invest its funding *appropriated for services* in the following general categories:

- Pilot programs that provide innovative services
- Purchase of service programs
- Match funding opportunities
- Strategic opportunities
- Contingency reserve to support other programs with circumstances requiring immediate attention

This RFP seeks applications for purchase of service programs. Preference will be given to programs which provide an opportunity for the BCCSB to partner with other funding sources in providing match funding for procurement of services to maximize the ability to reach and serve children, youth and families in need in Boone County. Preference will also be given to agencies that demonstrate substantive and ongoing collaboration with other agencies.

### **III. Minimum Eligibility Criteria**

Agencies must, at a minimum, meet the following criteria to be eligible for funding:

- Any tax-exempt, not organized for profit agency or governmental entity
- Be in good standing with the state of Missouri
- Conduct an annual independent financial audit
- File a Federal 990 annually
- Be certified, accredited or licensed in the services for which funds are requested
- Require annual background checks, including child abuse and neglect screenings on all employees and volunteers
- Refrain from discrimination on the basis of race, color, religion, sex, national origin, ancestry, disability, age, sexual orientation, genetic information, and familial status and comply with all applicable provisions of Federal and State laws which prohibit discrimination in employment and the delivery of services
- Comply with RSMo §285.530 in that they shall not knowingly employ, hire for employment or continue to employ an unauthorized alien to perform work within the state of Missouri

### **IV. Funding Available**

Applications for funding will be accepted to provide services to children and youth nineteen years of age or less and their families in all service areas fundable pursuant to statute, additional indirect costs will not be allowed.

### **V. Application**

Submit a separate application for each proposed service your agency is requesting funding.

The Application Narrative cannot exceed 15 double-spaced pages, on standard white paper, with at least 12-point font and one-inch margins, excluding required attachments.

Please submit two original copies to:

Boone County Purchasing Department  
Attn: Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
Boone County Annex  
613 E. Ash, Rm. 110  
Columbia, MO 65201

Paper copies must be sealed in an envelope with RFP # and name of Offeror on the outside of the envelope. Proposals MUST be delivered no later than 9:15 a.m. central time, June 10, 2014. Proposals will not be accepted after this date and time and the County will return such late proposals to the Offeror.

Please submit an electronic copy after 9:30 a.m. central time June 10, 2014 and before 11:30 a.m. June 10 in Microsoft Word or PDF format to: [mbobbitt@boonecountymmo.org](mailto:mbobbitt@boonecountymmo.org). Please do not submit the electronic copy prior to 9:30 a.m. central time, June 10, 2014.

## **VI. Contracting Agency Requirements**

**Boone County Insurance Requirements:** The Contractor shall not commence work under this contract until they have obtained all insurance required under this paragraph and such insurance has been approved by the County. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide.

- **Compensation Insurance:** The Contractor shall take out and maintain during the life of this contract, **Employee's Liability and Worker's Compensation Insurance** for all of their employees employed at the site of work, and in case any work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the Contractor.
- Worker's Compensation coverage shall meet Missouri statutory limits. Employers' Liability limits shall be \$1,000,000.00 each employee, \$1,000,000.00 each accident, and \$1,000,000.00 policy limit.
- **Comprehensive General Liability Insurance:** The Contractor shall take out and maintain during the life of this contract, such comprehensive general liability insurance as shall protect them from claims for damages for personal injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than

\$2,000,000.00 per limit for any one occurrence covering both bodily injury and property damage, including accidental death. If providing Comprehensive General Liability Insurance, then the Proof of Coverage of Insurance shall also be included. **Proof of Coverage of Insurance** - The Contractor shall furnish the County with Certificate(s) of Insurance which name **the County of Boone – Missouri as additional insured** in an amount as required in this contract and requiring a thirty (30) day mandatory written cancellation notice. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the project.

- The Contractor shall provide the County with proof of General Liability and Property Damage Insurance with the County as additional insured, which shall protect the County against any and all claims which might arise as a result of the operations of the Contractor in fulfilling the terms of this contract during the life of the Contract. The minimum limit of such insurance will be \$2,000,000.00 per occurrence, combined single limits. Limits can be satisfied by using a combination of primary and excess coverages. Should any work be subcontracted, these limits will also apply. Coverage wording shall include hold harmless agreement as written below, subrogation waiver and protection against third party suits to further protect Boone County from liability belonging to the Contractor.
- The Contractor is required to carry Professional Liability Insurance with a limit of no less than \$2,000,000.00 and naming Boone County as additional insured.
- **Commercial Automobile Liability:** The Contractor shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$2,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the Contractor's own automobiles, teams and trucks; hired automobiles, teams and trucks; and both on and off the site of work.

**Indemnity Agreement:** To the fullest extent permitted by law, Contractor shall indemnify, hold harmless and defend the County, its directors, agents, and employees from and against all claims arising by reason of any act or failure to act, negligent or otherwise, of Contractor, (meaning anyone, including but not limited to consultants having a contract with Contractor or subcontractor for part of the services), of anyone directly or indirectly employed by Contractor, or of anyone for whose acts the Contractor may be liable, in connection with providing these services. This provision does not, however, require Contractor to indemnify, hold harmless, or defend the County of Boone from its own negligence.

**Subcontracts :** The Contractor may enter into subcontracts for components of the consulting service as the Contractor deems necessary to comply with the terms of the contract. All such subcontracts require the prior written approval of the County or their designated representative.

In performing all services under the resulting contract agreement, the Contractor shall comply with all local, state and federal laws.

## **VII. Instructions and General Conditions**

**Delivery of Proposals:** Sealed proposals, subject to Instructions and General Conditions and any special conditions set forth herein, will be received at the Boone County Purchasing office until the proposal closing date and time indicated herein for furnishing the County with services as detailed in the following request for proposal.

- If you have obtained this proposal document from our Web Page or from a source other than the Boone County Purchasing Department, please check with our office prior to submitting your proposal to ensure that you have a complete package. The Purchasing Department cannot be responsible for providing addenda if we do not have you on our Vendor list for this proposal.
- The County reserves the right to withdraw this RFP at any time and for any reason and to issue such clarifications, modifications, and/or amendments as it may deem appropriate.
- Receipt of a proposal by the County or a submission of a proposal to the County offers no rights upon the Offeror nor obligates the County in any manner.
- No negotiations, decisions, or actions shall be initiated by any agency as a result of any verbal discussion with any County employee prior to the opening of responses to the Request for Proposal. Boone County reserves the right to select the Offeror which best meets its goals and objectives, needs, fiscal constraints, quality levels and service expectations.

### **Ambiguity, Conflict, or Other Errors in the RFP:**

- If an Offeror discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposal, they shall immediately notify the Department of such error in writing and request modification or clarification of the document. The County will make modifications by issuing a written revision and will give written notice to all parties who have received this RFP from the County.
- The Offeror is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals prior to submitting the proposal or it shall be waived.
- Implied Requirements: Products and services that are not specifically requested in this RFP, but which are necessary to provide the functional capabilities proposed by the Offeror, shall be included in the proposal.
- The County will not be liable in any way for any costs incurred by any Offeror in the preparation of their proposal in response to this RFP, nor for the presentation of their proposal and/or participation in any discussions or negotiations.

**Rejection of Proposals:** The right is reserved to accept or reject in whole or in part any or all proposals submitted, to waive technicalities, and to accept the offer the County considers the most advantageous to the County. Further, the County shall reject the proposal of any Offeror that is determined to be non-responsive. The unreasonable failure of an Offeror to promptly supply information in connection with respect to responsibility may be grounds for a determination of non-responsibility.

**Acceptance of Proposals:** The County will accept for evaluation all proposals that are submitted properly. However, the County reserves the right to request clarifications or corrections to proposals.

**Requests for Clarification of Proposals:** Requests by the Purchasing Department for clarification of proposals shall be in writing.

**Validity of Proposals:** Offeror should state how many days or months proposals remain valid beyond the 120 days minimum.

**Receipt and Opening of Advertised, Sealed Proposals:** The Offeror(s) and public are invited, but not required, to attend the formal opening of proposals. Offeror(s) names only will be read aloud to the public. No decisions related to an award of a contract or creation of any contractual or lease relationship, or purchase order will be made at the opening.

- Information provided in your response will be considered proprietary and will not be divulged during the selection process. The successful firm's proposal will become public record after its acceptance by the County Commission. All proposals and tabulation sheets are kept by the County for a period of time established by regulation or statutes after the award is made and are available for inspection at any time during regular working hours.
- Offeror's names will be read aloud during the Boone County Commission meeting in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, MO 65201, Tuesday, June 10, 2014 at 9:30 a.m. Central Time. RFP opening listing proposer's names will be posted on the County web page following the opening at [www.showmeboone.com](http://www.showmeboone.com). Select "Purchasing", then "2014 Bid Tabulations".
- Proposal responses are due by Tuesday, June 10, 2014 at 9:15 a.m. No late proposals will be accepted.

**Withdrawal of Proposals:** Proposals may be withdrawn without prejudice any time before the deadline for receipt of proposals. If a mistake or error is discovered by the Offeror or by the County after the proposal opening, the County has the right to call this error to the Offeror's

attention and request verifications of the proposal. If the Offeror acknowledges the mistake and requests relief, the County will proceed in the following manner:

- **Withdrawal:** Permission to allow an Offeror to withdraw their proposal without prejudice may be given when clear and convincing evidence supports the existence of an error. If there is a significant and obvious disparity between the prices of the lowest Offeror and of the other Offerors, an Offeror may be permitted to withdraw without prejudice, upon submission of evidence that a non-intentional error occurred.

**Guidelines for Written Questions:** All questions regarding this Request for Proposal should be submitted in writing, prior to the pre-proposal conference, no later than 12:00 p.m., May 21, 2014. All questions must be mailed, faxed or e-mailed to the attention of Melinda Bobbitt, CPPO, CPPB, and Director of Purchasing. All such questions will be discussed at the pre-proposal conference and answered in writing, and such answers will be provided to all parties having obtained a Request for Proposal packet.

Melinda Bobbitt, CPPO, CPPB  
Director of Purchasing  
613 E. Ash Street, Room 110  
Columbia, Missouri 65201  
Phone: (573) 886-4391 Fax: (573) 886-4390  
E-mail: [mbobbitt@boonecountymo.org](mailto:mbobbitt@boonecountymo.org)

**Pre-Proposal Conference:** To assist interested Offerors in preparing a thorough proposal, a pre-proposal conference has been scheduled for May 23, 2014 at 10:00 a.m. central time in the Boone County Commission Chambers, 801 E. Walnut Street, Columbia, Missouri 65201.

- All potential Offerors are **strongly** encouraged to attend this conference in order to ask questions and provide comment on the Request for Proposal. Attendance is not mandatory to submit a response; however, Offerors are encouraged to attend since information relating to this RFP will be discussed in detail. Minutes of the pre-proposal conference will not be recorded or published. Offerors should bring a copy of the RFP since it will be used as the agenda for the pre-proposal conference.
- Offerors are strongly encouraged to advise the Purchasing Department of Boone County within five (5) days of the scheduled pre-proposal conference of any special accommodations needed for disabled personnel who will be attending the conference so that these accommodations can be made.

### **Term; Termination of Contract Agreement:**

- The initial term of the resulting contract agreement from this Purchase of Services Request for Proposal will be negotiated. The negotiated contract may have an option for renewal.
- The resulting contract agreement may be terminated by the County upon 15 days prior written notice should the other party fail substantially to perform in accordance with its terms through no fault of the party initiating the termination. In addition, the contract agreement may be terminated at will by the County upon at least 60 days prior written notice to the Contractor.

**Competitive Negotiation of Proposals:** The Offeror is advised that under the provisions of this Request for Proposal, the County reserves the right to conduct negotiations of the proposals received or to award a contract without negotiations. If such negotiations are conducted, the following conditions shall apply:

- Negotiations may be conducted in person, in writing, or by telephone.
- Negotiations will only be conducted with potentially acceptable proposals. The County reserves the right to limit negotiations to those proposals, which received the highest rankings during the initial evaluation phase.
- Terms, conditions, prices, methodology, or other features of the Offeror's proposal may be subject to negotiation and subsequent revision. As part of the negotiations, the Offeror may be required to submit supporting financial, pricing and other data in order to allow a detailed evaluation of the feasibility, reasonableness, and acceptability of the proposal.
- The mandatory requirements of the Request for Proposal shall not be negotiable and shall remain unchanged unless the County determines that a change in such requirements is in the best interest of the entities.
- The County may request presentations or interviews by Offerors, and carry out negotiations for the purpose of obtaining best and final offers. Attendance cost for presentations/interviews at the Boone County designated location shall be at the Offeror's expense. All arrangements and scheduling will be coordinated by the County.
- The County reserves the right to contact any and all references to obtain without limitation, information regarding the Offeror's performance on previous projects. A uniform sample of references may be checked for each short-listed Offeror.

**BOONE COUNTY CHILDREN'S SERVICES FUND  
2014 APPLICATION NARRATIVE FOR FUNDING  
PURCHASE OF SERVICES PROGRAMS**

**Agency Name:**

**Agency Address:**

**Agency Phone Number:**

**Primary Agency Contact (include title):**

**Email Address:**

**Contact Phone Number:**

**Amount Requested:**

**Federal Tax ID (or Social Security #):**

**Signature:**

**Date:**

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**1. AGENCY AND SERVICE INFORMATION**

**a. Background Information:**

- i.** Attach a copy of your agency's Mission Statement.
- ii.** Attach a list of your agency's Board of Directors.
- iii.** Provide a summary of your agency's services within Boone County.
- iv.** Provide agency and program brochures related to these services, if available.

**b. Target Population:**

- i.** Describe your agency's target population(s).
- ii.** State the statutorily eligible service area(s) (see page 2) your target population falls within.
- iii.** Within your target population, is there a segment of the population your agency is unable to serve? If so, please describe.
- iv.** Describe any impediments your agency has in serving your target population.

**c. Service Need:**

- i. Provide a detailed description of the unmet need in Boone County for your agency's services.
- ii. Provide statistical data with cited sources regarding unmet need and the target population you propose to serve. As appropriate, use your own agency's data, outside data, needs assessment data and data from *The Institute of Public Policy's Community Input Analysis & Needs Assessments Synthesis*, which may be found at: [www.showmeboone.com/communityservices/information.asp](http://www.showmeboone.com/communityservices/information.asp).
- iii. State the purpose of your proposed service.
- iv. State the goals of your proposed service.
- v. Describe the anticipated outcomes of your proposed service.
- vi. Identify other providers of this proposed service in Boone County.
- vii. What agencies do you receive referrals from and to what agencies do you make referrals?
- viii. Please provide a copy any Memorandums of Understanding you may have with other agencies which are relevant to this proposal.

**2. EVALUATION**

**a. Performance Information:**

- i. Attach a Program Performance Measures Worksheet (see Attachment A).

**b. Outcomes:**

- i. Describe your service outcomes (outcomes need to be measurable and time specific).

**c. Indicators:**

- i. Identify and describe the indicators which will measure your service outcomes.
- ii. Identify your agency's performance target of these indicators.

**d. Measurement:**

- i. Discuss who will be responsible for the accomplishment of each of the outcomes.
- ii. Discuss how the data will be collected.
- iii. Identify your agency's timeline for each outcome.
- iv. Include copies of any evaluation tools you will be using and provide a description of why you are using these tools compared to other tools.

**e. Input**

**i. Clinical Expertise:**

1. Discuss the capacity of your agency to deliver the proposed service.

**ii. Service Activity:**

1. Describe the interventions and/or activities that will be used to address the unmet need in Boone County.
2. Identify and discuss the evidence-based practices that will be used and relevant research supporting the efficacy of the proposed interventions and/or activities.
3. If there is no research to support the efficacy of the proposed interventions and/or activities, please explain the rationale for utilizing the interventions and/or activities.

**f. Output:**

- i. Service to be provided
- ii. Unit measurement
- iii. Unit cost
- iv. Amount requested
- v. Number of individuals to be served
- vi. Average units of services per individual

**3. BUDGET**

**a. Budget Worksheets to be Attached:**

- i. Agency Financial Worksheet (see Attachment B)
- ii. Program Budget Worksheet (see Attachment C)

**b. Budget Narrative**

- i. Please explain each line of the budget worksheets from Attachments B and C.

**4. AGENCY ASSURANCE, CERTIFICATION, AND WORK AUTHORIZATION SHEETS**

Please review, sign, and return the Agency Assurance Sheet (see Attachment D), the Certification Sheet (See Attachment E), and the Work Authorization Sheet (see Attachment F) with the proposal. The sheets outline the expectations and requirements for any agencies requesting and/or receiving funds through the Boone County Children's Services Fund.

## ATTACHMENT A

### Program Performance Measures Information Worksheet

The following synonyms, definitions, and examples may help you completing the required program performance measures information:

	<b>Activity</b>	<b>Output</b>	<b>Outcome</b>	<b>Indicator</b>	<b>Method of Measurement</b>
<b>Synonyms</b>	<i>Activity = Service</i>	<i>Output = Product</i>	<i>Outcome = Change</i>	<i>Indicator = Measure</i>	<i>Method of Measurement = Information gathering instrument or technique</i>
<b>Definitions</b>	An <i>Activity</i> is the program service or sub service being provided	An <i>Output</i> is expressed as the NUMBER of things produced by an activity and the number people for whom it is provided	An <i>Outcome</i> describes a beneficial CHANGE in people	An <i>Indicator</i> is the specific item of information by which a program's LEVEL OF SUCCESS is measured	A <i>Method Of Measurement</i> is the instrument or technique used to gather the information needed to measure the program's success.
<b>Example</b>	Activity= Before/after school youth enrichment programming  Sub-Activity=Tutoring	150 hours of tutoring sessions for 30 children	Child's academic performance improves	Number and percent of participants who receive better grades following participation in program as compared to period prior to participation	Utilize school report card data pre and post participation in the program.

Activity	Output(s)	Outcome(s)	Indicator(s)	Method of Measurement

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# ATTACHMENT B

## AGENCY FINANCIAL INFORMATION

AGENCY NAME:

AGENCY REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>TOTAL DIRECT SUPPORT (sub-totals)</b>					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
<b>TOTAL GOV'T CONTRACTS/SUPPORT (sub-totals)</b>					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL AGENCY REVENUE</b>					
AGENCY EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
Expenses for Program Services					
Expenses for Management and General					
Expenses for Fundraising					
<b>TOTAL AGENCY EXPENSES</b>					
% of Management and Fundraising Expenses					
NET ASSETS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF TOTAL ASSETS	% CHANGE CURRENT TO PROPOSED
Net Assets, End of Year					
CASH FLOWS	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF TOTAL CASH	% CHANGE CURRENT TO PROPOSED
Cash, End of Year					

# ATTACHMENT C

## PROGRAM BUDGET WORKSHEET

**PROGRAM NAME:**

TOTAL PROGRAM REVENUE	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
<b>1. DIRECT SUPPORT</b>					
A. Heart of Missouri United Way					
B. Other United Ways					
C. Capital Campaigns					
D. Grants (non-governmental)					
E. Fund Raising & Other Direct Support					
<b>2. GOVERNMENT CONTRACTS/SUPPORT:</b>					
A. Boone County - Social Service Funding					
B. Boone County - Other					
C. Other Counties					
D. City of Columbia - Social Service Funding					
E. City of Columbia - Other					
F. Other Cities					
G. Federal (Medicaid, Title III, etc.)					
H. State (Purchase of Services, Grants, etc.)					
I. Other (Schools, Courts, etc.)					
3. Program Service Fees					
4. Investment Income (realized & unrealized)					
5. Other Revenue Items					
<b>TOTAL PROGRAM REVENUE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

PROGRAM EXPENSES	PRIOR YEAR ACTUAL	CURRENT YEAR	PROPOSED YEAR	% OF PROPOSED TOTAL	% CHANGE CURRENT TO PROPOSED
1. Personnel					
2. Non-Personnel					
<b>TOTAL PROGRAM EXPENSES</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>		

NUMBER OF DIRECT PROGRAM STAFF (FTE)	ACTUAL	CURRENT	PROPOSED
<i>FTE = number of direct program service hours worked by employee per year/2080 (e.g. 1040/2080= .5 FTE)</i>			

## ATTACHMENT D

### **2014 AGENCY ASSURANCE SHEET** **(Please complete and return with Proposal Response)**

I, the undersigned, certify that the statements in this request for funding proposal application are true and complete to the best of my knowledge, and accept, as to any funds awarded, the obligation to comply with the Boone County Children's Services Board (BCCSB) and any of the Boone County Children's Services Fund's conditions specified in the funding award and contract.

I, the undersigned, certify that in addition to the conditions mentioned above, will maintain accepted accounting procedures to provide for accurate and timely recording of receipt of funds, expenditures, and of unexpended balances. I, the undersigned, further certify I have and will make available, upon request, the following documentation for accuracy and validity:

- Proof of 501(c)(3)
- Certificate of Corporate Good Standing
- Most Recent 990 Federal Form
- Agency Strategic Plan
- Copies of Agency Accreditations
- Most Recent Agency Independent Audit
- Agency Policy of Non-Discrimination
- Agency Policy for Screening of Staff and Volunteers for Child Abuse and Neglect
- Agency Statement of Confidentiality
- Memorandums of Understanding (not currently needed for Contingency Funds Request)

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Printed Name - Agency Executive Director/President/CEO

---

Date

---

Signature - Agency Executive Director/President/CEO

---

Date

---

Printed Name - Agency Board Chair

---

Date

---

Signature - Agency Board Chair

---

Date

## ATTACHMENT E

**(Please complete and return with Proposal Response)**

Certification Regarding  
Debarment, Suspension, Ineligibility and Voluntary Exclusion  
Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98 Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988, Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS FOR  
CERTIFICATION)

- (1) The prospective recipient of Federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
  
- (2) Where the prospective recipient of Federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

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Name and Title of Authorized Representative

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Signature

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Date

